



safe children | strong families | supportive communities

David Sanders, Ph.D.
Testimony before the U.S. House of Representatives
Committee on Ways and Means Subcommittee on Work and Welfare
“Modernizing Child Welfare to Protect Vulnerable Children”
September 28, 2023

Good morning Chairman LaHood, Ranking Member Davis and members of the subcommittee. My name is David Sanders and I am the Executive Vice President of Systems Improvement for Casey Family Programs. Casey Family Programs is the nation’s largest operating foundation focused on safely reducing the need for foster care in the United States.

Casey Family Programs was founded in 1966 and has been providing, analyzing, developing, and informing best practices in child welfare for 57 years. We work with child welfare agencies in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 16 American Indian tribal nations, and the federal government on child welfare policies and practices. We partner with child welfare systems, policymakers, families, community organizations, national partners, philanthropy, American Indian tribes, and courts to support practices and policies that increase the safety and success of children and strengthen the resilience of families. Our mission is to provide and improve – and ultimately prevent the need for – foster care. We are committed to building what we call Communities of Hope, a nationwide effort to prevent the need for foster care by supporting families in raising safe, happy, and healthy children.

Thank you for inviting me here today. I want to thank this subcommittee for its vision and commitment to conversations and policy development whose goal is to improve the lives of vulnerable families.

My testimony will focus on three key areas:

- 1) Federal child protection policy has always prioritized the safety of children as paramount in any decision. With the creation of what is currently the Stephanie Tubbs Jones Child Welfare Services program back in 1935, policy and funding has been provided for over 85 years by the federal government for states, territories, and tribal nations to support families and keep children safely at home.
- 2) We know from research that the most effective way to keep children safe is to strengthen families and seek to mitigate any risk to the safety of the child. This subcommittee over the past decades has advanced many significant pieces of legislation to fund state, territory, and tribal efforts for children to remain safely with their families, most recently with the historic passage of the Family First Prevention Services Act of 2018 (Family First). Alongside Family First, the funding and priorities supported through the Title IV-B programs provide critical, dedicated child welfare funding to strengthen families and ensure children do not stay in foster care one day longer than necessary.

- 3) We have learned through our work with states and tribal nations, that policy can significantly impact outcomes for vulnerable families, as demonstrated by the reduction in the number of children in foster care that has occurred since Federal Fiscal Year (FFY) 2005. Looking ahead, how might further action by this subcommittee and Congress strengthen the ability of states and tribal nations to make further improvements? The data suggest two critical areas that warrant our focus: (1) the number of children who die from an abuse or neglect fatality and (2) the length of time children are unnecessarily kept from their families.

Title IV-B Programs and Their History

Federal funding to states, territories, and tribes through Title IV-B of the Social Security Act has been and remains a critical component of transformation efforts, as these programs provide important, dedicated child welfare funding in key areas shown by research to improve child and family outcomes.

Provisions related to the creation of what is now the Title IV-B Stephanie Tubbs Jones Child Welfare Services program were first authorized in 1935. In later years, federal policy was created to support states in their efforts to help children who could not safely remain at home by providing federal funding for what is now the Title IV-E foster care program. Recognizing that children should not remain indefinitely in foster care, federal funding and policy was also enacted to support children with families through adoption. The 1980s saw passage of a requirement for states to make “reasonable efforts” to prevent a child’s placement in foster care and to reunite children who have been removed to foster care. Keeping children out of foster care and ensuring children have permanency are key outcomes uplifted in federal child protection policy.ⁱ

What is now the Title IV-B MaryLee Allen Promoting Safe and Stable Families (PSSF) program was created in the 1990s. The creation of this program brought new, additional funding for “family support” and “family preservation” services to families with children (including foster care, adoptive, and extended families). As part of the Adoption and Safe Families Act (ASFA) of 1997, the allowable uses of funds for PSSF were expanded to include “time-limited family reunification” and “adoption promotion and support services.” Increased funding also was provided to support these areas, with mandatory funding reaching \$305 million in fiscal year 2001. The Promoting Safe and Stable Families Amendments of 2001 brought further funding and policy changes in a five-year reauthorization of this program that maintained mandatory funding for PSSF at \$305 million but provided authorization for up to \$200 million in discretionary funding. Mandatory funding for PSSF was further increased to \$345 million in the Deficit Reduction Act of 2005.ⁱⁱ

When PSSF was reauthorized in 2006 as part of the Child and Family Services Improvement Act, \$40 million per year of the mandatory PSSF was allocated for two priorities – targeted support to states to ensure children in care were visited at least once a month by their caseworkers, and competitive grants to regional partnerships to improve outcomes for children whose parent or caretaker was affected by methamphetamine or other substance abuse. The 2006 reauthorization of PSSF also replaced the permanent funding authority for what is currently the Title IV-B Stephanie Tubbs Jones Child Welfare Services program with a five-year authority that coincides with the funding authority for PSSF.ⁱⁱⁱ

Since 2006, Congress has used the PSSF program through policy and funding set-asides to address challenges in child protection. PSSF has been where one-time funding

increases have been provided (for example \$20 million was added just for Federal Fiscal Year (FY) 2011). More broadly, Title IV-B of the Social Security Act has been where additional activities in support of the courts and their role in child protection have been supported. It is also where funding to states, territories, and tribal nations in support of kinship navigator programs that seek to support relatives caring for their children has been provided, to name just two areas. Together, the funding, flexibility, and targeted priorities identified in both Title IV-B programs provide critical resources that seek to ensure no child is unnecessarily removed from their family, and for children in care that we relentlessly pursue permanency on their behalf. For FFY 2023, \$579.2 million was provided for these purposes. While most of the funds in both programs go to states and territories, tribal nations share in a 6% set-aside of funds.

The Family First Prevention Services Act

Thanks to the leadership and vision of this subcommittee, the Family First Prevention Services Act (Family First) became law in February 2018. This landmark legislation fundamentally shifted how the federal government partners with states, territories, and tribes in the protection of children and strengthening of families.

While Title IV-E funding still provides reimbursement to states, territories, and tribes for foster care, Family First allows access to additional Title IV-E funding for reimbursement for critical prevention and support services for families before there is a crisis and foster care placement is the only option. The goal of Family First is to safely allow children to remain at home with their parents, in lieu of foster care placement, by enabling and incentivizing child welfare agencies to provide the services parents need and services that work. These services must meet an evidence-based standard and are intended to strengthen families and keep children safely at home:

- Mental health prevention and treatment services
- Substance abuse prevention and treatment services
- In-home parent skill training, including programs such as home visiting¹

We know from research — and from providing direct services for over five decades — that in most cases children do best when they remain with their own families and can access services and supports that respond to their needs. Advances in early brain development and trauma research have underscored the importance of a child having a consistent nurturing caregiver — especially during the first 5 years of life. Responsive relationships and positive experiences build strong brain architecture.^{iv} By that we mean that children become emotionally secure, can depend on their caregivers to be consistent in how they treat them, and learn how to think clearly. That way children can be raised so they are ready to attend pre-school or grade school. But as the Centers for Disease Control^v and the Center for the Developing Child at Harvard University have discussed, children of all ages need a safe, stable, and nurturing family environment to grow and thrive.

Children thrive with their family. Being separated from family releases large quantities of Cortisol -- a stress hormone. This stress hormone affects the brain, and surges in Cortisol can harm healthy brain development and emotional regulation.^{vi} By emotional regulation we mean

¹ Family First also includes key provisions to limit unnecessary placement in group care settings, instead requiring that such placements demonstrate clinical need, be trauma-informed and provide participation by family in the case plan as well as after-care supports when a child leaves their group care setting.

that children will not over-react to a stressful or dangerous situation. Healthy children are not overly anxious in new environments or in new groups, so they can do well in school or day care.

Foster care placement should be avoided if possible. Research shows that outcomes among children placed in foster care are worse than other children in terms of education, employment, homelessness, involvement in the criminal justice system, and mental health.^{vii}

We also know that removal from a parent can be extremely traumatic when parental incarceration is the cause. In the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) report, parent incarceration was a reason for entry for 6 percent of children who entered foster care. For children who experience the incarceration of parent, the traumatic effects can be like the loss of a parent through death or divorce. Often, the reasons for the parent's incarceration and reasons for child welfare involvement are not connected to each other, and a child's entry into foster care may be more related to a need for placement than abuse or neglect. For incarcerated parents, short sentences are common, and it is likely they will be part of their child's life after release, so efforts to support bonds between a child and incarcerated mother or father are occurring in a few jurisdictions.^{viii}

Moving Towards Transformation

The efforts of Congress and specifically this subcommittee to target resources to keep children safe and with their families has contributed to a significant reduction in the number of children in foster care.

According to the most recent data, the number of children in foster care is continuing to decline after an all-time high in 1999.^{ix} Between FFY 2005 and 2021, there has been a 23% reduction in the number of children in foster care.^x This reduction in the number of children in foster care has not compromised safety, as both the recurrence of maltreatment and the rate of re-entry in foster care also declined during this time period, 1% (8% to 7%) and 2% (8% to 6%), respectively. Black and American Indian and Alaska Native (AI/AN) children are overrepresented nationally in all stages of the child welfare system, and disparate outcomes for these children have been well documented for decades.^{xi} We know today how to reduce these disparities without comprising safety and it's important that we employ those effective strategies. Between FFY 2005 and 2021, there has been a 47% reduction in the number of Black children in out-of-home care (154,000 to 82,000). For American Indian/Alaska Native children there was an 11% reduction (10,300 to 9,200) between FFY 2005 and 2021.^{xii}

We have learned through our work with states and tribal nations, that policy can significantly impact outcomes for vulnerable families, as demonstrated by this reduction in foster care. Looking ahead, how might further action by this subcommittee and Congress strengthen the ability of states, territories, and tribal nations to make further improvements? The data suggest two critical areas that warrant our focus: (1) the number of children who die from an abuse or neglect fatality, and (2) the length of time children are unnecessarily kept from their families.

Safety should be paramount in any decision regarding a child. However, the data tell us that we are unnecessarily removing children from their parents and placing them in foster care for non-safety related reasons. There is no evidence that simply placing more children in foster care, or increasing their time in foster care, impacts their risk of serious injury or fatality. When we ask a caseworker to focus their time and attention on children and their parents when an

investigation from child protection is not warranted, we are preventing the caseworker from focusing on the children most at risk for serious injury or death. The most recent data from FFY2021 tell us that 1,820 children died from an abuse or neglect fatality, most of whom were infants.^{xiii} Congress can and should set a direction and communicate the expectation that it is possible to eliminate abuse and neglect fatalities.

Data also today tell us children remain in care far too long. For example, in Illinois, only 29% of children entering foster care in 2019 achieved permanency within two years of entry. Children thrive with their families and should not be in care one day longer than absolutely necessary. We also know that over 19,000 children age out of care without any connection to family.^{xiv} We must do better for all these youth.

Too often, the conversations on how to improve outcomes for vulnerable families focus on funding sources. Many of you read about kids staying in hospitals for extended time periods, or children in foster care sleeping in hotels or offices. What happens to these children is not about funding sources, it is about the choices we are making in response to the challenges these children and their families face. We should expect improved outcomes for these children and must look to our policies and resources for a new approach that can impact the lives of these children and their families. There is no question the continuum of services supported through the programs authorized by this subcommittee, which include the Title IV-E and Title IV-B programs can accomplish these goals.

Eliminating Child Abuse and Neglect Fatalities

Our child protection system should value families and ensure appropriate services and supports are provided. We know from data, however, that the child protection system is unnecessarily involved in the lives of too many families, causing harm and trauma. This not only impacts the ability of the system to engage with those children most at risk for harm, but it also imposes unnecessary harm and trauma on families and children.

The Commission to End Child Abuse and Neglect Fatalities was established by Congress through the bipartisan Protect Our Kids Act of 2012 and was charged with developing a national strategy and recommendations to reduce fatalities among children resulting from child abuse and neglect. The Commission released its final report, *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*, in March 2016.^{xv} In September 2016, the U.S. Department of Health and Human Services (HHS) sent a report to Congress, a requirement in the Protect Our Kids Act, responding to the report's recommendations. In their response, HHS identified 60 recommendations that require HHS action, some of which are being implemented.

Since October 2018, states have been required to include in their Title IV-B plan information about steps taken to track and prevent child maltreatment deaths. This plan must include a description of the steps the state has taken to compile complete and accurate information required by federal law to be reported by the state, including gathering relevant information on the deaths from the relevant organizations in the state, such as state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. The state also is required to develop and implement a comprehensive statewide plan to prevent child fatalities that would involve and engage relevant public and private agency partners, including those in public health, law enforcement and the courts.

Child protection agencies operate under tremendous social and political pressure. Too often, a tragic outcome (such as a child death or serious injury) leads to a cycle of intense media scrutiny, blaming, and firing of individuals determined to be responsible, and an increased agency-wide focus on compliance and heightened practice monitoring. Such responses, driven by emotion, often contribute to organizational cultures of anxiety and defensiveness while doing little to improve safety.^{xvi}

Child protection agencies can learn much from other safety-critical industries — such as aviation, health care, and nuclear power — that have applied the principles of safety science to change organizational culture, improve practice, and reduce the incidence of tragic outcomes. Safety science involves applying scientific methods, research, and tools to understand, assess, and manage safety. In the context of child protection, this means using an evidence-based approach to inform preventive and responsive actions, rather than basing policy and practice decisions on emotion or assumption. When we employ safety science, we identify and apply lessons learned based on the best available research and evidence.^{xvii} In 2018, jurisdictions from across the country came together to form the National Partnership for Child Safety (NPCS), with support from Casey Family Programs and the National Center for Fatality Review and Prevention at the University of Kentucky. The mission of the NPCS is to use safety science to improve child safety and prevent child maltreatment fatalities by strengthening families and promoting innovations in child protection. There are currently 34 jurisdictions, including tribal jurisdictions, participating in the NPCS.^{xviii}

Promoting Timely Permanency Remains Critical

Well-functioning child protection agencies must effectively engage in prevention while relentlessly pursuing permanency for all children.^{xix} Despite the reduction in the number of children in care, permanency for children in foster care remains a challenge. Since FFY 2015, the percent of children entering foster care who exit to permanency within 12 months has declined from 39% to 35%, and these declines have occurred across all racial/ethnic groups. Children are spending too much time away from their family. Even when placement is necessary, 12 months is too long to allow children to be in what is supposed to be a temporary placement.

Over the past three decades, the research has increased demonstrating what services and strategies help to achieve timely permanency.^{xx} At a high level, it comes down to three key action areas. First, assessment and family engagement must occur at the outset of a child's placement in foster care. The child's situation must be assessed immediately with a careful, culturally informed focus on the key family circumstances and areas of functioning that need to be addressed for the child to come home safely. A behaviorally specific assessment and case plan must be completed. To do that, the staff must engage the birth family and the extended family on both the mother and father's side. Evidence-based strategies to accomplish this include the following:

- Family Finding^{xxi}
- Family Group Conferences^{xxii}
- Motivational Interviewing^{xxiii}
- Safety mapping^{xxiv}

Second, the research shows that assertive and diligent provision of needed services or other family supports while the child is in out-of-home care, and regular re-assessment of the

family situation must occur. This will help the child maintain, when appropriate, a strong relationship and connection with their birth parents. Strategies include:

- Child-birthparent visitation supports, as parent-child visits result in higher rates of returning home and shorter foster care placements^{xxv}
- Concurrent Planning^{xxvi}
- Cultural Brokers^{xxvii}
- Family Finding^{xxviii} (Repeated here again to consider relatives who might care for the child)
- In-home reunification-focused Family Preservation Services such as [Homebuilders](#)
- *KEEP* and *KEEP SAFE* as foster family support strategies to prevent placement disruption through healthy parenting^{xxix}
- Kinship Navigators can support relatives in providing kinship care^{xxx}
- *Mockingbird Hub Home Model* is a way of networking kinship and non-relative foster or treatment foster homes to better support the foster parents and the children.^{xxxi}
- Parent partners and use of “veteran parents” for support and guidance^{xxxii}
- Permanency Roundtables^{xxxiii}
- Permanency Values Training^{xxxiv}
- Rapid Permanency Reviews^{xxxv}
- Substance abuse treatment that is family-based and residential – that keeps families together.^{xxxvi}
- Wraparound Services^{xxxvii}

Third, once trial reunification or some of other form of permanency is achieved, post-permanency services need to be readily available. Post-permanency services help stabilize the children with their families so the children do not re-enter foster care.^{xxxviii}

- Family Preservation Services to address family crises as they arise such as [Homebuilders](#)
- On the Way Home^{xxxix}
- Parent partners and use of “veteran parents” for support and guidance^{xl}
- Treatment Foster Care Oregon^{xli}
- Wraparound Services^{xlii}

The list of services provided above includes many that are now part of the Title IV-E Prevention Services Clearinghouse. However, the list also includes evidence-based strategies that provide critical supports necessary to allow a child in foster care to return home to their family or be adopted. Through passage of Family First, additional funding is provided in three critical areas. However, it is important as we seek to improve outcomes for vulnerable families that resources remain targeted for both prevention and permanency efforts more broadly as allowed through the Title IV-B programs.

We also have learned from over 50 years as a provider of services and through our partnership with states, territories, and tribal nations that authentic and consistent engagement with constituents who know child welfare best — from the inside — is critically necessary to achieve the transformation we need in child welfare. Individuals with lived experience should be engaged at all levels of the system: as the experts of what their family needs at the individual case level; as peer mentors and partners who offer support and guidance to those newly involved with or trying to navigate the system; and as consultants who participate in leadership

and decision-making on policy development and implementation, as well as system transformation.

Fathers play an essential role in a child's physical, emotional, and social development throughout the lifetime of the child. However all too often, child welfare discounts the importance of a father's involvement in the lives of their children. Data show that outcomes for children improve through high quality relationships and engagement between fathers and their children. And we know from our work and from research that having an involved father lets a child know that they are loved, provides a child with emotional support and enhanced self-esteem, increases a child's intellectual development, moral development, and an increased chance for academic success. Conversely, lack of involvement with fathers can lead to even worse outcomes for children involved with child welfare.

This subcommittee has shown an ongoing vision and commitment to ensure that everything is done to prevent a child from unnecessarily being placed in foster care. As you consider how to further transform child protection policies, we offer the following recommendations for consideration:

- Conversations about policy changes to programs, which include the Title IV-B programs, should have clarity on what outcomes they seek to impact, specifically serious injury or fatality and time to permanency.
- As you consider reauthorization of the Title IV-B programs, we suggest you consider increased investments in the mandatory spending side of PSSF that align with and enhance efforts to engage with families and address disparate outcomes among children.
- Tribal child welfare spending also continues to be a significant need. Most tribes receive very little funding from the small set-asides included in child welfare programs. We offer for your consideration an increase in Promoting Safe and Stable Families mandatory funding that would specifically provide a consistent and significant source of funding to support tribal child welfare programs. Right now, the set-aside is approximately \$10 million, divided among more than 130 tribes.

We welcome the opportunity to continue to share the experiences of states, territories, tribes and, most importantly families, with the subcommittee and provide information based on our work to ensure best practices are in place and are supported throughout the country to ensure all children are safe and families are thriving.

I look forward to continuing to support the work of the subcommittee and am happy to answer any questions you may have.

ⁱ Legislative History of Child Protection, taken from the 2012 U.S. Committee on Ways and Means Green Book, available at <https://greenbook-waysandmeans.house.gov/book/export/html/422>.

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.

^{iv} See Center on the Developing Child at Harvard University (2016). Applying the Science of Child Development in Child Welfare Systems. <http://www.developingchild.harvard.edu>, page 5.

^v Centers for Disease Control. (2019). *Essentials for Childhood Creating Safe, Stable, Nurturing Relationships and Environments for All Children*. <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

^{vi} See this article from the Mayo Clinic: <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20046037#:~:text=Cortisol%2C%20the%20primary%20stress%20hormone,flight%2Dor%2Dflight%20situation>

^{vii} A large body of well-established research has found that outcomes for children in foster care, *compared to the general population*, are worse (e.g., Goemans, van Geel, van Beem, Vedder, 2016; Lawrence, Carlson, & Egeland, 2006; Maher, Darnell, Landsverk, & Zhang, 2016; Turney & Wildeman, 2016). And, outcomes for children who age out of care are particularly poor (e.g., Courtney et al., 2011, Pecora et al., 2010). See:

- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf>
- Goemans, A., van Geel, M., van Beem, M., & Vedder, P. (2016). Developmental outcomes of foster children: A meta-analytic comparison with children from the general population and children at risk who remained at home. *Child Maltreatment*, 21(3), 198-217.
- Lawrence, C. R., Carlson, E. A., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology*, 18, 57-76.
- Pecora, P. J., Kessler, R. C., Williams, J., Downs, A. C., English, D.J., & White, J. & O'Brien, K. (2010). *What works in family foster care? Key components of success from the Northwest foster care alumni study*. New York, NY and Oxford, England: Oxford University Press.
- Maher, E.J, Darnell, A., Landsverk, J., & Zhang, J. (2015). *The well-being of children in the child welfare system: An analysis of the second National Survey of Child and Adolescent Well-Being (NSCAW-II)*. Seattle, WA: Casey Family Programs.
- Turney, K. & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5), 1-11. e20161118

^{viii} See for example <https://cblcc.acf.hhs.gov/wp-content/uploads/FII-Tip-Sheet-Supporting-Relationships-08.23.19-FINAL.pdf> and https://www.childwelfare.gov/pubPDFs/parental_incarceration.pdf

^{ix} 567,000 children were in care on the last federal fiscal day in 1999. See <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport12.pdf>

^x Sources for these data:

- Casey Family Programs, Data Advocacy.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2005-2021). AFCARS and NCANDS 2005-2021 [Dataset]. Available from the National Data Archive on Child Abuse and Neglect Web site, <https://www.ndacan.acf.hhs.gov/>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2006). *The AFCARS report preliminary FY 2005 estimates as of September 2006. (No. 13)*. Washington DC: US Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport13.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2008). *Child Maltreatment 2006*. Washington DC: U.S. Department of Health and Human Services. Downloaded April 7, 2008 from <http://www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm>
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021*. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

^{xi} Harris, M. S., & Hackett, W. (2008). Decision points in child welfare: An action research model to address disproportionality. *Children and Youth Services Review*, 30(2), 199-215. For the most current AFCARS disproportionality data and trends see: https://ncjj.org/AFCARS/Disproportionality_Dashboard.asp

^{xii} See endnote ix.

^{xiii} The national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2021, 50 states reported fatality data. See U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021*. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>, p.ii.

-
- ^{xiv} U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2022). *The AFCARS report preliminary FY 2021 estimates as of June 28, 2022*. (No. 29). Washington DC: US Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/cb/report/afcars-report-29>
- ^{xv} Commission to End Child Abuse and Neglect Fatalities. (2016). *Within Our Reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office. https://www.acf.hhs.gov/sites/default/files/cb/cecanf_final_report.pdf
- ^{xvi} Casey Family Programs (2020). *How can child protection agencies use safety science to promote a safety culture?* Seattle: Author. <https://www.casey.org/safety-science-culture/>
- ^{xvii} Ibid.
- ^{xviii} <https://nationalpartnershipchildssafety.org/>
- ^{xix} Casey Family Programs (2023). *What is a high-functioning child protective services agency*. Seattle: Author. <https://www.casey.org/what-is-well-functioning-child-protection-agency/>
- ^{xx} See for example: <https://www.childwelfare.gov/topics/permanency/planning/> and Pecora, P.J., Whittaker, J.K., Barth, R.P., Borja, S., & Vesneski, W. (2019). *The child welfare challenge*. (Fourth Edition.) New York City: Taylor and Francis, Chapters 5, 6, 8 and 10.
- ^{xxi} The *Family Finding* model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. See: <http://familyfinding.org/>
- ^{xxii} *Family group conferencing* (FGC), a restorative approach to problem-solving that involves the children, young persons and adults in families in making their own decisions. Originally developed in New Zealand, the family group conferencing process has taken root worldwide and is now known by several different names, including family group decision making and family unity meetings, among others. Family group conferencing began in the field of child welfare and youth justice, but is now used in mental health, education, domestic violence and other applications. See:
- http://www.iirp.edu/article_detail.php?article_id=NDMz
 - Bredewold, F., & Tonkens, E. (2021). Understanding successes and failures of family group conferencing: An in-depth multiple case study. *The British Journal of Social Work*, 51(6), 2173–2190, <https://doi.org/10.1093/bjsw/bcab062>
 - Dijkstra, S., Asscher, J., Dekovic, M., Stams, G., & Creemers, H. (2018). A randomized controlled trial on the effectiveness of family group conferencing in child welfare: Effectiveness, moderators, and level of FGC completion, *Child Maltreatment*, 24(2), pp. 137-151.
- ^{xxiii} Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd ed.) New York: Guilford Press.
- ^{xxiv} <http://signsofsafety-stuff.s3.amazonaws.com/downloads/Mapping%20and%20Safety%20Planning%20PowerPoint.pdf>
- ^{xxv} See Adoptive and Foster Family Coalition. (2016). Visit coaching: Meeting children's needs. Retrieved from <http://affcn.org/fostercare/shared-parenting/visitation-resources/visit-coaching-supporting-families/> This can include visitation sessions hosted by local churches and special parent training/coaching strategies like STRIVE. See <https://partnersforourchildren.org/projects/strive>
- ^{xxvi} For a summary of concurrent planning benefits and pitfalls see: http://pacwcbt.pitt.edu/Curriculum/209IntCCPln/Prwk/PW3_ConcurrentPlanningBenefitsAndPitfalls.pdf
- ^{xxvii} See: Montana, S., Rondero Hernandez, V., Siegel, D., & Jackson, M. (2010). *Cultural brokers research project: An approach to community engagement with African American families in child welfare*. Report. California Social Work Education Center (CALSWEC). University of California, Berkeley. And Siegel, D., Jackson, M., Montana S., & Rondero Hernandez, V. (2011). *Use of cultural brokers as an approach to community engagement with African American families in child welfare: An empirically-based curriculum*. California Social Work Education Center (CALSWEC). University of California, Berkeley.
- ^{xxviii} The *Family Finding* model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. See: <http://familyfinding.org/>
- ^{xxix} *KEEP* is an evidence-based support and skill enhancement education program for foster and kinship parents of children aged 5 to 12 and teens (KEEP SAFE). The program supports foster families by promoting child well-being and preventing placement breakdowns. See <http://www.oslc.org/projects/keep/> Also see [Is Project KEEP a meaningful support for resource parents?](https://www.casey.org/what-are-kinship-navigators/)
- ^{xxx} See <https://www.casey.org/what-are-kinship-navigators/>
- ^{xxxi} Seneca is the leading provider of Family Finding training and consultation services. See <https://www.familypermanency.org/>
- ^{xxxii} See for example:
- [How can birth and foster parent partnerships help families reunify?](#)
 - [How does the Parents for Parents program help parents reunify?](#)
 - [How do parent partner programs instill hope and support prevention and reunification?](#)
 - [How do parent partner programs instill hope and support prevention and reunification? \(APPENDIX\)](#)
- ^{xxxiii} For more information about Permanency Roundtables see:
-

-
- O'Brien, K., Davis, C. W., Morgan, L. J., Rogg, C. S., Houston, M. (2012). The Impact of Roundtables on Permanency for Youth in Foster Care. *Children & Youth Services Review* 34(9), 1915-1921.
 - White, C. R., Corwin, T., Buher, A., O'Brien, K., DiLorenzo, P., & Kelly, S. (2015). The Multi-Site Accelerated Permanency Project: Permanency Roundtables as a strategy to help older youth in foster care achieve legal permanency. *Journal of Social Service Research*, 41(3), 364-384.

xxxiv Contact Casey Family Programs, for more information. For more information about permanency planning strategies see <https://www.casey.org/effective-strategies-achieving-permanency/>

xxxv See https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Effective-strategies-for-achieving-permanency-1.pdf

xxxvi For family-based substance abuse treatment models, see:

- SHIELDS for Families <https://www.shieldsforfamilies.org/>
- Native American Connections and the Patina Wellness Center <http://www.nativeconnections.org/>
- Rising Strong Program in Spokane: <https://www.cceasternwa.org/risingstrong> or <http://empirehealthfoundation.org/>
- [What are some of the strategies being used to reunite families with substance use disorders?](#)

xxxvii Walker, J. S., & Bruns, E. J. (2006). The wraparound process: Individualized care planning and management for children and families. In S. Rosenberg & J. Rosenberg (Eds.) *Community Mental Health Reader: Current Perspectives*. Routledge.

xxxviii Roberts, Y.H., O'Brien, K., & Pecora, P.J. (2017). *Supporting Lifelong Families Ensuring Long-Lasting Permanency and Well-Being*. Seattle: Casey Family Programs. <https://www.casey.org/supporting-lifelong-families/>

xxxix Trout, A. L., Lambert, M. C., Epstein, M. H., Tyler, P. M., Thompson, R. W., Stewart, M. C.,... Daly, D. L. (2013). Comparison of On the Way Home Aftercare Supports to traditional care following discharge from a residential setting: A pilot randomized controlled trial. *Child Welfare*, 92(3), 27-45.

xl See for example:

- [How can birth and foster parent partnerships help families reunify?](#)
- [How does the Parents for Parents program help parents reunify?](#)
- [How do parent partner programs instill hope and support prevention and reunification?](#)
- [How do parent partner programs instill hope and support prevention and reunification? \(APPENDIX\)](#)

xli See: Fisher, P. A., Burraston, B., & Pears, K. (2005). The Early Intervention Foster Care Program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*, 10, 61-71; Fisher, P. A., Kim, H. K., & Pears, K. C. (2009). Effects of multidimensional treatment foster care for preschoolers (MTFC-P) on reducing permanent failures among children with placement instability. *Child and Youth Services Review*, 31, 541-546.

xlii Walker, J. S., & Bruns, E. J. (2006). The wraparound process: Individualized care planning and management for children and families. In S. Rosenberg & J. Rosenberg (Eds.) *Community Mental Health Reader: Current Perspectives*. Routledge.