



STRATEGY BRIEF

TRANSFORMING CHILD WELFARE SYSTEMS

What steps can our agency take to become **more trauma informed**?

Children and families served by child protection agencies have high rates of trauma histories,¹ perhaps more than in any other child-serving system.² Agencies that have implemented a trauma-informed approach have realized improvements in child and family outcomes, as well as staff functioning. Child protection agencies can take steps to increase their knowledge of how families experience trauma, incorporate trauma expertise into service delivery, and collaborate with other providers to adopt a more trauma-informed systemwide approach.³ This brief examines strategies for creating a trauma-informed agency, related tools, and promising results.

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What are the benefits to becoming trauma informed?

Policy and practice that reflect trauma-informed commitments can lead to the development of effective trauma services for parents and children that promote child safety; improve visitation, family engagement, and permanency; as well as strengthen relationships with resource parents.⁴ Becoming a trauma-informed, resilient agency also increases retention of staff and workplace satisfaction.⁵



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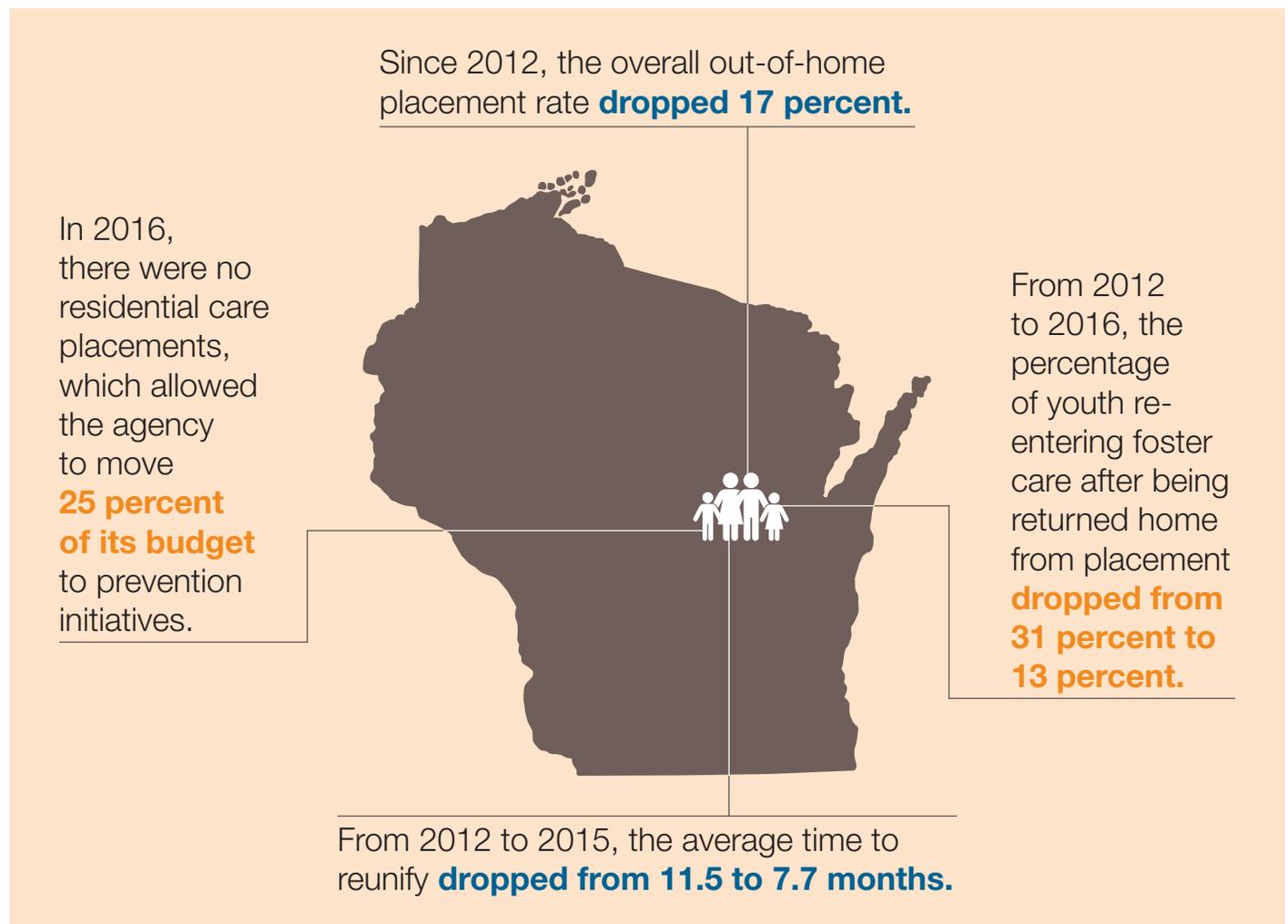
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Since 2008, Connecticut's Department of Children and Families' (DCF) Collaborative on Effective Practices for Trauma (CONCEPT) project has trained over 30 agencies and more than 600 clinicians in [Trauma-Focused Cognitive Behavioral Therapy \(TF-CBT\)](#) and the [Child and Family Traumatic Stress Intervention \(CFTSI\)](#). As a result, more than 10,000

children have received evidence-based trauma treatment, resulting in an 80 percent reduction in trauma symptoms and a lifetime cost savings of \$21,837 per child.⁶

Beginning in 2012, the Waupaca County Department of Health and Human Services in Wisconsin, with the support of the first lady and other partners, implemented a series of reforms to build a trauma-informed agency. As a result, Waupaca County not only lowered secondary traumatic stress and burnout rates and increased compassion satisfaction scores among staff, but also achieved the following outcomes:⁶

WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES



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What are some strategies for becoming more trauma informed?

Many agencies have made it a priority to incorporate trauma-informed care and practice in child welfare in order to address the impact of trauma on an individual's life and facilitate trauma recovery.⁷ A trauma-informed agency is also attentive to the agency's role in preventing children and families from being re-traumatized and addressing caseworker trauma and stress (i.e., secondary traumatic stress, compassion fatigue, and vicarious trauma).⁴ But working at the family and agency levels is not sufficient. Developing a trauma-informed child welfare system also requires involvement and commitment from community stakeholders and policymakers.⁸

Strategies include:

- **Data-driven exploration:** Conduct an agency assessment to help identify where and what kind of change is needed to become more trauma informed.⁹ All aspects of the child protection agency — caseworkers, administration, policies, goals, mission, and physical setting — need to be evaluated when considering potential trauma-informed changes.¹⁰ Institute regular surveys, focus groups, and other CQI mechanisms to secure feedback from children, families, and staff on indicators of traumatic stress, secondary stress, and service and support needs. For example, in order to inform the identification and development of trauma-informed initiatives, the Chadwick Center's Trauma System Readiness Tool is designed to assess child welfare agencies' current strengths and gaps along the following domains: understanding of the impact of child traumatic stress on children being serviced; understanding of parent/adult trauma history and its impact on parenting and parents' response to services; trauma and the child welfare system; vicarious trauma; and systems integration/service coordination with other child-serving agencies.¹¹
- **Clear governance and leadership:** Identify a clear leadership team to advance the work. Involve key decision-makers at the agency, local, and state levels to ensure that assessment and treatment of child trauma is integrated across systems and programs and is adequately supported through financing, staffing, and other resources.¹² Advance intra- and inter-agency teams to promote buy-in, address challenges, and keep momentum from flagging.¹³ For example, the first lady of Wisconsin is working in partnership with the Wisconsin Department of Children and Families; medical, mental health, and faith-based community leaders; and a range of private organizations to better recognize, understand, and address the effects of trauma on the lives of children and families in the state through the Fostering Futures initiative.¹⁴ The Custer County (Oklahoma) Trauma Team is tasked with leading the collaborative trauma efforts of the Oklahoma Department of Human Services, community behavioral health professionals, law enforcement, criminal justice, and mental health agencies.¹⁵
- **Meaningful family engagement:** Ensure that children and families have opportunities to provide meaningful input on program design, implementation, and service delivery.¹⁶ For example, in addition to adding family representatives to agency committees, some agency leaders attended meetings of state foster youth advisory councils, birth parent networks, and resource parent advisory groups to obtain specific feedback on key strategies being considered.³ Another agency hosted focus groups with child protection agency staff and supervisors, birth and resource parents, youth, and community mental health and other providers.¹⁷
- **Consistent involvement of staff:** Adopt a new approach to working with staff that moves away from an “us vs. them” mentality to one that reflects shared partnership and teaming. For example, Waupaca County introduced a Secondary Traumatic Stress workgroup, Trauma-informed Care staff committee, and a Stop-Start-Continue initiative among staff to determine the behaviors, activities, and programs that would best reflect the central principles of trauma-informed practice.⁵

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- **Active outreach to community stakeholders:** Seek community input and find champions integral to system change in order to mobilize resources and to raise awareness of the prevalence and impact of child trauma.¹⁸ Create a shared understanding of trauma-informed principles with all partners¹⁹ and make available resources on trauma for any system collaborators.²⁰ Support additional training for courts, physicians, mental health and substance abuse treatment providers, and others to introduce trauma-informed interventions appropriate for these settings.⁹ For example, Waupaca County conducted 100 interviews with 100 key community stakeholders in 100 days to determine community support, needs, and interests in trauma-informed care initiatives.⁵ In Custer County, the agency planned a communitywide summit on trauma, ACEs, and an overview of its trauma-informed initiative.²¹
- **Comprehensive policy change:** Establish policies and cross-agency protocols that institutionalize a trauma-informed approach across all agency services and administration.²² Institute policies that support respectful, trusting interactions at all levels of the organization,²³ including policies related to threat assessments and violence in the workplace.²⁴ In Connecticut, DCF's CONCEPT modified 34 agency policies and practice guides to require that caseworkers consider children's exposure to trauma and how it may affect their current functioning.²⁵
- **Evidence-informed interventions:** Use evidence-informed and culturally responsive trauma screening, assessment, and treatment²⁶ that attend to the influence of intergenerational and historical trauma. Adopt a consistent approach to trauma screening for all children who come into contact with the child welfare system, such as the [Trauma Symptom Checklist for Children](#). For example, as part of Connecticut's CONCEPT, all children aged 6 and older who are placed into DCF care are screened for trauma, with services adjusted to meet the unique needs of immigrant or transgendered youth.²⁷ Support implementation of evidence-informed interventions to address trauma,

such as [Trauma-Focused Cognitive Behavioral Therapy](#) (TF-CBT), [Parent-Child Interaction Therapy](#) (PCIT), [Functional Family Therapy](#) (FFT), [Child-Parent Psychotherapy](#) (CPP), or the [Child and Family Traumatic Stress Intervention](#) (CFTSI).

- **Visible upgrades to the agency environment:** Make changes to the physical setting to support a sense of safety and inspiring, calming messages, for example by painting relaxing colors and putting up inspirational pictures and images. In Waupaca County, upgrades to the physical space, including furniture, lighting, and artwork, were instituted to make the spaces more welcoming.
- **Advance a safety culture:** Take steps to build a safety culture to advance psychological safety and improved outcomes through open communication, transparency and continuous learning and improvement.²⁸ Value and promote self-care.²⁹ In Tennessee, for example, staff were assessed on psychological safety, team and supervisory support, and other measures of burnout and stress in order to guide agency priorities.³⁰
- **Ongoing staff development:** Incorporate trauma-informed principles and activities into staff hiring, training, supervision, and performance evaluation.³¹ Offer specialized training and support to help competent social workers become skilled, resilient, and healthy supervisors, including training on reflective supervision and mindfulness techniques.³² Take steps to help caseworkers understand how their cultural backgrounds may influence how they perceive and support families.³³ For example, New Jersey offers an ongoing professional development series, Taming Trauma,³⁴ designed to help staff more fully understand trauma, explore secondary or vicarious trauma, and find tools to help mediate the impact of trauma. New York City's Resilience Alliance training curricula series is designed to mitigate the impact of secondary traumatic stress among child protective staff, supervisors, and leadership in New York City.³⁵ Olmsted County (Minnesota)'s Trauma Steering

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Committee assessed training needs and instituted cross-system capacity-building activities on trauma and its impact for the local Children's Justice Initiative, a collaboration between the Minnesota Judicial Branch and the Minnesota Department of Human Services.³⁶

- **Accessible critical incident and peer support:** Have experienced CPS retirees provide confidential peer support, given their understanding of the trauma and stress both on and off the job.³⁷ Use trained facilitators, retirees, and peers to offer a 24/7 helpline or provide check-ins, coaching, and formal peer mentoring, as well as coping groups

following critical incidents and ongoing groups to address issues of secondary traumatic stress, burnout, and psychological safety.³⁸ In New Jersey, the Worker2Worker program provides three levels of peer support — prevention/training, intervention, and crisis response — to address secondary traumatic stress.³⁹ In New York City, the Restoring Resiliency Response model integrates education, emotional expression, cognitive restructuring, and healing, along with self-care and coping skills, into its crisis debriefing services.⁴⁰ These supports are tailored to address child fatalities, bereavement, grief and loss, threats and assaults on employees, and incidents of severe child abuse or neglect and domestic violence.

To learn more, see related resources on [Casey.org/trauma_informed_agency_strategy](https://www.casey.org/trauma-informed-agency-strategy)

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