




RESEARCH IN BRIEF

TRAUMA INFORMED CARE POSITIVELY IMPACTS CHILD WELFARE OUTCOMES


A brief of “Trauma-responsive child welfare services: A mixed-methods study assessing safety, stability and permanency” by James Topitzes, Timothy Grove, Erika E. Meyer, Stacey M. Pangratz and Caitlin M. Sprague

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Child welfare organizations and agencies have been adopting Trauma Informed Care perspectives and practices for over a decade in hopes of improving organizational culture, case management practice and treatment services. However, empirical evidence supporting such wide-ranging application of Trauma Informed Care was sparse. With support from a generous \$450,000 grant from the Greater Milwaukee Foundation and an independent project evaluator (Dr James Dimitri Topitzes from UW-Milwaukee) secured, SaintA set out to implement and evaluate a comprehensive trauma-informed child welfare program.



The study's results support the ongoing trauma-informed child welfare movement, revealing that trauma-responsive child welfare case management can positively influence stability and permanency outcomes among child welfare-involved children.



The Journal of Child Custody recently published the findings of the three-year research project. The article, *Trauma-responsive child welfare services: A mixed methods study assessing safety, stability and permanency*, published on August 5, 2019, states that there were three primary findings of significance:

- » Placement stability was positively influenced.
- » Permanence was positively influenced.
- » Practicing in a trauma-responsive manner contributed to staff satisfaction.

ABOUT THE STUDY

The research study assessed SaintA's Seven Essential Ingredients (7ei) model of trauma-responsive case management, which is based on the Neurosequential Model™, developed by Dr Bruce Perry and influenced by the ACE Interface frame developed by Laura Porter and Dr Rob Anda.

The program was intended to improve safety, placement stability and permanency outcomes, and involved four components:

- » Extensive pre-service and ongoing TIC training for case managers and their supervisors: The 7 Essential Ingredients of Trauma Informed Care.
- » Trauma-informed assessments to service-involved children.
- » Trauma-informed case planning, guided by a staffing protocol explicitly designed for this program.
- » Specialized supervision and consultation from a clinical supervisor, caregiver support specialist, program administrator and national expert. (Dr. Bruce Perry)

From 2013-2016, researchers followed about 600 children in child welfare in Milwaukee County. The treatment group of children, (comprised of youth served in 2 program teams), determined about half received the series of interventions described above. Two additional teams were selected as a comparison group. These youth received general Trauma Informed Care strategies.

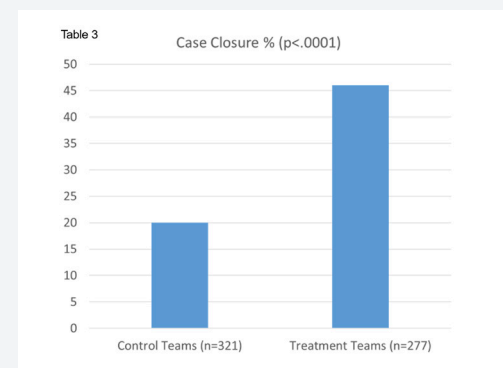
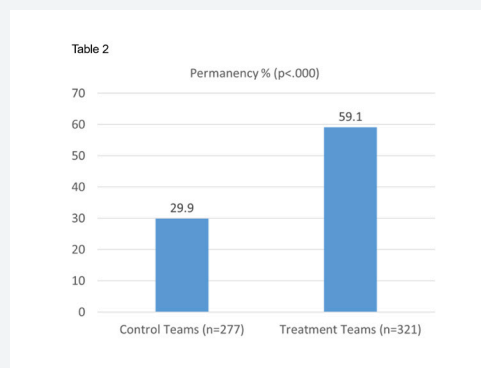
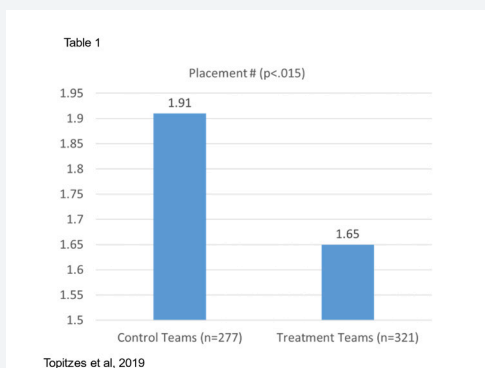
THREE SIGNIFICANT FINDINGS

Quantitative data, gathered through a quasi-experimental design, revealed that program participation was associated with improved placement stability and permanency. Program and comparison groups differed significantly across indicators of both. Children in the program group experienced fewer out-of-home placements than those

in the comparison group (see table 1 below). Additionally, a higher percentage of children in the program group achieved permanent placements, i.e., an indicator of permanency, than children in the comparison group (see table 2 below). This trend was true for all three permanency types:

- » 30% of children in the program experienced reunification compared to 20% in the comparison group.
- » 14% of children in the program experienced guardianship compared to 6% in the comparison group.
- » 14% of children in the program experienced adoption compared to 4% in the comparison group.

Likewise, case closure, another indicator of permanency, differed significantly between program and comparison groups (see table 3 below).



STAFF EXPERIENCE WITH TRAUMA-RESPONSIVE CASE MANAGEMENT

Most staff members involved believed the trauma-responsive program enhanced their service delivery. Several staff members asserted that they were able to “address trauma more accurately,” and that they grew more competent and confident as TIC providers.

Interviewees also noted that the program strengthened their work commitment. One staff member said, “I appreciate the agency’s focus on trauma, and I respect the work. I feel proud to work here.” Many staff noted perceived improvements in their services and skills, alignment with agency values, enthusiasm for TIC work and pride in the TIC program’s focus.



Nearly all interview participants endorsed the specialized consultation component of the program, as well as the training and staffing protocols. One interviewee mentioned that, through these protocols, she developed “a better understanding of why (her) children acted the way they do.” Staff also mentioned that the program’s assessments provided detailed analysis that helped inform service plans and conversations with stakeholders.

PROVEN INNOVATION FROM SaintA

SaintA has been practicing Trauma Informed Care for well over a decade. The agency innovated the Seven Essential Ingredients of Trauma Informed Care (7ei), which is the basis for all of its programs and services, and has been used to train over 50,000 individuals in Trauma Informed Care and trauma-sensitive schools nationwide. SaintA is one of only a handful of organizations worldwide to have achieved flagship status from the Neurosequential Network.

“Experience has shown the importance of a trauma-informed approach when helping children, adults and families overcome adversity and find stability,” explains Ann Leinfelder Grove, President and CEO of SaintA. “We helped shape the practice and welcomed the opportunity to test our child welfare case management practices and study our own outcomes.”

ONLY THE BEGINNING

Trauma-informed or trauma-responsive programming has spread across many service sectors, including child welfare. However, only a few evaluations of child welfare programs have been published. Since the SaintA research project concluded, they have expanded the practice model to all child welfare case management, scaling the model organization-wide.

“We continue to build our understanding of how to maximize this trauma-responsive approach and measure positive outcomes based on this model of practice,” says Leinfelder Grove. “Now, standard in our case management, are mandatory 45-day assessments, which create a connection from child welfare directly into family preservation services.”

