

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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THE RESEARCH, IN BRIEF

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 \$450,000 grant from the Greater Milwaukee Foundation and an independent project evaluator (Dr. James Dimitri Topitzes of UW-Milwaukee), **Wellpoint Care Network** set out to implement and evaluate a comprehensive trauma-informed child welfare program.

The study's results reveal that trauma-responsive child welfare case management can positively influence stability and permanency outcomes among children involved in the child welfare system.

The Journal of Child Custody published the findings of the three-year research project on August 5, 2019. The article states three primary findings of significance:

- *Placement stability* was positively influenced.
- *Permanence* was positively influenced.
- Practicing in a trauma-responsive manner contributed to *Staff Satisfaction*.

“Experience has shown the importance of a *trauma-informed* approach when helping children, adults and families overcome adversity and find *stability*.”

— ANN LEINFELDER GROVE, PRESIDENT AND CEO, WELLPOINT CARE NETWORK

ABOUT THE STUDY

The study assessed Wellpoint Care's **Seven Essential Ingredients of Trauma Informed Care (7ei)** framework of trauma-responsive case management, 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.

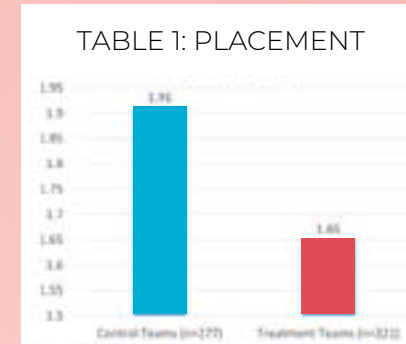
The program was intended to improve safety, placement stability and permanency outcomes, and involved four components:

- Extensive pre-service and ongoing training for case managers and supervisors in the 7ei.
- Trauma-informed assessments to service-involved children.
- Trauma-informed case planning, guided by a staffing protocol designed explicitly 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 (comprised of youth served in two 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

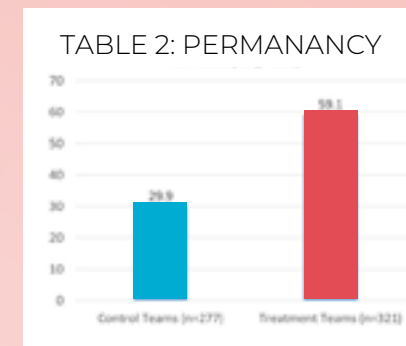
Quantitative data, gathered through a quasi-experimental design, revealed that program participation was associated with improved placement stability and permanency. Program and comparison groups differed significantly across indicators of both.



Children in the program group experienced fewer out-of-home placements than those in the comparison group (*Table 1*). 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 (*Table 2*).

This trend was true for all three permanency types:

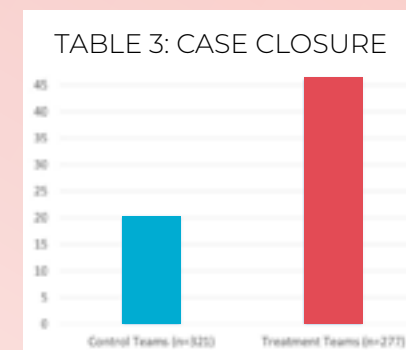
- **30% of children** in the program experienced *Reunification* compared to 20% in the comparison group.
- **14% of children** in the program experienced *Guardianship* compared to 6% in the comparison group.
- **14% of children** in the program experienced *Adoption* compared to 4% in the comparison group.



Case Closure, another indicator of permanency, also differed significantly between groups (*Table 3*).

BETTER STAFF EXPERIENCE

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 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

Wellpoint Care Network has been practicing Trauma Informed Care since 2008. The agency innovated the Seven Essential Ingredients of Trauma Informed Care (7ei) framework used as the basis for all of its programs and services, and has trained more than 75,000 individuals in it's applications nationwide. Wellpoint Care Network 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 Wellpoint Care Network. "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 Wellpoint Care Network's 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."



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