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How are child protection agencies implementing trauma-informed, healing-centered policies and practices?

Child protection agencies serve children and families that have high rates of trauma histories,¹ perhaps more than in any other child-serving system.² Even while acting to assess and preserve safety, child protection agencies can exacerbate and cause additional trauma through the interventions of investigation, removal, and placement. The adverse effects of trauma, however, can be mitigated — and in some cases prevented — with a trauma-informed, healing-centered approach.

In response to increased [understanding about the prevalence of trauma](#) and its impact on physical and behavioral health, a growing number of child protection agencies are seeking to [develop greater trauma awareness](#) and implement policy and practice changes more responsive to people who have experienced trauma, and actively support their healing.³

Agencies may implement these policies and practices in different ways to best suit the unique contexts and needs of the communities and families they serve. In most cases, however, they take one or more of the following steps: increase their staff and partners' knowledge of how families experience trauma; incorporate trauma expertise into service delivery; seek to expand and adapt the local service array to better suit children and families' healing; and collaborate with other agencies and systems to adopt a more trauma-informed system-wide approach.⁴

For more information on this topic, see the companion briefs:

- [What are key principles child protection agencies should follow when providing trauma treatment and healing-centered services to youth?](#)
- [What resources are available to support trauma-informed, healing-centered approaches in child welfare?](#)

Benefits

Trauma-informed policies and practices can assist parents and caregivers who have experienced trauma to provide nurturing and safe homes for children. This can promote child safety; improve visitation, family engagement, and permanency; and strengthen relationships with resource parents.⁵ When kin and foster caregivers are more aware of the connection between a child's behavior and that child's past exposure to trauma, they are better equipped to provide children with protective and coping skills to mitigate the impacts of being removed from their homes.

In fact, [research indicates](#) that when child protection agencies infuse trauma-informed care into everything they do, children experience fewer placements and fare better in foster care. Trauma-informed service improvements — such as ensuring that more children receive screening, assessment, and evidence-based treatment — [may lead to improved outcomes](#), such as:

- Fewer children requiring crisis services.
- Decreased use of psychotropic medications.
- Fewer foster home placements, disruptions, and re-entries.
- Reduced length of stay in out-of-home care.
- Improved child functioning and increased well-being.

Becoming a trauma-informed, healing-centered agency also increases retention of staff and their workplace satisfaction.⁶

Implementing trauma-informed, healing-centered approaches

Several organizations have offered guidance for the development of trauma-informed child welfare systems, including the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), the [Chadwick Trauma-Informed Systems Project](#), and [Youth Thrive](#), an initiative of the Center for the Study of Social Policy. Key steps include:

- Realizing the widespread impact of trauma and understanding potential paths for recovery.
- Recognizing the signs and symptoms of trauma in families, staff, and others involved with the system.
- Responding by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeking to actively resist re-traumatization.

Child protection agencies and service providers need to ***understand the trauma history of both the children and their parents/caregivers***, as there is an interrelation between trauma and symptoms of trauma (such as substance use disorders, eating disorders, depression, and anxiety), which can affect both child and parent. Since children and families involved with the child welfare system experience higher rates of trauma and associated behavioral health problems, it is even more vital to develop a trauma-informed system to address these issues. ***Centering care and support on what the young person and family express they need*** is critical to helping to facilitate healing.

Trauma-informed systems ***employ evidence-based and best practice treatment models to directly address the impacts of trauma*** and to facilitate trauma recovery. While these treatment models are key, they are just some of the components in a trauma-informed system, which is less about what a system is doing and [more about how the system is doing it](#). It is essential to partner with youth and families to understand their specific needs and develop individualized treatment plans. In some cases, traditional clinical approaches may be less supportive than other supports, which may include mobile response services across the continuum of child welfare; healing practices tailored to Indigenous children and families; equipping teachers, foster parents, and other youth-serving individuals with the skills to manage trauma responses; peer mental health supports; creating single points of access for support; strong screening and assessment; in-home stabilization services; and telehealth.

Resisting re-traumatization requires special care in a child welfare context. Administrators and staff must be aware of all the ways the system's actions may make children and families feel unsafe, both physically and emotionally. The interventions of investigation, removal, and placement may be experienced as additional traumatic events for children and families. In addition, many families and communities of color, and those living in poverty, have experienced and continue to experience [historical and generational trauma from overpolicing and oversurveillance](#) by child welfare and other systems.

A trauma-informed child protection agency is aware of these impacts on children and families, and **seeks to address safety concerns while minimizing additional trauma**. Trauma-informed child welfare staff are aware of how certain actions and physical spaces have the potential to re-traumatize or trigger behaviors in the children and families they serve. Trauma-informed child protection agencies make sure that their decisions regarding safety include considerations of emotional safety, physical safety, spiritual safety, and cultural safety. They recognize that the poverty-related challenges experienced by many families reported to child protection are more appropriately addressed through [financial and economic support versus family separation](#). They make sure that children are never removed from their families in response to non-safety related concerns, and that services to keep families together, including economic and concrete supports, are provided whenever that can be done safely. For more information, see the Casey Family Programs report: [What is a well-functioning child protection agency?](#)

Increasingly, child protection agencies are recognizing that being trauma-informed is not enough — they must move toward being [resilience-focused and healing-centered](#). This stems from recognition that children and families have hopes and dreams, and are much more than the traumas they have experienced. Agencies might explore, for example, how they might implement the principles of a trauma-informed, resilience-oriented, equity-focused system established by the [National Council for Mental Wellbeing](#).

Healing-centered approaches also **recognize that trauma is a collective experience** that is often shared by many children and families in the same community. Trauma occurs in an environmental and community context and is shaped by social and political factors such as widespread poverty and an inadequate social safety net. Healing approaches therefore require a commitment to support and engage communities, in addition to being led by communities, which have been harmed by the past and present actions of child protection agencies.

Jurisdictional examples

A growing number of child protection agencies are launching or sustaining efforts to increase their use of trauma-informed, healing-centered policies and practices. Since 2011, **Connecticut's** Department of Children and has [implemented trauma-informed policies and practices across the agency](#), including creating new screening and referral procedures, training staff at all levels, building a trauma-informed service array with a network of providers, and building the capacity of providers to focus specifically on race-based trauma and stress. Over 30 agencies and more than 600 clinicians have been trained in [Trauma-Focused Cognitive Behavioral Therapy](#) (TF-CBT) and the [Child and Family Traumatic Stress Intervention](#) (CFTSI), and more than 10,000 children have received evidence-based trauma treatment, resulting in an [80% reduction in trauma](#) symptoms.

In June 2020, the **New Jersey Office of Resilience** was created within the state's Department of Children and Families to identify and nurture community-developed solutions to supporting children and caregivers with adverse childhood experiences. One of several trauma-informed approaches is [Mobile Response and Stabilization Services](#), an intervention that helps children in crisis stay with their families by making sure a behavioral health worker is available to any family, anywhere in the state, at any time. Since 2004, the program has consistently maintained 94% of children in their living situation at the time of service, including those involved with the child welfare system.⁷

Virginia's Department of Social Services established an [Office of Trauma and Resilience Policy](#) to focus on promoting inclusive, trauma-informed, and healing-centered practices by facilitating culture change and collaboration with other social service agencies throughout the state.

Washington's Department of Children, Youth, and Families' recently launched an [agency-wide effort](#) to make trauma-informed training and communities of practice available to all staff, establish professional standards across systems, and develop tools to assess progress toward becoming a trauma-informed, healing-centered agency.

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). [SAMHSA's concept of trauma and guidance for a trauma-informed approach](#), p. 2.

McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2010). Childhood adversities and adult psychopathology in the National Comorbidity Survey Replication (NCS-R) III: Associations with functional impairment related to DSM-IV disorders. *Psychological Medicine*, 40(5), 847–859. Conradi, L., & Wilson, C. (2010). Managing traumatized children: A trauma systems perspective. *Current Opinion in Pediatrics*, 22(5), 621–625.

² Susan, J., Kassam-Adams, N., Wilson, C., Ford, J. D., Berkowitz, S. J., Wong, M., ... & Layne, C. M. (2008). [Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice](#), p. 397.

³ Content of this brief was developed through ongoing consultation with the Knowledge Management Lived Experience Advisory Team. This team includes youth, parents, kinship caregivers, and foster parents with lived experience in the child welfare system, and who serve as strategic partners with Family Voices United, a collaboration between FosterClub, Generations United, the Children's Trust Fund Alliance, and Casey Family Programs. Team members who contributed to this brief include Alisa Thornton, Marquette King, Robert Brown, and Matt Pennon.

⁴ Akin, B. A., Strolin-Goltzman, J., & Collins-Camargo, C. (2017). [Successes and challenges in developing trauma-informed child welfare systems: A real-world case study of exploration and initial implementation](#). *Children and Youth Services Review*, 82, 42–52. New England Association of Child Welfare Commissioners and Directors, and Casey Family Programs. (2017). [Trauma-Informed Resilient Child Welfare Agencies: A New England Learning Community Summary of the Work](#).

⁵ Dorsey, S., Burns, B. J., Southerland, D. G., Cox, J. R., Wagner, H. R., & Farmer, E. M. Z. (2012). [Prior trauma exposure for youth in treatment foster care](#), paragraph 2. *Journal of Child and Family Studies*, 21(5), 816–824.

⁶ Kassam-Adams, Wilson, Ford, et al.

⁷ Email correspondence with staff from the Office of Analytics and Systems Improvement, New Jersey Department of Children and Families, on March 24, 2023.

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families in the United States. By working together, we can create a nation where Communities of Hope provide the support and opportunities that children and families need to thrive. Founded in 1966, we work in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and with tribal nations across North America to influence long-lasting improvements to the well-being of children, families and the communities where they live.

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