

Trauma-Informed Schools: How child maltreatment prevention, detection, and intervention can be integrated into the school setting.

Session #3: Educational Settings

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“Wicked” Problems

- Rittel & Weber (1973) distinguished between problems or issues that are tame versus wicked, particularly looking toward policy solutions
- *Tame* does not mean simple, but that the:
 - Problem can be tightly defined
 - Technical (not easy) solutions can be identified and worked towards
- A *wicked* problem defies pragmatic solution(s):
 - The problem is itself complex
 - Is embedded in systems with divergent aims
 - The problem is often constructed differently by stakeholders and, thus, embedded in *contested normative and political domains*
 - Involve conditions of *resource uncertainty*

Taking Points

- A *selective* overview of child maltreatment, child welfare system involvement, and placement
- In keeping with the wicked problem theme, give a “birds eye” views of the overlapping systems of care most directly implicated in the discussions that have unfolded.
 - Institutional/ organizational/ policy logics
- Discuss some ways to begin to think of solutions from a “wicked” perspective

Talking Point #1: Selective
Overview (i.e. the problem is
complex)

The experience of maltreatment: a common thread among many systems-involved youth

- **Child welfare “system”**
- **Juvenile justice system**
- **Child mental health “system”**

For whom does maltreatment prevention work? (Berrick, 2013)

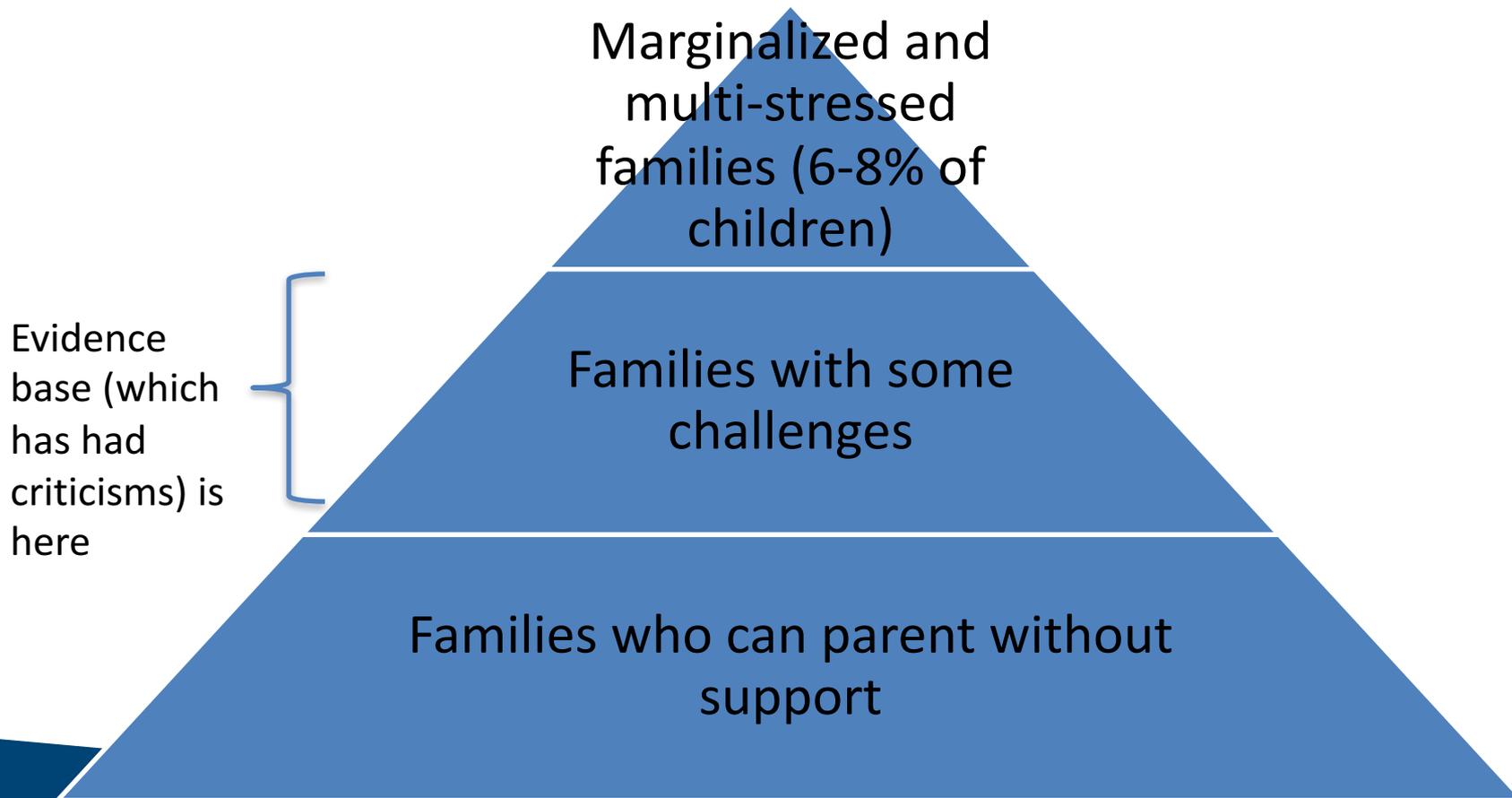
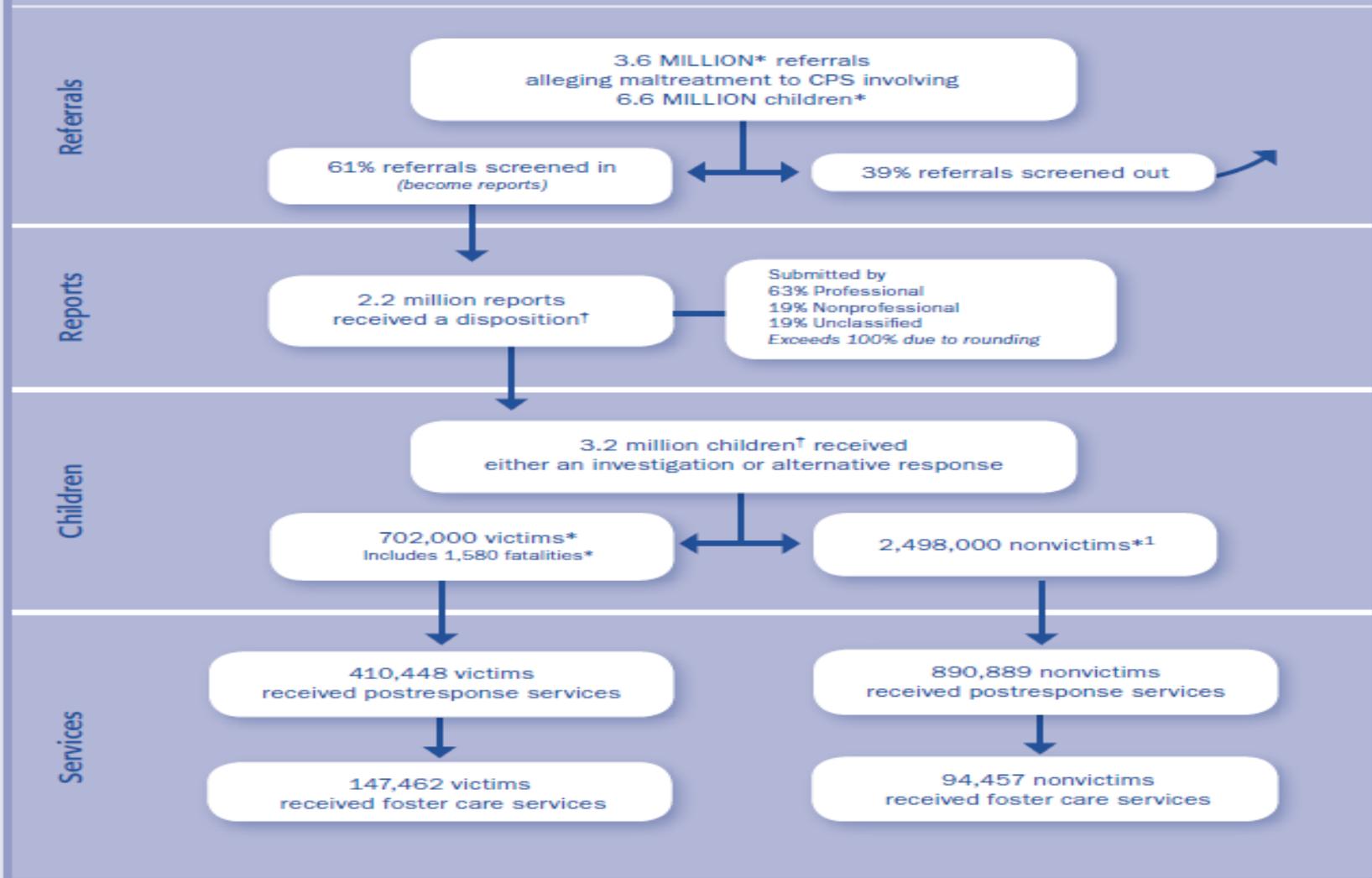


Exhibit S-1 Statistics at a Glance, 2014

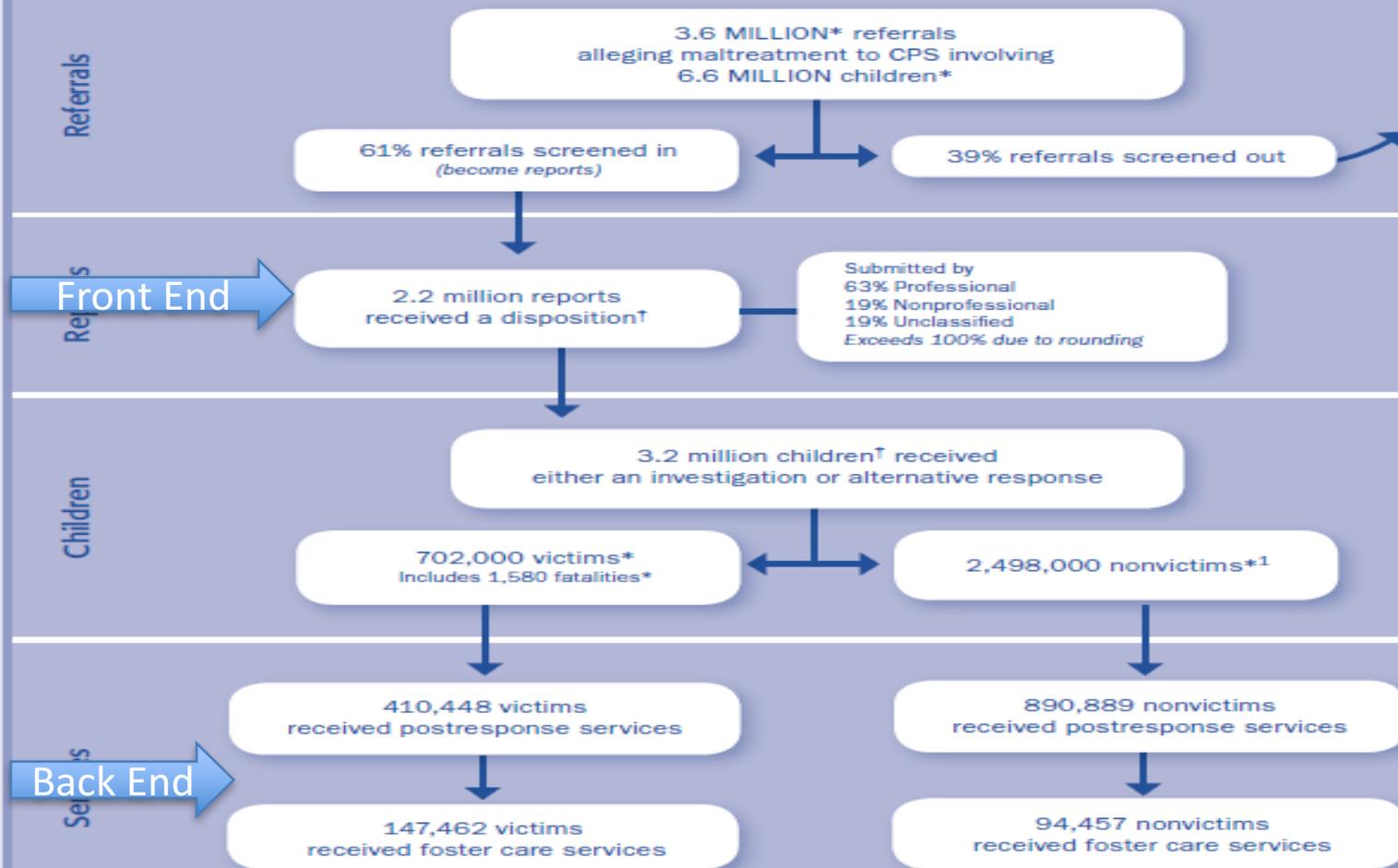


* Indicates a nationally estimated number.

† Please refer to the report Child Maltreatment 2014 <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment> for information regarding how the estimates were calculated. Average 1.83 children per referral.

¹ The estimated number of unique nonvictims was calculated by subtracting the unique count of estimated victims from the unique count of estimated children.

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Referrals

3.6 MILLION* referrals
alleging maltreatment to CPS involving
6.6 MILLION children*

61% referrals screened in



39% referrals screened out

Reports

Although law enforcement and education professionals report at similar rates (~18%), law enforcement and medical professional reports have greater odds of substantiation (King et al., 2013)

Children

3.2 million children† received
either an investigation or alternative response

702,000 victims*
Includes 1,580 fatalities*



2,498,000 nonvictims*¹

Services

410,448 victims
received postresponse services

890,889 nonvictims
received postresponse services

147,462 victims
received foster care services

94,457 nonvictims
received foster care services

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Reports

2.2 million reports
received a disposition†

Submitted by
63% Professional
19% Nonprofessional
19% Unclassified
Exceeds 100% due to rounding

Children

3.2 million children† received
Most (75%) substantiated reports are for neglect.

702,000 victims*
Includes 1,580 fatalities*

2,498,000 nonvictims*1

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A small proportion of children who are referred become child-welfare system involved and “placed”; but, non-substantiation does not mean not maltreated

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Back End: Placement dynamics (Wulczyn et al. 2012)

- Of those placed, approximately half live in foster homes, 25% live with kin, and 25% live in group care or other settings.
 - Children under age 1 and over age 11 are most likely to be placed
 - Median length of stay by state ranges between 5 to 24 months.
 - Half of foster youth experience at least one placement change and 30% have three or more placement changes.
 - Although most children and adolescents are reunified (60%) with their families, 20% are adopted. About 20% of youth will re-enter the system within two years of

Maltreatment and child welfare system involvement rooted in structural conditions

- Nationwide, county-level income inequality associated with county-level maltreatment rates, controlling for child poverty rates (Eckenrode et al., 2014)
- Vexing concerns about racial disproportionality across decision making points in the system (Wulczyn et al., 2012)

Children with maltreatment histories struggle in school

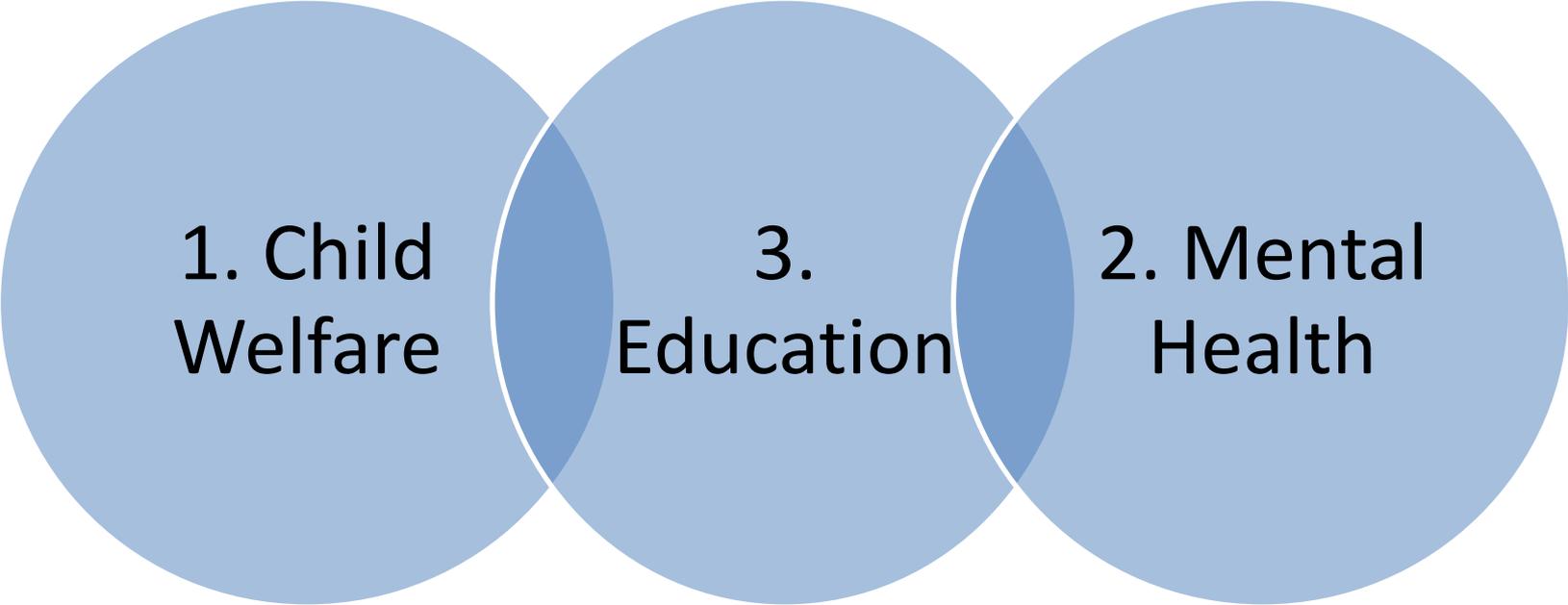
- Over and above socio–demographic risk factors, maltreatment related to lower standardized reading and mathematics test scores and grades, higher absenteeism, and increased likelihood of grade repetition (for a review, see Stone, 2007).
- Observed associations between maltreatment, early behavioral problems, placement in special education, and dropout are largely accounted for by socio–demographic risk factors (Leiter & Johnsen, 1994), suggesting important sources of heterogeneity within the population of maltreated children, including the timing and type of maltreatment in addition to the academic outcome domain considered.
- Among young samples, both cognitive and non–cognitive variables associated with school success are inversely associated with maltreatment (e.g. teacher ratings of learning behaviors and to skills like flexibility, persistence, and problem solving (Fantuzzo, Perlman, & K. Johns, 2011)).

Children in foster care struggle in school

- A meta-analysis of 31 studies concluded that foster children may be centrally characterized by elevated risk for grade retention, special education involvement, and disciplinary referrals (Scherr, 2007).

Talking Point #2: Bring systems themselves to the forefront (i.e. systems have divergent aims; stakeholders operate in contested normative and political domains with resource constraints)

“Systems” Considered: Multiple stakeholders



1. Child
Welfare

3.
Education

2. Mental
Health

Child Welfare System

- Not really a “system” per se (Berrick, 2011; Hahnel & Van Zile, 2012; Wulczyn et al., 2012).
 - Although federal law mandates that child protection agencies exist and that they adhere to a broad set of requirements and goals, the system is differentially administered at state and local levels.
- Child welfare policy and related reform has largely been focused on what are termed “permanency goals.” To the extent possible, it is a systems goal to ensure that children remain in their own homes, which necessitates balance of parental rights against risk of child harm.
- Once youth are removed, the system goal is permanency (and to some extent, stability).

Child Welfare System

- The Adoption and Safe Families Act (ASFA) of 1997
 - Emphasized strict time limits on permanency decisions. That is, decisions to return children home or arrange for alternative plans (e.g., adoption) were to be made within 12–18 months.
 - Emphasized adoption as the preferred permanency alternative when reunification with families was not possible, and provided financial incentives for each child adopted from foster care.
 - Established a set of national goals related to safety, permanency, and child well-being.

Child Welfare System

- Fostering Connections to Success and Increasing Adoptions Act of 2008
 - Called attention to the importance of creating service-related connections to family or adoptive parents and to older youth in the system.
 - Aimed to improve educational stability and opportunities. States that child welfare agencies must create a plan for providing educational stability for foster children.
 - Placement decisions must consider proximity to the child's original school if that is in his or her best interest. Otherwise, must ensure immediate and appropriate enrollment in a new school and the child welfare agency must transfer all of the student's educational records.
 - Increases the amount of federal funding that can be used to cover education-related transportation.
 - However, legal advocates note that provisions are insufficient to ensure adequate accountability in regards to educational outcomes or to foster or incentivize authentic collaboration between schools and child welfare agencies

Problems of Coordination and Collaboration (Stone & Zibulsky, 2015)

- Demands on families and caregivers involved in the child welfare system are monumental (Barth, 2015; Saunders, 2015)
- School mobility and placement changes
- Family Education Rights and Privacy Act complicates record sharing
- Unclear lines of communication between school and child welfare staff
- Unclear educational surrogacy
- Education not a priority when often focus is on beds

Child Mental Health System

- Again, not really a system
- Longstanding issues in creating, sustaining, and authentically implementing mental health systems of care for children, given unmet mental health need (Atkins & Frazier, 2011; Duchnowski & Kutash, 2007).
 - Access and utilization patterns shaped by child socio-demographic factors, including minoritized race and ethnicity and socio-economic status.

Child Mental Health System

- Schools ARE the de facto mental health system for children (80% of schools offer some services and 80% of services received are delivered in schools (Atkins & LaKind, 2013)
 - While parents appear to prefer this access pathway, they are not sufficiently engaged in school-based service delivery
- Calls for coordinated and collaborative approaches that draw on the indigenous resources available in local school sites (Atkins et al., 2010)

Schools as Systems: Institutional and organizational perspectives (Cuban, 2012; Stone & Moragne, 2016)

- Schools reflect dominant and conflicting social values
 - Standards focused versus whole child approaches
 - Schools as “catch alls” for vexing issues
- Schools were originally designed for enrollment and still retain that structure, which is often taken for granted

Schools as Systems: Institutional and organizational perspectives (Cuban, 2012; Stone & Moragne, 2016)

- Schools practices reliably construct differences (often racialized) among students
- Although there is good evidence about what well-functioning schools look like (cf. trauma sensitive learning environments), schools are difficult to reform
 - Black box of instruction
 - Takes a laser focus on **adults** in the school setting

School-based service delivery

- Schools have been key sites of health and psycho-social service delivery for 100 years (Tyack, 1995)
- But, services are often unevenly funded, wax and wane, and can get co-opted into sorting structures
- The problem of service penetration: Double-edged sword
 - Powerful advocates that do not disrupt “black box” of instruction
 - But, many mental health interventions do not have strong enough instructional levers to push meaningful academic growth (Atkins & Lakind, 2013)

Aspiration: SMART Supports (Weinstein & Bialis-White, 2016)

- Moving beyond programs to processes and packaging
- Assert key principles of school based supports
 - Schoolwide, strengths-focused, stigma free, with second chances
 - Multi-domain and multi-culturally oriented
 - Alignment and adaptability
 - Relationally oriented and responsive (relationships, then rigor; also a feature of culturally responsive pedagogy)
 - Teachers
 - Parents/ caregivers
 - Timely and tiered

Building SMART Supports take coordination and collaboration

Framing solutions to wicked problems (Roberts, 2000)

- Authoritative (vest control within one stakeholder)
 - Finland and Great Britain (one child serving system)
- Competitive (pit stakeholders against each other)
- Collaborative (!!!)

Thank You!