



## How can investigation, removal, and placement processes be **more trauma-informed?**

### **Background**

The processes of investigation, removal, and placement into out-of-home care — although initiated to protect children from the trauma of child abuse and neglect by caregivers — are in and of themselves traumatic events for children and families.<sup>1</sup> Child protection agencies are beginning to recognize that the trauma caused by their interventions must be taken into account when making decisions about the best interests of children, and are exploring how these interventions can be implemented in ways that minimize additional trauma to the child.

### **Investigation**

In most communities, the mere mention of “CPS” carries with it negative, traumatic connotations. Studies show that even when parents have had no contact with CPS, they believe negative stereotypes about the child protective agency and its staff, and share negative assumptions about what is likely to happen as a result of an abuse or neglect investigations.<sup>2</sup> These misconceptions complicate agencies’ efforts to engage parents and provide helpful interventions. Re-envisioning the child protection agency as a source of local services and individualized support - rather



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than an unfamiliar, unfeeling bureaucratic entity - is a process that requires commitment and engagement at multiple levels.

Often, a family's first interaction with the child protection agency occurs when a CPS investigator appears unannounced at the door. Parents' first impressions of CPS staff — whether the investigator seems trustworthy, communicates clearly and respectfully, and is able to manage intense emotional reactions from parents — can significantly influence parental engagement throughout the life of a case. Some agencies have begun **placing caseworkers in community settings** to reduce the negative perceptions residents may have had of CPS and to draw on neighborhood resources more effectively.<sup>3</sup> Other agencies have adopted a **differential response pathway** as a way for family needs to be assessed and addressed, rather than investigated, which can be seen by some as a less threatening — and therefore less traumatic — way of engaging families.

Regardless of whether it is an investigation or an assessment, child protection agencies can infuse trauma-sensitive practices into the investigation process in many different ways. Agencies can provide **caseworker training to enhance communication and relationship-building skills**, and they can **keep caseloads manageable** so caseworkers can spend quality time with children and families.<sup>4</sup> Agency leaders can develop policies around when and where interviews should take place to support — rather than hinder

— family engagement, and respect the family's need for privacy. Staff can **team with parent partners or other professionals**, such as a public health nurse, domestic violence advocate, or cultural broker, who can accompany them on investigations when appropriate.

In many cases, the best way to prevent further trauma is to support families in keeping their children safe at home. This may involve identifying and encouraging the **availability of flexible funding for in-home services**. It also may involve supporting the creation of a **wider menu of treatment options** that allow children to remain safely with their parents during service delivery, such as residential substance abuse treatment.<sup>5</sup>

## Removal

The child welfare system investigates millions of parents each year regarding allegations of child abuse or neglect. Hundreds of thousands of children are removed and placed in foster care as a result. Despite removal from the home being the routine — and all-too-often automatic — intervention of any child protection agency, it also is an act that itself causes harm.

This is especially true in cases where the maltreatment has not been egregious — so-called “grey cases” or “cases on the margin.” Results from one study suggest children who were the subject of a maltreatment investigation and subsequently placed in foster care had higher delinquency rates, teen birth rates, and lower earnings than children who were also the



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subject of an investigation but not removed from their families of origin. In “marginal cases,” where one group of investigators would remove while another would not, results suggest that children tend to have better outcomes when they remain at home, especially older children.<sup>6</sup>

Removal is one of the most serious decisions that a child protective agency will make, and therefore should be approached cautiously and used conservatively. While it may protect certain children from future harm, it also may cause harm to a larger group of children who come to the attention of the child protection agency but could have been safely served in their families. Understanding the side effects of removal, and abiding by a standard similar to that of the medical field — “first, do no harm” — can help agencies approach these key decision-points with a trauma-informed lens.<sup>7</sup>

If removal is necessary, it is important to **prepare children and families for removal in advance whenever possible**. Conducting family-team conferences prior to removal, when feasible, so that the family can plan for safety and identify placement resources, is one approach. Planning removals in advance allows the family and the team to focus on the child’s needs and develop the least traumatic plan possible for the child, including a visitation plan so that both the parents and the child know when they will see each other again.

**Effective partnerships with law enforcement**, including cross training around trauma and de-escalation, engagement, and information-sharing agreements, have the potential to increase safety of families and caseworkers while easing some elements of the decision-making and removal process that create trauma for children.<sup>8</sup>

**Caseworker training to minimize trauma at the point of removal is key**. In order to keep the situation as calm and low-conflict as possible, agencies can encourage and train caseworkers in techniques to calm intense reactions from parents, as children respond to the level of distress of the adults around them. Caseworkers also need training in how to **provide traumatized children repeated opportunities to express their needs and ask questions**. Children experiencing trauma may not process information the first time it is given to them, and may not understand the sequence of events. To provide children an enhanced sense of control and trust, they should be asked frequently what they need to feel comfortable and what questions they have.

Caregivers should be involved, to the extent they are willing and able, in preparing the child for the transition (for example, identifying items of comfort for the child, helping to secure the car seat in the caseworker’s car). The agency can support these efforts by sending staff out in **casework teams**, so that one caseworker





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parents. QPI currently is being implemented in 10 different jurisdictions and there are a variety of tools to support co-parenting and communication between birth and foster parents.<sup>18</sup>

**Immediate, frequent, and regular visits between birth parents and children** are critical to maintain and support secure attachment and to reduce the trauma of

separation. Studies have shown that foster parent attitudes toward visitation can affect children's adjustment during and after visits, particularly very young children.<sup>19</sup> Training caseworkers to explore and honor foster parents' concerns, and involve foster parents in visits when appropriate, may lead to more successful parent-child visits. For older children, seeing birth and foster parents work together may help to reduce feelings of guilt and loyalty conflicts.<sup>20</sup>

- 1 To learn more, see [How Does Investigation, Removal, and Placement Cause Trauma for Children?](#) on [Questions from the field](#)
- 2 Hicks, V.E. (2016). Minorities' perceptions of child protective services (Master's Thesis). Retrieved from <http://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1443&context=etd>
- 3 Daro, D., (2005). Community Partnerships for Protecting Children: Phase II Outcome Evaluation. Chicago, IL: Chapin Hall. Retrieved from <https://www.cssp.org/publications/child-welfare/community-partnerships-for-the-protection-of-children/community-partnerships-for-the-protection-of-children-phase-ii-outcome-evaluation.pdf>
- 4 Schreiber, J.C., Fuller, T., Pacey, M.S. (2013). Engagement in child protective services: Parent perceptions of worker skills. *Children and Youth Services Review*, 35, 707-715. Retrieved from <https://pdfs.semanticscholar.org/b660/b718715934961a510a7d4358144e876613a0.pdf>
- 5 Troutman, B. (2011). The effects of foster care placement on young children's mental health: Risks and opportunities. Available at <http://www.ocfcpcourts.us/assets/files/list-751/file-921.pdf>
- 6 Doyle, J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review*, 97(5), 1583-610.
- 7 See [https://ssa.uchicago.edu/ssa\\_magazine/conversation-child-welfare-and-its-limits](https://ssa.uchicago.edu/ssa_magazine/conversation-child-welfare-and-its-limits)
- 8 See, *Are there good examples of how child welfare agencies are collaborating with law enforcement?* <https://www.casey.org/are-there-good-examples-of-how-child-welfare-agencies-are-collaborating-with-law-enforcement/>
- 9 Redlich Epstein, H. (2017). Kinship care is better for children and families. *ABA Child Law Practice* 36(4). Retrieved from [https://www.americanbar.org/content/dam/aba/administrative/child\\_law/clp/vol36/julyaug2017.authcheckdam.pdf](https://www.americanbar.org/content/dam/aba/administrative/child_law/clp/vol36/julyaug2017.authcheckdam.pdf)
- 10 Wulczyn, F. & Zimmerman, E. (2005). Sibling placements in longitudinal perspective. *Children and Youth Services Review* 27, 741-763.
- 11 Child Welfare Information Gateway. (2013). Sibling issues in foster care and adoption. Retrieved from <https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>
- 12 Pokempner, J., Mordecai, K., Rosado, L. & Subrahmanyam, D. (2015). *Promoting Normalcy for Children and Youth in Foster Care*. Philadelphia, PA: Youth Law Center. Retrieved from [https://jlc.org/sites/default/files/publication\\_pdfs/JLC-NormalcyGuide-2015FINAL.pdf](https://jlc.org/sites/default/files/publication_pdfs/JLC-NormalcyGuide-2015FINAL.pdf)
- 13 See, for example: <https://dhhs.michigan.gov/OLMWEB/EX/FO/Public/FOM/722-03.pdf>
- 14 ACS-NYU Children's Trauma Institute, 2012.
- 15 FCO-P is formerly known as Multidimensional Treatment Foster Care.
- 16 Troutman, 2011.
- 17 See <http://www.qpi4kids.org/>
- 18 See <http://www.qpi4kids.org/pages/bestPractices.html>
- 19 Troutman, 2011.
- 20 Find more resources on effective parent-child visits: <https://www.childwelfare.gov/topics/outofhome/casework/parentvisits/>

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