

EXECUTIVE SUMMARY

When children and families first enter the child welfare system, they've usually endured at least one – and too often many – traumatic experiences.

For child welfare workers, therapists, and others helping these children and families, the trauma affects them, too. Any organization creating or nurturing a trauma-informed culture – one that recognizes and responds to trauma among the people they serve – cannot successfully do so without acknowledging and addressing secondary traumatic stress and burnout among its own employees.

The New Jersey Department of Children and Families (DCF), working in partnership with Rutgers University Behavioral Health Care (UBHC), conducted a self-assessment in 2014 of the Division of Child Protection and Permanency (CP&P). This self-assessment sought to help CP&P become a more trauma-informed system of care. The assessment was a modified version of a nationally recognized child welfare assessment process. It included survey and focus group questions to assess the organization's readiness for trauma-informed work. The assessment evaluated CP&P's strengths and needs for integrating trauma-informed policy and practice into New Jersey's child welfare system and made recommendations.

Caseworkers, supervisors, leadership, and support staff representing CP&P's nine Area and 46 Local Offices were asked to complete an electronic survey. Additionally, a Cross-System version of the survey was provided to all CP&P contracted providers and state agencies. An additional 18 focus groups and interviews were held with CP&P Local Offices, Area Offices, and contracted provider agencies. The Rutgers UBHC team observed CP&P practice by attending statewide meetings, shadowing frontline workers, and participating in informal interviews with CP&P staff. The team also consulted with similar child welfare assessment teams nationwide to understand how other states are becoming trauma-informed. Data was collected between October 2014 and January 2015.

The CP&P survey response rate was 33 percent (1699 of 5070 employees). Information from the qualitative and quantitative assessments measures were analyzed and compiled to create a Trauma Readiness Assessment Report. This report includes the identified strengths and areas of need, recommendations, and considerations for next steps.

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DCF has adopted the following definition of a trauma-informed child welfare system. This definition was developed by the National Advisory Committee of the Chadwick Trauma-Informed Systems Project (CTISP) in 2011:

A Trauma-Informed Child Welfare System is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, and those who have contact within the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.

The assessment identified several strengths and showed DCF is successfully moving toward a trauma-informed system.

STRENGTHS IDENTIFIED:

Administrative Support and Buy-In on Becoming a Trauma-Informed Child Welfare System

DCF leadership has allocated financial and personnel resources to support CP&P staff in increasing their knowledge, skills, and abilities regarding trauma-informed practice and policy.

Increased Trauma Training and Staff Knowledge of Specific Trauma-Focused Treatments

Access to trauma training was identified as a strength, and many staff have knowledge of specific trauma-focused treatments.

The Existing Case Practice Model

Across the department's service levels, respondents indicated engaging families through the Case Practice Model helped improve connections with parents and lead to desirable outcomes. The model also offers the opportunity to work collaboratively with providers to help families meet their goals.

CP&P Staff Dedicated to Keep Children Safe

Many focus group respondents identified the dedication and commitment of frontline staff as a strength. Participants in supervisory and leadership positions lauded the dedication of staff and their willingness to work diligently to ensure children's safety.

AREAS OF NEED:

Well-being and Resilience of Staff

Assessment outcomes suggest the need to address and implement policies and practices to mitigate secondary traumatic stress and burnout and support the well-being and resiliency of staff exposed to trauma. Findings also indicated supervisors should understand trauma's impact on staff, and the agency should develop strategies to respond to crisis situations that have a traumatic impact on the workplace.

Resources and Supports to Meet the Needs of CP&P-Involved Biological and Resource Parents

Focus groups expressed a need to expand trauma-informed services for CP&P involved parents. Resource parents need to learn how to recognize and manage challenging trauma-related behaviors.

Collaboration Among CP&P, Providers, and Cross-System Partners

CP&P works with agencies across systems (judicial, educational, and provider networks), coordinating efforts to help families. The assessment revealed a need for better communication and continuity of care for CP&P-involved families among these systems to reduce family re-traumatization risk and improve family trust in the system.

Interaction with Children in Care

The youth focus group felt better engagement with CP&P staff and providers can lead to greater trust, feelings of safety, and sense of involvement in their case outcomes. They believe providers should focus on understanding each child's underlying trauma when making clinical decisions. The youth also emphasized the importance of prioritizing the quality of fit between children and resource families, and ensuring that resource parents maintain and apply knowledge acquired in their PRIDE training.

CONSIDERATIONS FOR NEXT STEPS

DCF has demonstrated its commitment to become a trauma-informed system of care. DCF will review and disseminate recommendations in the context of the Department's Strategic Plan and identify existing opportunities and pathways to ensuring trauma-informed practice and policy. DCF has developed infrastructure and partnerships enabling it to pilot interventions or modify practice, and evaluate the impact of such changes. Adopted recommendations will be implemented with the intent to promote continued quality improvement of trauma-informed systemic change and build capacity for sustainability.