



FACTSHEETS | NOVEMBER 2019

# What is Child Welfare? A Guide for Behavioral and Mental Health Professionals

Child welfare professionals will often refer children and families for treatment to address their social, emotional, and behavioral health needs. Behavioral health and mental health (BH/MH) professionals are vital partners in promoting wellness in children, youth, and families involved with child welfare. When these professionals collaborate and communicate with each other, they help children and families secure the services they need to promote safety and well-being and overcome potential trauma from prior abuse or neglect. This guide provides BH/MH professionals with an overview of child welfare, describes how BH/MH practitioners and child welfare workers can support each other, and offers additional information resources.

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## WHAT IS CHILD WELFARE?

Each State or locality has a public child welfare agency responsible for receiving and investigating reports of child abuse and neglect and assessing child and family needs. Some States also contract with private agencies to undertake child welfare work. These public and private agencies often work together as partners and collaborate with their local community organizations to help keep children and families safe. State laws define child protection roles and processes that govern these agencies. (See <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/> for more information.)

Child welfare comprises an array of services designed to ensure that children are safe and that families have the necessary support to care for their children. Child welfare agencies typically support children and families in the following ways:

- Coordinate or support services to prevent child abuse and neglect
- Receive and investigate reports of possible child abuse and neglect and assess child and family needs, strengths, and resources
- Provide services to families that need help protecting and caring for their children
- Arrange for out-of-home care (foster care, kinship care, or other) when children and youth cannot remain safely at home
- Support the well-being of children living with relatives and foster and adoptive families, including ensuring that children's health, mental health, and educational needs are addressed

- Work with children, youth, and families to achieve family reunification, adoption, or other permanent family connections for children and youth leaving out-of-home care

Child welfare agencies do not work alone. They often collaborate with other public and private agencies and community organizations to provide families with the services they need, such as supportive child care, parenting programs, in-home family preservation services, health care, and counseling and treatment for mental health, domestic violence, substance use, and addiction. Child welfare agencies also work with courts, which play a central role in child protection decision-making.

## HOW CAN BH/MH PROFESSIONALS ASSIST CHILD WELFARE PROFESSIONALS?

BH/MH professionals have tremendous potential to promote the safety, permanency, and well-being of children and families served by child welfare and help them overcome health challenges with appropriate interventions.

Families in the child welfare system—children, their parents, and caregivers—will often have been exposed to harmful circumstances or traumatic events while growing up. These adverse childhood experiences (ACEs) may include physical, emotional, or sexual abuse; caregiver neglect, substance use, addiction, or mental health issues; domestic violence; or parental incarceration. Left unaddressed, the trauma from ACEs can affect a child's cognitive and psychological development and lead to lifelong physical, behavioral, and mental health problems. For more

information, see the Center for Disease Control and Prevention ACEs web section at <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>.

Psychiatrists, psychologists, clinical social workers, family therapists, substance use counselors, addiction specialists, and related professionals are frequently engaged to work directly with children and families whose symptoms or behaviors reflect the impact of maltreatment, removal from the home, or adoption. Services may include prevention efforts, identification of child abuse and neglect through screenings and assessment (see <https://www.childwelfare.gov/topics/responding/trauma/screening/>), clinical consultation, treatment, or ensuring there are protective factors in a child's or family's life. Protective factors are conditions and services that build connection and resilience in children and families and offset the trauma created by ACEs. For more information, see Child Welfare Information Gateway's *Protective Factors Approaches in Child Welfare* (<https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>).

Some of the ways that BH/MH professionals may work with child welfare are detailed below.

**Identifying and reporting child abuse and neglect.** All State laws require BH/MH professionals to report suspected abuse and neglect to the appropriate child welfare agency (see <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/>). BH/MH practitioners should be knowledgeable about the definitions, signs, and symptoms of the various types of maltreatment and reporting procedures.

**Identifying trauma-exposed children and using a trauma-informed approach.** Children and youth involved with child welfare often present with a history of trauma. This may stem from the maltreatment itself, time in foster care, or both. The toxic stress from ACEs can disrupt a child's brain development and impair coping skills. This can result in intense short-term reactions (e.g., withdrawal and/or aggression) and more enduring problems (e.g., psychiatric disorders, chronic illnesses, social problems, addiction, and substance use disorders, as well as problems with identity/self-esteem, interpersonal relationships, and emotion regulation). Experienced BH/MH practitioners can provide trauma-informed services to help alleviate the impact of trauma on emotions, behaviors, and relationships. It may be particularly beneficial for them to engage with a child's birth, foster, or adoptive parents and other relatives to help them understand and respond to behavior-related concerns within the trauma context. For more information, refer to the trauma content provided by Information Gateway (<https://www.childwelfare.gov/topics/responding/trauma/>) and the American Psychological Association (<https://www.apa.org/pi/families/resources/children-trauma-tips> and <https://www.apa.org/pi/families/resources/children-trauma-update>).

**Supporting parents to improve functioning and prevent child abuse and neglect or its recurrence.** Several circumstances or conditions can impact a parent's or primary caregiver's ability to care safely for children. These include depression or other mental illness, substance use, financial stress, domestic violence, and a history of trauma. BH/MH professionals can conduct

assessments and provide individual, family, or group therapy that may include substance use and addiction treatment, parent-child training, anger management and parenting classes, support groups, and other services to help parents and caregivers cope effectively and safely care for children.

**Assessing the needs of children and youth in child welfare.** Children and youth who have been involved with child welfare have a high risk of developing emotional issues, social and behavioral challenges, developmental delays, cognitive difficulties, and substance use disorders. Careful assessment and trauma-informed intake are important to help reveal ACEs that may have contributed to the child's presenting issue. Following screenings and referrals by child welfare workers, BH/MH clinicians can conduct more thorough clinical assessments to further evaluate symptoms, assess their impact on child functioning, and recommend and provide treatment. (Visit Information Gateway at <https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/childneeds/mental/> and <https://www.childwelfare.gov/topics/responding/trauma/screening/> for more information.)

**Promoting social and emotional well-being among children and youth who have experienced maltreatment.** BH/MH professionals are encouraged to draw from evidence-based and evidence-informed interventions in their work with children and families. (See examples of these practices at <http://www.cebc4cw.org/> and <https://www.samhsa.gov/nrepp>.) Because very young children are particularly vulnerable to the physical, mental, and developmental effects of maltreatment, it is vital to provide timely and appropriate services—

as well as an appropriate service delivery platform—to improve their chances for healthy social and emotional development. Federal regulations require that child welfare agencies refer children under the age of 3 to early intervention services when maltreatment charges are substantiated. For more information, see Child Welfare Information Gateway's *Addressing the Needs of Young Children in Child Welfare: Part C—Early Intervention Services* (<https://www.childwelfare.gov/pubs/partc/>).

**Monitoring the use of psychotropic medication.** Research has repeatedly found that children involved with child welfare are prescribed psychotropic medications (and multiple medications) at disproportionately high rates, making it imperative that practitioners ensure their appropriate use and oversight while promoting informed consent. Before prescribing any medications, practitioners should carefully assess whether they are warranted and carefully monitor their use. While trauma can present in ways that look like attention deficit/hyperactivity disorder, bipolar disorder, or a range of other psychotic disorders, this does not necessarily mean that antipsychotic or mood stabilizing medications are appropriate.

**Serving as a resource for child welfare agencies.** At the child welfare agency level, BH/MH practitioners might be asked to provide input into State plans and participate in multidisciplinary initiatives. At the case level, they might be asked to write reports, testify in court, or provide child welfare workers with input for case plans. Because of the challenges involved in protecting confidentiality, it is important for BH/MH professionals to secure permission from children and parents before sharing

information. Care should be taken to separate the roles of consultant and therapist and to follow the appropriate confidentiality and consent protocols. For more information, see Information Gateway's webpage on Ethics and Confidentiality (<https://www.childwelfare.gov/topics/management/ethical/confidentiality/>).

### **Communicating with caseworkers about what works best for children and families.**

BH/MH professionals can share assessments and other clinical findings and educate caseworkers about which therapies and treatment modalities achieve the best results in terms of promoting safety, permanency, and well-being, including for which subpopulations (e.g., by race, socioeconomic level, extent of maltreatment).

## **HOW CAN CHILD WELFARE PROFESSIONALS ASSIST BH/MH PROFESSIONALS?**

Child welfare workers can help BH/MH practitioners in several ways.

**Conducting universal screenings of BH/MH needs.** Soon after the initial child welfare contact, caseworkers should screen for BH/MH symptoms and, if needed, refer children, youth, or their caregivers to qualified professionals for a thorough assessment. Caseworkers should follow up with periodic screenings and monitor the social and emotional functioning of the children, youth, parents, and caregivers receiving services. Given that many families in child welfare are affected by substance use, caseworkers should carefully screen for addictions and assess their impact on child safety (see <https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/parentalneeds/substance/>). The early identification of a child's or caregiver's

BH/MH needs is critical for ensuring timely interventions that promote positive outcomes.

### **Helping children, youth, and families access BH/MH services as part of a service array.**

Child welfare workers can help match children, youth, and family members with evidence-informed and culturally responsive programs that meet their specific needs. They can also work with youth transitioning out of foster care to help them access and manage the services they may need (see <https://www.childwelfare.gov/topics/outofhome/independent/support/support-services-for-youth-in-transition-mental-health/>).

Another important way child welfare workers can assist BH/MH professionals is by making sure caregivers follow through on treatment recommendations.

### **Sharing information with BH/MH professionals.**

Child welfare workers can provide information that may help determine the appropriate treatment for children, youth, and family members (e.g., child and family history, assessments, prior testing, any cultural considerations) while adhering to agency confidentiality policies. In particular, workers should alert service providers when there are changes that might create stress for either children or parents (e.g., new permanency goal, new placement, court date, change in visitation). This communication is imperative to ensure any treatment plan or intervention is in the child's and family's best interests and represents a step forward rather than backward.

## **CROSS-SYSTEM PARTNERSHIPS**

Cross-system collaboration between the child welfare and BH/MH fields enhances the ability of professionals to provide the services and interventions needed for healthy child

and family functioning and well-being and ensure access to resources and opportunities. (See Information Gateway at <https://www.childwelfare.gov/topics/systemwide/bhw/collaboration/> for more information). An example of cross-system collaboration is the Partnering for Success partnership model developed through a Children's Bureau grant to implement mental health interventions in local child welfare jurisdictions. The model looks at the challenges common to children in child welfare, including internalizing behaviors, such as anxiety and depression, and externalizing behaviors, such as aggression and substance use. It also looks at the role of trauma. Resources from the model include specific questions and strategies for both child welfare and BH/MH professionals to enhance assessment, referrals, monitoring, and collaborative treatment efforts. For more information, see <http://www.ncebpcw.org/partnering-for-success>.

Visit the National Center on Substance Abuse and Child Welfare's webpage on collaboration (<https://ncsacw.samhsa.gov/collaboration/default.aspx>) and Information Gateway's webpages on Interagency and Cross-System Collaboration (<https://www.childwelfare.gov/topics/management/practice-improvement/collaboration/>) and Collaboration With Mental Health Services (<https://www.childwelfare.gov/topics/management/practice-improvement/collaboration/health/>) for additional information on cross-system partnerships.



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## RESOURCES

"Collaborating Between Child Welfare and Mental Health" [podcast]  
<https://www.acf.hhs.gov/cb/resource/child-welfare-podcast-collaborating-between-cw-mental-health>

*Mental Health Practice in Child Welfare: Guidelines Toolkit*  
<http://centerforchildwelfare.fmhi.usf.edu/kb/mentalhealth/MentalHealthPractices%5B1%5D.pdf>

*Screening, Assessing, Monitoring Outcomes and Using Evidence-Based Interventions to Improve the Well-Being of Children in Child Welfare*  
[https://www.acf.hhs.gov/sites/default/files/cb/wp2\\_screening\\_assesing\\_monitoring.pdf](https://www.acf.hhs.gov/sites/default/files/cb/wp2_screening_assesing_monitoring.pdf)

*Supporting Youth in Foster Care in Making Healthy Choices: A Guide for Caregivers and Caseworkers on Trauma, Treatment, and Psychotropic Medications*  
<https://www.childwelfare.gov/pubs/mhc-caregivers/>

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