

# **Exploring the Needs of Children and Families who are Immigrants and Involved in Child Welfare: Using a Title IV-E Learning Community Model**

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# IV-E and Immigration

MPI estimates that 26% of children in the U.S live in families who are immigrants

- Immigrant families have limited access to resources, depending on status.
- Families who have less access to resources or supports, experience increased stress and are at higher risk in maltreatment cases.
- Child welfare systems need to prepare for workers to adapt practices to working with families who are immigrants.

## *Foreign-Born Children*

	2011	2014	2015	% Change 11-15
Foreign-born children	110,117	103,338	108,649	-1
Percentage of children who are foreign born	5	5	5	

## *Children in Immigrant Families and Citizenship*

	2011	2014	2015	% Change 11-15
Children in immigrant families	708,000	733,000	747,000	6
Percentage of children in immigrant families	35	36	37	
Children in immigrant families who are citizens	627,000	660,000	667,000	6
Percentage of children in immigrant families who are citizens	89	90	89	
Children in immigrant families where parent has been in the country 5 years or less	20,000	21,000	25,000	25
Percentage of children in immigrant families where parent has been in the country 5 years or less	3	3	3	

Foreign-Born Children, Number and Percentage, 2011, 2014, 2015. As reported by the U.S. Census Bureau, American Community Survey, chart B05003.

Children in Immigrant Families, Number and Percentage, 2011, 2014, 2015. Children living in families where at least one member is foreign-born. As reported by the Kids Count Data Center, <http://datacenter.kidscount.org>.



## Children In Immigrant Families By Parent's Region Of Origin

Year(s): 5 selected | Region: All | Data Type: All

Data Provided by: National KIDS COUNT

Location	Region	Data Type	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
New Jersey	Latin America	Number	327,000	311,000	330,000	339,000	345,000	359,000	364,000	370,000	372,000	391,000	
		Percent	50%	48%	50%	49%	49%	50%	50%	51%	50%	52%	
	Europe	Number	101,000	96,000	92,000	96,000	102,000	92,000	91,000	92,000	92,000	93,000	96,000
		Percent	16%	15%	14%	14%	15%	13%	13%	13%	13%	13%	13%
	Asia	Number	186,000	195,000	199,000	212,000	212,000	216,000	221,000	225,000	227,000	227,000	226,000
		Percent	29%	30%	30%	31%	30%	30%	31%	31%	31%	31%	30%
	Africa	Number	35,000	39,000	38,000	39,000	44,000	48,000	48,000	47,000	47,000	52,000	48,000
		Percent	5%	6%	6%	6%	6%	6%	7%	7%	6%	7%	6%

### DEFINITIONS & SOURCES

**COLLAPSE** ▲

**Definitions:** Children in immigrant families are children under age 18 who are themselves foreign-born or who have at least one foreign-born parent.

In this tabulation at least one resident parent who is foreign-born is from Latin America, Europe, Asia or Africa. The child population is shown by their resident parent's region of origin.

**Data Source:** Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005 - 2011 American Community Survey.

# The Chill -- Here

- Policies and enforcement are creating a climate of fear and hostility.
- Social isolation increases the likelihood of adversity and poorer well being indicators
- Families are retreating, impact is devastating.



# Title IV-E Learning Communities

## Child Welfare Education Institute- MCWEP

- Immigration is an urgent issue
- Policies are changing rapidly
- Comprehensive Immigration Reform
  - Elusive/barriers
  - Piece meal approaches
    - Shift to enforcement and criminalization
    - Parental interests directive- guidance for systems
    - DACA



# Child Welfare Education

Typically topical trainings are delivered in house

- Curricula development & implementation ~1yr
- Electives- developed in 2011, last delivered 2016
- Of 32 Case Practice Manuals available through the CWIG, 0 had guidelines for working with immigrant families

**Dettlaff & Colleagues suggest a systems of care framework**

- Cultural, policy, legal & collaborative considerations necessary in developing an evidence based approach
- MCWEP Learning Community
  - System's approach (Dettlaff & Rycraft, 2009)
  - Multistage migration framework (Pine & Drachman, 2005)



# Approach



- Students were invited to attend ISS conference on immigration
- **Learning Community**
  - Explored personal/family history/context of immigration
  - Explored current policies for resources/working with migrant families
  - Collected data assessing gaps/barriers/needs in effectively serving families



# Summary of Findings

## Communication

- Bilingual providers/workers
- Adequate human interpretation services

## Lack of Access and Resources

- Safety net programs inaccessible
- Delays stabilization or case closure

## Barriers with Documentation

- Obtaining identification, etc., etc.
- Kinship Policy

## Barriers with Trust

- The chill



# Drafting an Ideal

Students were asked to identify the most valuable resources

- Language/bilingual services
- Legal relief services
- Charitable resources
  - Food Pantry
  - Substance, violence, medical services



## Ideal

- Culturally appropriate, liaisons

# Legal Relief

Permanency, Stability and Well Being of children under DCF supervision is improved with Legal Relief.

Students were asked to assess their staff's willingness to refer to specialized legal services.

**Rutger's Law Clinic**

Guatemala Course- IV-E Students





# **Collaborating for the Futures of Immigrant Children in the Child Welfare System**

Roundtable on Child Education and Training

Stockton University

May 22, 2019

Professor Joanne Gottesman  
Professor Randi Mandelbaum

## Questions to address

- What are the systems immigrant children encounter in the U.S. (particularly unaccompanied minors)?
- What are some best practices in identifying children in need of immigration assistance and addressing those needs?



# Child Arrivals

## Nationally :

FY 2012: 24,403  
 FY 2013: 38,759  
 FY 2014: 68,541  
 FY 2015: 39,970  
 FY 2016: 59,692  
 FY 2017: 41,435  
 FY 2018: 50,036  
 FY 2019 (through Feb. 2019): 26,937



## New Jersey (currently 5<sup>th</sup> or 6<sup>th</sup> in nation):

FY 2014: 2,680  
 FY 2015: 1,462  
 FY 2016: 2,637  
 FY 2017: 2,269  
 FY 2018: 1,876  
 FY 2019 (through Jan. 2019): 1,032

Note: figures are of unaccompanied children in removal proceedings, and do not include accompanied children in removal proceedings and children not apprehended by immigration authorities.

# Unaccompanied Minors Encountered by Fiscal Year and Country of Origin

Country of Origin	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
<b>El Salvador</b>	1,221	1,910	1,394	3,314	5,990	16,404	9,389	17,512	9,143	4,949
<b>Guatemala</b>	1,115	1,517	1,565	3,835	8,068	17,057	13,589	18,913	14,827	22,327
<b>Honduras</b>	968	1,017	974	2,997	6,747	18,244	5,409	10,468	7,784	10,913
<b>Mexico</b>	16,114	13,724	11,768	13,974	17,240	15,634	11,012	11,926	8,877	10,136

<https://www.cbp.gov/newsroom/stats/usbp-sw-border-apprehensions>

# Arriving Families at Southern Border

<b>FY 2017</b>	<b>FY 2018</b>	<b>% Change FY17 to FY18</b>
75,622	107,212	42%

<https://www.cbp.gov/newsroom/stats/usbp-sw-border-apprehensions>



# Current Numbers FY18

USBP South-West Border	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep
<b>UAC</b>	3,155	3,972	4,061	3,202	3,111	4,140	4,284	6,367	5,080	3,911	4,393	4,360
<b>Family Units</b>	4,836	7,016	8,120	5,653	5,475	8,875	9,646	9,485	9,435	9,253	12,760	16,658
<b>Total</b>	25,488	29,085	28,995	29,975	26,666	37,390	38,243	40,339	34,089	31,299	37,524	41,486

<https://www.cbp.gov/newsroom/stats/usbp-sw-border-apprehensions>

## Dept. of Homeland Security

U.S. Citizenship & Immigration Services (USCIS)  
Immigration & Customs Enforcement (ICE)  
Customs & Border Protection (CBP)  
Border Patrol (BP)  
ICE Officers, Trial Attorneys (TAs)  
Asylum Officers (AO)

**DHS**

## Dept. of Justice

Executive Office for Immigration Review (EOIR)  
Immigration Judges (IJs)

**DOJ**



**HHS**

## Dept. of Health & Human Services (HHS)

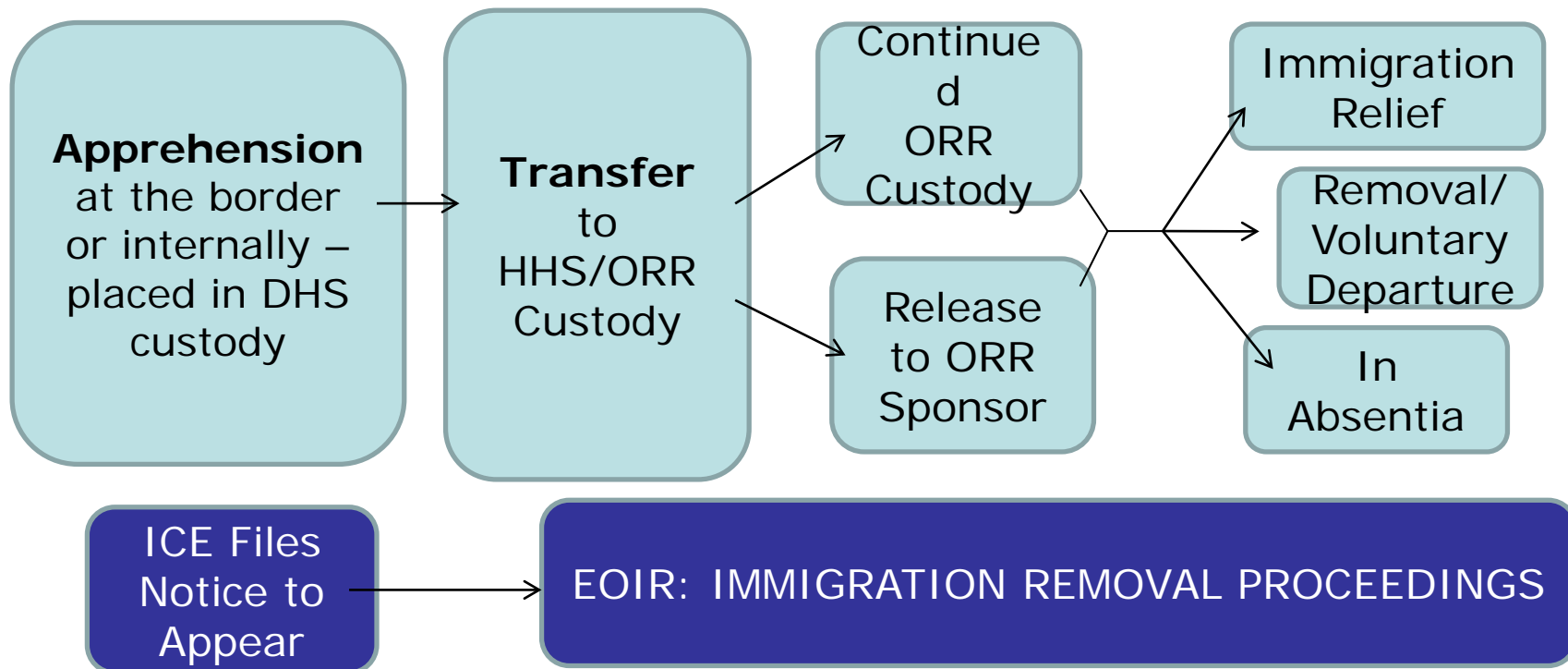
Office of Refugee Resettlement (ORR)

**State Court**

## State Courts

Juvenile Court: family part,  
juvenile delinquency

## Flow of Children Through the Immigration System



# Right to Counsel in Immigration Court

No right to a free attorney.

Not even for children.



<https://www.youtube.com/watch?v=9fBOGBwJ2QA&feature=youtu.be>

# What does having a lawyer mean for an immigrant child?

Represented immigrant children are 5X more likely to obtain immigration relief (FY 2012-FY 2014)

- 73 percent obtained relief with counsel
- 15 percent obtained relief without counsel

TRAC Immigration, Children: Amid a Growing Court Backlog Many Still Unrepresented (September 2017), available at: <https://trac.syr.edu/immigration/reports/482/>

TRAC Immigration, Representation for Unaccompanied Children in Immigration Court (November 2014), available at: <https://trac.syr.edu/immigration/reports/371/>

## Why Did CP&P Partner with Rutgers to Provide Immigration Services to their Youth?

- To promote their goals of stability and permanency
- Alleviate child's vulnerability
- Keep families together



- Allow children to access public benefits and assistance
- Work lawfully
- Obtain health insurance
- Obtain financial aid

# **PARTNERSHIP Between DCF and RUTGERS**

MOU Started: May 2016

3 attorneys, 1 Supervising  
Attorney & 1 paralegal

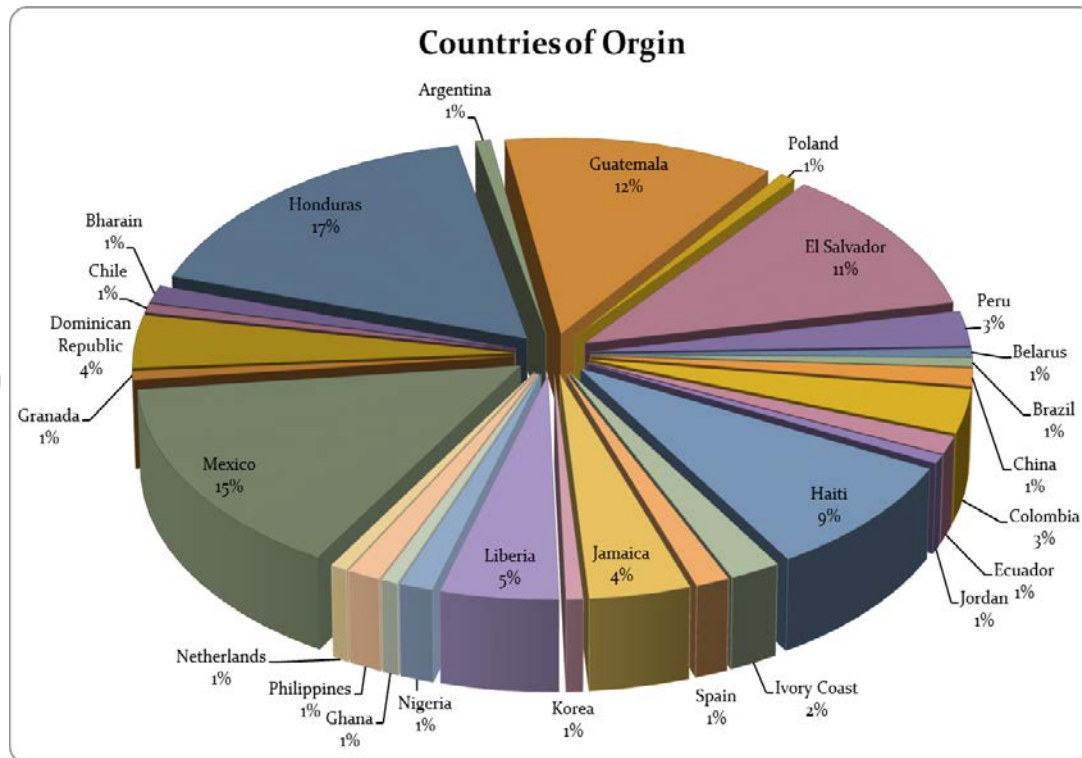
2 attys North, 1 atty South

Cases Referred: 336

Any immigrant child, 0-21 in  
CP&P custody

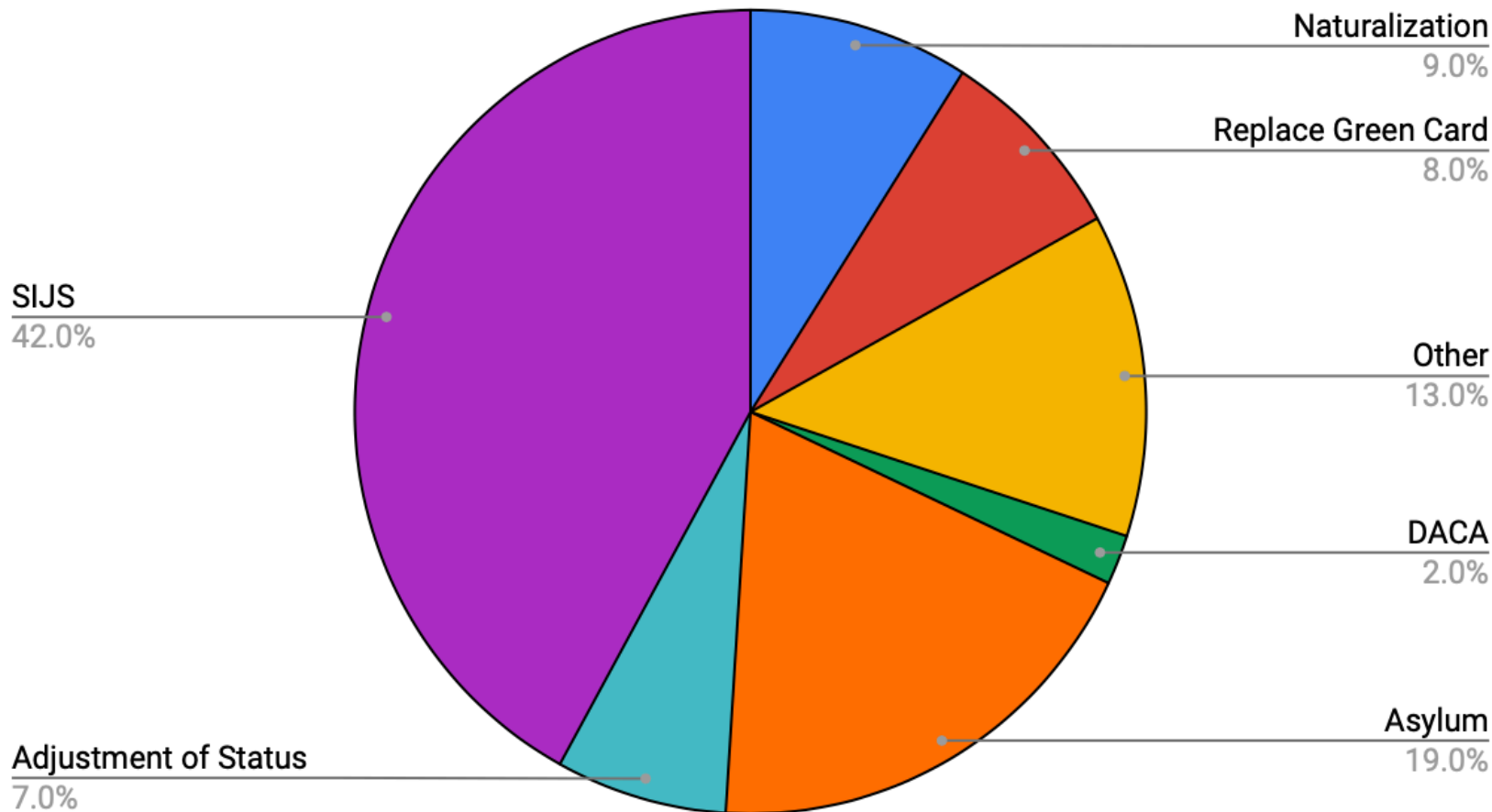


What Countries Do Our Children Come From?





## Relief Pursued By Rutgers



## Identifying the Need

- What is your state's percentage of foreign born residents?
- How to recognize when a client might benefit from immigration assistance?
  - social security #?
  - foreign birth certificate?
  - unable to provide or unsure about providing identifying documentation

## Identifying Potential Collaborators

- Law school clinics?
- Local non-profits?
- Local chapter of American Immigration Lawyers Association (AILA)?
- Familiarity with immigration law and family law?

## Issues to address

- Information sharing?
- Scope of assistance (children in custody? Receiving services? What about parents? What happens when child ages out?)?
- Who signs forms?
- Other ethical issues (conflicts)?
- Other agency protocols beyond legal representation to support children who are immigrants?

**NEW CHILD  
WELFARE  
POLICIES AND  
PROJECTS  
IN NEW JERSEY**

# HURDLE: DOCUMENTS

## 1. INTERNATIONAL SOCIAL SERVICES

- Locating Family in Other Countries
- Locating Foreign Documents in Other Countries
- Document translation services
- See CPP-IV-C-9-200/ referral form

## 2. WORKING WITH CONSULATES

- Provide many services for their nationals
- Travel & document location & creation services
- Partnership w/ Mexico & contact w/ Guatemala



# Placing with Undocumented Family Resources

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## **CPP-IV-A -11-200: Placement of Children with Kinship Caregivers Who Are Undocumented Immigrants**

**“A child may be placed with kinship caregivers who are undocumented immigrants only when such placement is clearly in the child’s best interest. Approval must be obtained from the CP&P Director or designee prior to placement, *and* a waiver of the home study requirement in N.J.A.C. 10:122C-5.3(a)(1)(ii) must be granted by the Office of Licensing.”**



# FINGERPRINTING PROBLEM: ID



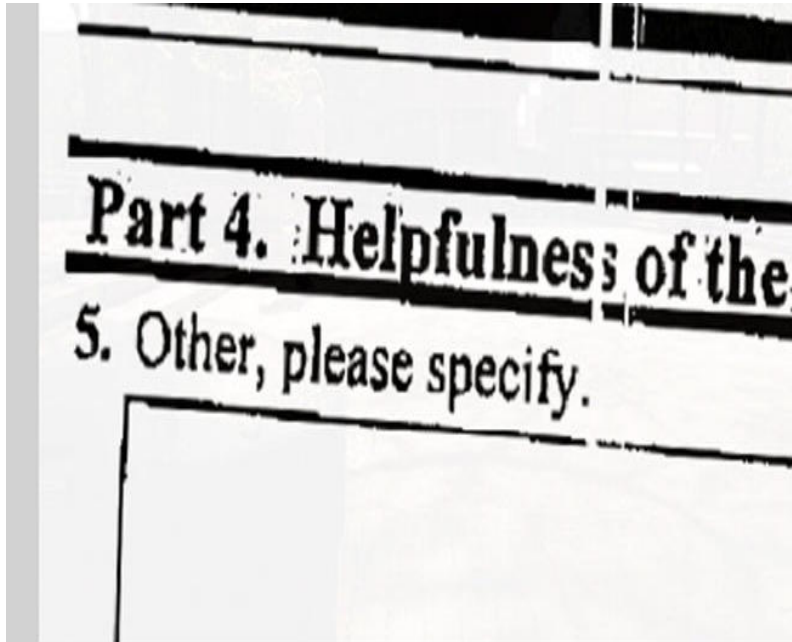


# SOLUTIONS

**MUNICIPAL ID** – issued by the town/city/ municipality to residents of that town/city municipality



## U Visa Certification



Child Protection Agencies may be signatories on U-Visa certifications

Only signatory is head of agency or designee

Open or closed cases

Did a crime occur?

Was person helpful to CP&P in the investigation/keeping child safe/compliant with services?



## SUCCESESSES : "Paola"

1

13 year old from Honduras. Entered U.S. 1 year ago with her father. Showed up at Urgent Care Facility pregnant at 11.

Paternity test confirmed that the perpetrator was Paola's biological father.

*With assistance from her Rutgers attorney, Paola filed for and was granted asylum based on her fear of return to her home country and the lack of protections for child abuse victims and women. Based on the thorough submissions she did not have to go through detailed questioning and re-traumatization by the officer. She can apply for lawful permanent residence in one year and citizenship five years after that. She is living with a foster family and going to school.*

# A Pathway to Permanency: Collaborating for the Futures of Children who are Immigrants in the Child Welfare System

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This article examines a unique statewide collaboration between Rutgers Law School and the New Jersey Department of Children and Families to provide immigration legal services to children in foster care. As the Project enters its third year, the authors examine the reasons why the collaboration was launched. They then describe

the structure and staffing of the Project, including the development of case referral and management systems. The data collected over two years and included in the article provides a snapshot of services offered to children who are immigrants and in the foster care system. Finally, the authors reflect on the lessons learned and share insights with others interested in launching similar projects.

***Acknowledgements:** The authors would like to thank Sondra Furcajg, Alma Godinez, Ariela Herzog, and Charlotte Levins for their dedicated work on behalf of their clients, as well as for their contributions to the design and implementation of the Project described in this article. We also are grateful to the administrations of the Department of Children and Families and Rutgers Law School, particularly Clinton Page, Director of Legal and Legislative Affairs for DCF, for their support for the Project.*

*Eduardo<sup>1</sup> is 16. He came to the United States from Honduras when he was 14 years old because he identifies as gay, which was not accepted in his rural community. He was maltreated by his own family members, bullied, and physically assaulted by members of the community. The police and local law enforcement were not helpful. He fled to the United States to live with a sympathetic uncle in New Jersey. However, the uncle maltreated Eduardo and he ended up in New Jersey's foster care system. He also was in great need of mental health services that his uncle could not provide. Because Eduardo was able to receive legal assistance for his immigration needs, he was able to apply and be approved for asylum. Eduardo now has a work permit and will receive a "green card" (lawful permanent resident status) in approximately one year. He now is safe, participates in psychotherapy, can work, go to college, and fulfill his dreams.*

## **The Need for and History of the Collaboration**

In May 2016, New Jersey's Department of Children and Families (DCF), Division of Child Protection and Permanency (CP&P), initiated a partnership with Rutgers Law School ("Rutgers") to provide immigration legal assistance to children in its care. As a child welfare agency, DCF's mission is to "ensure the safety, permanency, and well-being of children and support families" (State of New Jersey, 2018, para. 1). When it comes to children who are immigrants, like Eduardo and many others, the mission—and the workforce responsible for carrying out that mission—faces additional and unique challenges that impact permanency options for children in the system.

DCF recognized that immigration status is inextricably tied with ensuring permanency and stability for a child. Without permanent status in the United States, a child who is an immigrant will have an exceedingly difficult time achieving independence. They cannot work

<sup>1</sup> In the vignettes throughout this article, the names of the children and some of the salient facts of their cases have been changed to safeguard their privacy and preserve confidentiality.

legally; receive financial aid for college; qualify for most state and federal benefits, such as health insurance; and, most importantly, they live in constant fear of removal. Therefore, lawful immigration status is a building block of safety and stability for children like Eduardo in the child welfare system. Moreover, almost every child who is an immigrant and in the custody of CP&P is eligible for one or more legal avenues to lawful permanent resident status, and, ultimately, citizenship.

For children who are immigrants and involved in CP&P,<sup>2</sup> the path to gaining legal status and ensuring stability begins with providing quality immigration legal assistance. Prior to the statewide collaboration between DCF and Rutgers, individual caseworkers in 46 local CP&P offices across the state did not have a coordinated approach or process to seek out legal services for children on their caseloads who are immigrants. Some areas of the state had few identified providers, and immigration issues often went unaddressed. In other geographic areas, CP&P had access to services through various providers. However, with few controls and standardized guidelines in place for the cost or quality of representation for children, some were better served than others.

Additionally, cases were often hindered by a lack of communication between the agency and the attorneys representing the children. Case costs could range anywhere from \$1,000 to \$5,000 or more based upon the provider and the complexity of the case. Sometimes cases suffered when attorneys left a law firm without briefing their colleagues on the case, and in other instances cases languished in the hands of federal agencies awaiting client action. Because no formalized guidelines existed, the agency lacked the ability to track the number of children referred for immigration legal assistance, the overall need across the state, the status of cases and a way to identify trends.

<sup>2</sup> See Appendix for a discussion of population data.

In short, there was a need for structure, guidance and control. The Rutgers partnership, as described within, remedied those agency challenges.

## **Description of the Collaboration**

The partnership between DCF and Rutgers (the “Project”) is based out of Rutgers Law School, which has two campuses, one in the southern part of the state (Camden) and one in the north (Newark). Specifically, it is housed under the umbrella of two clinics, the Immigrant Justice Clinic in Camden and the Child Advocacy Clinic in Newark.

Children in the custody of CP&P who are non-citizens, like Eduardo, are eligible for Rutgers’ services. The children referred by CP&P have entered the custody of the child welfare agency for any of the multitude of reasons other children in the system enter custody: usually related to abuse, neglect or abandonment by a caregiver. Their immigration status is identified through typical intake procedures: when collecting birth certificates or requesting social security numbers or when speaking with the family members.

Unsure of how many children needed legal representation, the Project began as a small pilot program, but quickly grew with the increased demand. In May 2016, it was anticipated that 40 cases would be managed over the course of one year, and that these cases would be handled by two attorneys, each working half time on the Project and half time on separate, grant-funded work. Yet, by November 2016, an additional attorney devoted exclusively to the Project was hired, and in July 2017, a full-time paralegal also joined the Project team. Currently, the Project is staffed by three attorneys and one paralegal, with supervision provided by the clinics’ directors. All staff are devoted to the Project full time with the exception of one of the attorneys who oversees another project for part of her time. The commitment of the agency to respond to the quickly increasing volume of

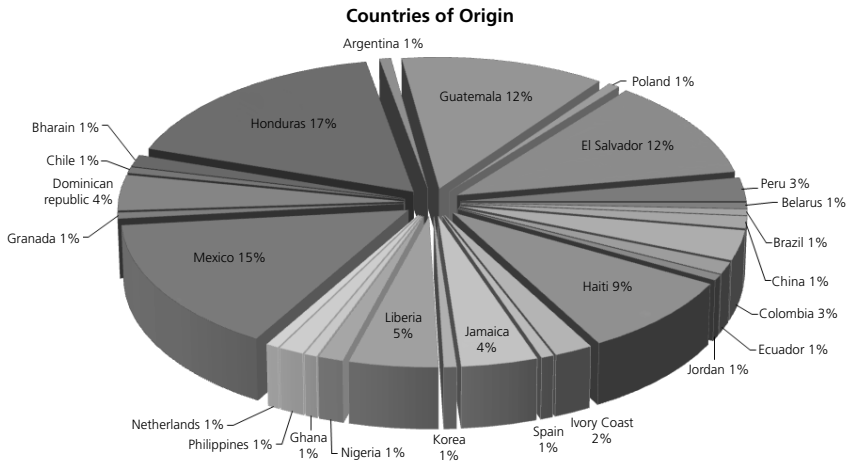
cases by investing in staff to meet the growing need was central to the Project's overall success.

The process of the agency referral and Rutgers' acceptance of cases is centralized. Cases can be referred by CP&P only; typically, the CP&P caseworker assigned to the case refers the child on a form that was collaboratively developed between Rutgers and DCF. Currently, all referrals are routed to the paralegal who receives the case and quickly gathers some preliminary facts to assess the needs of the child and the urgency of the situation.

From May 1, 2016, to April 30, 2018, 259 cases were referred to Rutgers. Not all of these cases required legal representation. For example, in a few instances it was determined that there were no pressing legal needs, the child already had retained legal representation, or it was not feasible to assist the child because the child moved out of state or for some other reason. However, the vast majority of referrals required legal assistance and for the past year Rutgers has maintained a caseload of approximately 160 open cases at any one time. The Project currently focuses on children, ages 0–21, who are in the custody of the agency (foster care) or who have turned eighteen years of age, but are still receiving independent living services from the agency. Any child who is in foster care and is a non-citizen is eligible for services. However, referrals may be triaged such that some children are seen by attorneys more quickly. Some examples of matters that might require immediate attention are children who are at risk of aging out of eligibility for relief from deportation, or children who have an upcoming hearing date in Immigration Court.

As the chart below illustrates, the children represented by the Project team are from all over the world. Reflecting national numbers, over half are from Mexico (15%) and the Northern Triangle countries of El Salvador (11%), Guatemala (12%), and Honduras (17%). Interestingly, there also are a significant number of children from Haiti (9%), Liberia (5%), the Dominican Republic (4%), and Jamaica (4%).





Given the large number of children from Spanish speaking countries, it has been particularly helpful that all of the Rutgers attorneys and the paralegal are bilingual in Spanish and English; one of the attorneys also is fluent in French. However, when there is a need for a language other than Spanish or French, including many of the indigenous languages spoken by children from Guatemala, the Rutgers attorneys and paralegals have reached out to the Rutgers community through a Project called “Lives in Translation.” This program, on the Rutgers-Newark campus, harnesses the rich diversity of the Rutgers community and asks Rutgers students who speak a language other than English to volunteer their time as interpreters. The Lives in Translation Project also provides training in interpretation skills. When necessary, the attorneys and paralegal are able to utilize a language line or hire an interpreter.

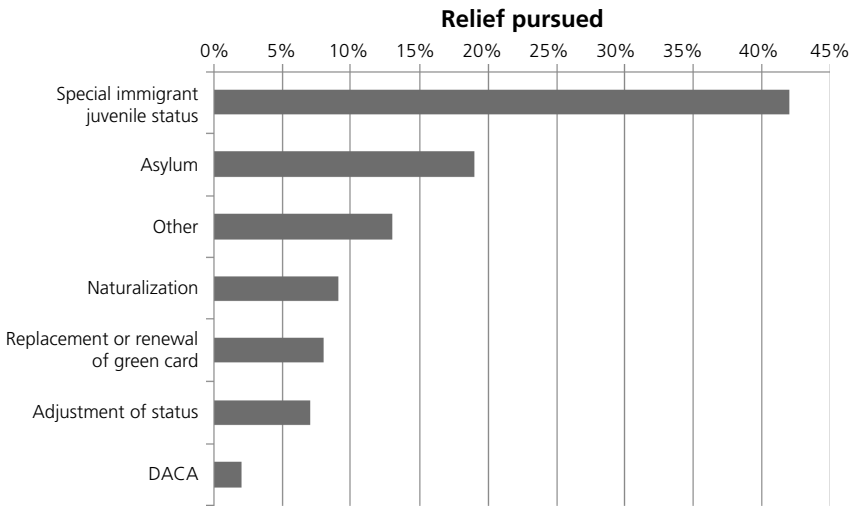
Rutgers assists a referred child on any immigration issue and follows the case through to completion even if the child ages out of foster care or leaves CP&P custody before the end of the immigration matter. Thus, the legal representation has ranged from simpler tasks, such as green card renewals and naturalization petitions, to representing undocumented children in removal proceedings in immigration court and helping them apply for immigration relief. At any given time,

roughly 30% of the children are respondents in removal proceedings in immigration court, although there are additional children who are undocumented. Cases in immigration court demand the most time and attention and require the Project team to pursue various forms of immigration relief with the objective that at least one will provide a pathway for the child to achieve lawful permanent resident status.

The most common forms of relief have been asylum and Special Immigrant Juvenile Status (SIJS). Asylum is a protection granted to children who are already in the United States or at the border who meet the definition of a “refugee,” defined as someone who is afraid to return to his or her country of origin due to past persecution or a well-founded fear of being persecuted in the future “on account of race, religion, nationality, political opinion, or membership in a particular social group” (Refugee Act of 1980). SIJS is a form of immigration relief available only to children. It requires that the child be in the United States and that a state family or juvenile court make the following findings: that the child is under 21 years of age; that he or she is unmarried; that reunification with one or both of the child’s parents is not viable due to abuse, neglect, abandonment, or a similar basis under state law; and that it would not be in the child’s best interest to return to the child’s country of origin (8 U.S.C. § 1101(a)(27)(J)). The child also must be found to be dependent upon a state family or juvenile court, in other words involvement of the state court must be necessary either to protect the child and/or to make a custodial decision about the child. In addition, the state court must be willing to enter all of these findings into an order, which immigration attorneys call a “predicate order,” because it is necessary to obtain this order from a state court before a child can make an application to the United States Citizenship and Immigration Services (USCIS) for SIJS.

Significantly, it is often necessary and in the interest of the children to seek more than one form of relief, if possible, because almost all forms of relief are discretionary, and therefore, not guaranteed. Figure 1 highlights the types of relief pursued for the Project’s clients thus far.

**Figure 1. Types of Relief Pursued by Rutgers Law School–New Jersey DCF Legal Services Project Clients**



A typical case involves one or more in depth meetings between the child and one of the immigration attorneys to establish the attorney/client relationship and to gather facts and determine the legal needs of the child. Many cases then require the acquisition of immigration and identity documents; conversations with the child welfare caseworker and the attorneys in the dependency action; the preparation of court pleadings and/or immigration applications; follow-up meetings with the child; and the representation of the child in immigration court and at interviews with USCIS. The cooperation of the child welfare agency staff in transporting the child to necessary meetings and assisting in obtaining necessary documents is another vital component to the success of the Project and individual outcomes for children.

Many children have complicated immigration and family histories that need to be untangled before any action can be taken on their cases. In several instances, clients appear to have lawful immigration status, but on further investigation it is determined that the child’s status was acquired through fraud on the part of an adult in the child’s life. These cases are rife with ethical complexities.

Compounding these issues is the fact that many of the children's immigration cases are taking years to resolve as immigration courts are backlogged (U.S. Government Accountability Office, 2017). Additionally, many family court judges are reluctant to issue predicate orders (a mandatory precondition for a SIJS application) for a variety of reasons and are instead requiring additional briefing or testimonial evidence. On the immigration side, the USCIS has been instituting numerous barriers, making it much more difficult for children to obtain their lawful permanent resident status through SIJS or asylum. Due to quota limitations, there are significant delays in green card application processing for children who are eligible for SIJS status from Mexico and the Northern Triangle countries of El Salvador, Guatemala, and Honduras (See Practice Advisory on Updated Procedures of Status Adjustment Filings for Certain SIJS Clients, 2016). Additionally, all SIJS applications are now centralized and USCIS is issuing many more Requests for Evidence (RFEs) before it will approve an application (e.g., New Best Practices for Proposed SIJS Orders for State Court, 2017). In this context, it is increasingly difficult to navigate the immigration system without an immigration attorney experienced in the forms of relief that are unique to or more common for children.

In the first two years of the Project, the team succeeded in obtaining U.S. Citizenship for five children, lawful permanent resident status for another five children, asylum for one child, and filed over 121 applications for lawful status. Additionally, 21 applications for SIJS were approved, 15 employment authorizations were granted, and two children received Deferred Action for Childhood Arrivals (DACA). Each number represents a child whose future after foster care has become much more stable as a result of the new status.

## **Lessons Learned**

### ***Educating Front-Line Staff about the Project is Critical***

The first challenge faced was how to share information about the new partnership within DCF. Fortunately, the year prior, DCF had created

an immigration legal specialist position dedicated to assisting agency staff with intersecting child welfare and immigration issues. The legal specialist, along with the staff attorneys from Rutgers, spread the word office by office in the context of a full immigration presentation. That presentation introduced staff to issues that clients who are immigrants face, the types of immigration relief available, the partnership between DCF and Rutgers, and the referral process. It gave front-line staff face-to-face contact with the attorneys with whom they could work and the ability to ask questions about the process. Additionally, the presentation and introduction to the Project was provided to agency executive staff during quarterly leadership meetings as well as to stakeholders such as Children in Court (dependency) judges, attorneys representing CP&P, law guardians (attorneys) for the children, and parent attorneys at statewide events. Those opportunities generated interest, referrals and questions.

### ***Ongoing Assessment of the Need for Services is Key***

The second challenge was assessing the need for immigration legal services. As discussed above, in May of 2016, the Rutgers partnership provided for one full-time staff attorney position to handle all cases referred by CP&P local offices. That full-time position was split between two part-time attorneys, one dedicated to the northern and one to the southern regions of the state, for a total caseload of approximately forty cases. Reviewing the number of referrals, the number of cases worked on, and the type of relief applied for, the agency was able to quickly determine it had initially underestimated the need for immigration legal assistance. By September, roughly four months after the initiation of the Project, Rutgers had received approximately 76 cases. Through tracking, the agency was able to justify addendums to the memorandum of agreement to meet the need of the population it serves by expanding the Project and prioritizing services based on specific circumstances.

## **Mechanisms for Confidential Information Sharing**

A third issue confronting the Project was the sharing of information between agency staff, the courts, and Rutgers' attorneys due to the confidential nature of child welfare investigations and proceedings. For example, in some instances local office staff were anxious about how much case information could be shared with the child's immigration attorney. Some judges were concerned with issuing SIJS predicate orders in the context of child welfare cases and began transferring them to other judges in regular custody dockets, resulting in re-litigation of the abuse or neglect issues or precluding the child from obtaining a SIJS predicate order altogether. Outreach and communication between the various stakeholders surrounding the legal exceptions to confidentiality for communication with counsel and service providers for the child and the importance of the Project for the stability and permanency of the child were key to gaining the trust and understanding of staff and stakeholders. It was also important to rely on key relationships and lines of communication that already existed between agency leaders, supervising law professors for the Project, court administrative managers, and judges to collaborate and find solutions to these complications.

### ***Lessons Learned about Project Design***

In reflecting on the past two years and the development of the Project, many significant and concrete takeaways can be highlighted. Perhaps the most important ones are centered around (1) the need to develop "systems," (2) the importance of collaboration and communication, and (3) the need to have expertise in both immigration and family law.

#### ***Developing Protocols and "Systems"***

Because the number of children needing assistance ballooned so quickly, Project record-keeping and tracking abilities lagged. The need for data "systems" to track and monitor cases was critical. Not only was

it essential for the team to keep track of court dates, filing deadlines, and pending applications, but the need to be able to track demographic information and outcomes also was an important part of the overall Project. Over time, the Project developed several tracking programs, using Excel and a calendaring program. These software programs provide data reporting, application tracking, and reminders of upcoming court dates, meetings with USCIS, and when certain authorizations (such as employment authorizations) need to be renewed. Through these programs, Rutgers is able to aggregate data and inform DCF of important demographic information, such as the home countries of the children, the ages and genders of the children, how many children are in removal proceedings, and which of the forty-six local offices are referring cases. As explained below, reporting in the aggregate permits data sharing, but preserves the confidential attorney/client relationship.

Having a single referral form and a single place where the referral form was sent also became an important factor in the success of the Project. The referral form has been revised several times over the last two years to capture varying amounts of data. However, the need for a simple form and for the intake process to be centralized is critical. Proceeding in this manner ensures that there is no confusion as to how a case is initiated, that data is promptly entered into the tracking systems, and that the cases are dispersed equitably among the three attorneys and across the two offices.

### *Understanding the Importance of Communication and Collaboration*

The importance of having solid collaborative relationships, with good communication, cannot be overstated. This principle is evident in small and large ways when assessing both the overall success of the Project as well as individual outcomes for the children and families. From a large-scale perspective, the Project would not be entering its third successful year without a strong collaborative relationship between the leadership at DCF and the clinic directors at Rutgers. Because this began as a

pilot project, without full information as to how many children would need assistance and without any systems in place, it was imperative that the leaders be able to discuss their independent, and shared, need for resources, information, and assistance. For example, when the caseload increased, Rutgers and DCF expanded the staff. As policy issues arose, such as who would sign immigration forms for young children or the schedule for the payment of application fees, there was always the ability to discuss and develop solutions. Likewise, when DCF needed assistance to train staff and wanted to begin to collect demographic data, the Rutgers team participated in training workshops around the state and developed systems to share information confidentially.

Although 90 miles separates the two Rutgers clinics, collaboration and communication also are important components of the working relationship among the Rutgers staff. The team meets regularly to discuss difficult cases, share expertise and resources, and develop protocols for addressing repeat issues on cases. In fact, more recently, the Rutgers team has begun to memorialize these resources and protocols into an internal manual, replete with internal protocols, sample pleadings and briefs, and templates of letters and issue briefs.

Finally, the Rutgers team collaborates with all of the child welfare stakeholders assigned to a child's foster care case. In New Jersey, children are considered a party to the child protection (dependency) proceeding, and by statute (N.J.S.A. 9:6-8.23) are provided with an attorney, called a Law Guardian, through the Office of the Law Guardian, a unit of the New Jersey Office of the Public Defender. The state agency, CP&P, is also represented by attorneys from the New Jersey Office of the Attorney General. By working with the child's CP&P caseworker, the Law Guardian, and at times, the attorney representing CP&P, the Rutgers immigration attorneys are able to learn important information about the child, find and collect important immigration and identity documents, and obtain the necessary predicate orders so that the eligible children can apply for SIJS.

Representing children in the foster care system who are immigrants carries numerous challenges. The children, the majority of whom have



suffered multiple forms of trauma and who have had multiple home placements in their short lives, have so many needs, both legal and non-legal. The imperative to help the children on issues beyond immigration is often present. For example, instances of abuse and/or neglect that occurred in the home country may come to light for the first time in the course of representing the child in the immigration matter. With the client's permission, the Rutgers' attorneys are able to share their concerns with the CP&P caseworker and ask that therapeutic interventions be authorized. At times, the DCF and Rutgers team were aided greatly by International Social Services (ISS), under contract with DCF, in collecting documents, especially birth certificates.

### *Immigration and Family Law Expertise is Necessary*

While not easily replicated, the fact that the Rutgers team has a mix of family and immigration law expertise has proven to be invaluable and has greatly reduced the collective learning curve on the majority of legal matters the children face. Many of the children are involved with both family court, due to the ongoing dependency action, as well as immigration court, due to a removal (deportation) proceeding. In addition, many of the children are eligible for SIJS, which implicates both family court and USCIS. Given the intersection between family and immigration law and policy, the fact that the Rutgers team collectively has experience and a solid understanding of each of these areas has helped to achieve much success on the individual cases.

### *Be Cautious of Ethical Issues from the Outset*

Representing children in legal matters often goes hand in hand with challenging ethical issues. Representing those children in the context of an immigration legal services contract presented its own unique ethical issues. Some of those issues included: (1) the scope of confidential information sharing with the child welfare agency (2) questions about who was authorized to sign immigration forms and (3) joint representation

of parents and children in cases where the child was still living with a parent and was not in custody of the agency.

### *Information Sharing*

Just as DCF had concerns about what information it was permitted to share with Rutgers, Rutgers also had concerns about what information could be shared with DCF, given that Rutgers represents the children rather than the agency. Though funded by DCF, Rutgers' ethical obligations pursuant to the Rules of Professional Conduct for attorneys are to the child-clients. Therefore, Rutgers has attorney-client relationships with the children independent of DCF.

While recognizing this collaboration provides an opportunity to gather important data about immigrant children in New Jersey's foster care system, Rutgers is also sensitive to the privacy issues at stake, especially during this period of increased enforcement. Therefore, the Project has carefully considered what specific information could be shared with DCF on referred cases and what information needed to be shared only in the aggregate. For example, the Project periodically provides reports on the number of applications for SIJS, asylum, U-Visas, naturalization, and other forms of immigration relief. It also provides the agency with biographic data, such as the age-ranges and countries of origin of the children served, but does not connect that biographic data with any particular case outcome.

### *Who Signs?*

The ever-present question of "who is the client" can be further complicated when one is representing very young children. Like with all child clients, or those who lack full capacity, the Model Rules of Professional Responsibility direct attorneys to maintain, to the greatest extent possible a "normal" client-lawyer relationship ("Rule 1.14, Client with diminished capacity", 2018). However, how does one marry ethical responsibilities under the Rules of Professional Conduct for attorneys

with the rules for immigration practice set forth in the Code of Federal Regulations? A regulation governing the Department of Homeland Security, 8 C.F.R. 103.2(a)(2), provides the following:

An applicant or petitioner must sign his or her benefit request. However, a parent or legal guardian may sign for a person who is less than 14 years old. A legal guardian may sign for a mentally incompetent person. By signing the benefit request, the applicant or petitioner, or parent or guardian certifies under penalty of perjury that the benefit request, and all evidence submitted with it, either at the time of filing or thereafter, is true and correct.

For purposes of this section, a legal guardian is defined as “an individual currently vested, by appointment from a court or other public authority with jurisdiction to act, with legal custody of the child or with the legal authority to act on behalf of the child or of the incapacitated adult as the authorized representative of the court or other public authority” (U.S. Citizenship and Immigration Services, 2016, p. 4). “USCIS requires documentary evidence that establishes the legal guardian’s authority to sign a request on behalf of the child or mentally incompetent person” (U.S. Citizenship and Immigration Services, 2016, p. 4).

Therefore, for clients in the custody of CP&P, Rutgers developed the practice of having child clients sign the forms on their own if attorneys felt they had the capacity to understand the forms. This has included some children under the age of 14, depending on their maturity. However, for children under 14 who did not appear to have the capacity to understand the forms, pursuant to the USCIS Policy Manual, a “legal guardian” needed to sign the forms instead. The question was, who exactly was the “legal guardian” for these purposes? Is it DCF or did there need to be a *guardian ad litem* appointed? The plain language of the regulation does not seem to require a *guardian ad litem* because it indicates that the person could be a person authorized to act as a representative of a “public authority” with “legal custody” of the child (U.S. Citizenship and Immigration Services, 2016, p. 4; Department of Homeland Security Rule, 2016). Moreover, given the pressing

deadlines with applications taking years to adjudicate and children facing removal proceedings, it was determined that CP&P Local Office Managers could be designated to sign forms for children under 14, as the designated representative of DCF.

### *Joint Representation*

Immigration practice, with so many paths to legal status depending on family relationships, often involves questions of conflicts of interest and joint representation. In particular, if placement with a parent and remaining in the United States are both in a child's best interest, then representation of the parent in her own immigration matter may be a moral if not a professional imperative. What about circumstances in which the child's strongest or fastest path to immigration relief derives from their relationship with their parent? Navigating the potential for conflicts of interest in these circumstances can be a morass that requires frequent reassessment as facts develop. The reality of practice in New Jersey, as in many states, is that *pro bono* representation is often not available for the parent, so if Rutgers wants to help the parent, the only option may be to engage in joint representation with the child.

For example, a parent who was a victim of domestic violence and cooperated with law enforcement might have her own path to lawful immigration status, through a U-visa application. Her child could obtain lawful status through her mother's petition. The child might also be eligible for SIJS based on abuse by her father. The attorneys frequently have to consider which path is best for the child, whether or not to pursue multiple paths to legal status, and, if representing multiple family members, how these paths might impact the other. In another instance, a child client who is living with a relative caregiver and who was abused by one or both parents might be eligible for SIJS. Representing the relative caregiver in a custody matter protects the child, provides the relative caregiver with legal authority to continue caring for the child, and enables the child to receive the necessary predicate order to apply for SIJS. In these cases, joint representation might be

warranted if the potential for conflicts is low and the attorney believes her obligations under the rules of professional conduct can be met.<sup>3</sup>

## Conclusion

*Vera is a 16-year-old girl from Ghana. She was never sure when exactly she came to the United States; all she knew was that she came on an airplane with her parents. She has two sisters who are U.S. citizens. Her mother is in jail for abusing the children, and with no other relatives, all three of the children were placed into foster care. Vera's father died when she was 9 years of age. Vera is an extremely bright child whose goal is to become an engineer. With the assistance of the CP&P caseworker and ISS, a birth certificate was obtained from Ghana. A records request, filed by the Rutgers' attorney revealed that Vera had entered the United States when she was 7 years of age on a tourist visa, which had long expired. Working with Vera's Law Guardian, the Rutgers' attorney was able to obtain a predicate order through the dependency matter in family court. Shortly thereafter, the Rutgers attorney filed the requisite immigration applications with USCIS. Vera had her USCIS interview and was approved to adjust her status to lawful permanent resident. Now that Vera has her green card, she can obtain her driver's license and a social security number. Vera can also receive financial aid to go to college and pursue a degree in engineering. Most importantly, Vera can thrive as a young adult unafraid of removal from the United States.*

While the Project provides critical assistance to children like Vera who reside in New Jersey, what about children in other parts of the United States? There is no one-size-fits-all model to addressing the immigration needs of children in foster care. The Rutgers-DCF partnership illustrates one successful solution. It benefits from the state-wide reach of both institutions; however, child welfare agencies large and small should consider developing new collaborative partnerships

<sup>3</sup> See Anderson (2017) for general issues regarding joint representation in SIJS matters.

with local immigration legal services providers, whether a nonprofit organization, a law school clinic, private practitioners, or some other agency providing legal services to immigrant children. Some local agencies may contract for legal services on a case by case basis, or for a minimum number per year. If funding is a serious barrier, child welfare agencies might want to explore partnering with a legal service provider to sponsor a post-graduate legal fellow. Even where there is no ready partner available, child welfare agency staff might increase their issue spotting capabilities by participating in immigration trainings, many of which are now offered via various distance learning modalities.<sup>4</sup>

In creating an immigration legal services collaboration for children in foster care, it is critical to think through the issues highlighted here such as determining the need, finding an appropriate partner, resolving ethical issues, and educating front-line staff who will be identifying children in need of assistance. However, the need to overcome these challenges and provide these services is not optional. When child welfare agencies take custody of children, they step into the shoes of the parents. And as the “parent,” the agency is obligated to ensure that the children in its care are provided with a foundation to transition into adulthood and become thriving and self-sufficient adults. This is the essence of the agency’s responsibility to provide safety, stability, and permanency to all children in its care.

The link between immigration assistance and permanency cannot be overemphasized. When a child like Vera is able to obtain lawful permanent resident status, an essential step toward stability and independence is achieved. Not only is she now secure in the knowledge that she can continue to live safely and securely in the United States, but a path toward college and employment is opened for her. The partnership between DCF and Rutgers Law School makes this necessary step toward permanency and stability a reality.

<sup>4</sup> E.g., The Center on Immigration and Child Welfare (CICW) at New Mexico State University at <http://cimmcw.org/>; Kids in Need of Defense (KIND) at <https://supportkind.org/>; or Immigrant Legal Resource Center (ILRC) at <https://www.ilrc.org/>.

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# Title IV-E Child Welfare Training and University Partnerships: Transforming State Child Protection Services into a Trauma-Informed System

Robin Hernandez-Mekonnen  
Dawn Konrady

**Abstract:** *Children who are involved in the child welfare system have experienced trauma, and research indicates that parents of those children also frequently grapple with their own unresolved trauma. In addition, child welfare workers face high rates of secondary traumatic stress. Federal legislation from 2011 requires states to conduct universal trauma screening on children in foster care. The Administration on Children and Families (ACF) urges state Child Protection agencies (CPS) to become trauma-informed, however, many states still struggle to integrate a trauma focused practice model. This article describes the outcomes of a national, empirically driven, Core Concepts in Child Trauma for Child Welfare curriculum utilized in a Title IV-E university partnership program to teach graduate level child welfare agency supervisors. Findings suggest that the graduate trauma course demonstrates statistically significant gains in confidence, and also has a profound impact on the agency's transformation into a trauma-informed system.*

**Keywords:** *Title IV-E; child welfare; trauma; secondary traumatic stress; social work education*

There is a significant body of research indicating the importance of using a Trauma-informed approach in working with maltreated children, yet not all states and jurisdictions have fully engaged in the process of identifying or adapting a model or framework by which they will approach trauma-informed practice (Ai, Foster, Pecora, Delaney, & Rodriguez, 2013; Hanson & Lang, 2016; Klain & White, 2013). As states transition to a trauma-informed approach, there is a need for high caliber evidence based curricula. This study investigates the impact of a statewide Title IV-E MSW consortium utilizing an empirically based trauma curriculum in aiding the early transition into a trauma-informed child protection system.

Child maltreatment research has grown exponentially in the number of studies investigating the nature and prevalence of trauma experienced by the children involved in the child welfare system (Kisiel, Fehrenbach, Small, & Lyons, 2009; Miller, Green, Fettes, & Aarons, 2011). In addition to learning about the trauma experienced by children, we have gained insight into the unresolved trauma histories of caregivers, and the secondary traumatic stress experienced by the child welfare workforce (Bride, Jones, & MacMaster, 2007; Nelson-Gardell & Harris, 2003). In 2011, President Obama enacted the Child and Family Services Improvement and Innovation Act (2011) which amended language to require States to include a description of how they will screen for, and treat, emotional trauma associated with maltreatment and removal, in the health oversight plan. While the requirement specifies children in foster care, the Administration on Children Families

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(ACF) issued an Information Memorandum (IM) to States, Tribes, and Territories suggesting that they integrate trauma screening into the regular developmental screening activities (under Early Periodic Diagnosis and Treatment: EPSDT) in order to meet the new requirement (ACF, 2012). As such, child protection agencies are compelled to seek strategies to become trauma-informed, including specific trauma-informed screening and assessment protocols, and creating access to trauma-informed treatment.

Since 1980, Title IV-E of the Social Security Act has supported the development and implementation of formalized child welfare education programs to increase the number of prepared candidates for careers in child welfare (Zlotnik, 2003). There are currently approximately 40 states receiving Title IV-E funding for education, and nearly all of those states are engaged in university partnerships with academic degree programs (Zlotnik, Strand, & Anderson, 2009). The range of supports students receive in these programs is notable, some receiving book stipends and others receiving full tuition benefits and salary. However, research indicates IV-E programs are effective in improving Child Protective Services (CPS) worker retention (O'Donnell & Kirkner, 2009; Zlotnik, 2003; Zlotnik & Pryce, 2013).

Social work programs are charged with educating IV-E students. Both undergraduate (Bachelor of Social Work - BSW) and graduate (Master of Social Work - MSW) programs serving IV-E students vary in their offerings of courses, or electives that are related to child welfare. This paper discusses the implementation and impact of an evidence-based MSW elective in trauma-informed child welfare practice in a Title IV-E university partnership to aid in the transformation of a state based child welfare system to a trauma-informed system.

### **Child Traumatic Stress**

Scientific advances in the study of the brain have enhanced the ability to detect the neurological and cognitive impact of childhood trauma on the development of children (Perry, 2009; Watts-English, Fortson, Giblet, Hooper, & DeBellis, 2006). Traumatic experiences have both short-term and long-term effects upon children, often lasting into their transition into adulthood. Research indicates a clear pathway between childhood trauma and both acute and chronic manifestations of cognitive, emotional, psychiatric, relationship, social, and health outcomes (Richardson, Henry, Black-Pond & Sloane, 2008). The Centers for Disease Control and Prevention has conducted decades of research investigating the public health repercussions of Adverse Childhood Experiences (Feletti & Anda, 2014). A multitude of studies reveals the effects of trauma upon long term outcomes, including an array of emotional, behavioral, cognitive, and social, cognitive, emotional and behavioral impairments (Ai et al., 2013; Feletti & Anda, 2014; Felitti et al., 1998).

According to the New Jersey Department of Children and Families (DCF) Commissioner's Monthly Report, in September 2016, approximately 45,823 children were under the Division of Child Protection and Permanency's supervision, 6,698 were in out-of-care settings, with approximately 11,500 new cases of child maltreatment substantiated and opened in the past year (Blake, 2016). By the very nature of coming to the attention of the child protection system, particularly after an investigation has concluded that there is merit for involvement, children have experienced some form of trauma (Ko et al., 2008).

While the manifestations of trauma are varied, depending on age, trauma type, and the supports the child may receive (Ko et al., 2008), CPS agencies have lacked sufficient resources to adequately address the needs of traumatized children, despite the 2011 law. The resources to address the needs of children experiencing trauma include universal and routine screening of children for symptoms of traumatic stress, access to trauma focused and evidence based interventions, and access to trauma-informed systems of care (ACF, 2012). Trauma-informed child welfare practice, along with quality and trauma focused clinical interventions are crucial components addressing traumatic stress (ACF, 2012).

### **Caregiver Traumatic Stress**

CPS agencies have undergone decades of reform efforts, often lead by litigation, and class action suits resulting in consent decrees (Noonan, Sabel, & Simon, 2009). Despite the mandate of the 2011 legislation, the movement toward integrating a social work perspective, accompanied by a trauma-informed focus, is only a recent undertaking by a handful of state child welfare systems. As CPS workers and clinicians begin to align their approaches with a trauma-informed lens, it becomes increasingly evident that the caregivers or parents of the children being screened for trauma, are experiencing parenting deficits, at least in part, due to their own unresolved trauma (Walker, 2007). In fact, many systems still do not conduct universal trauma screening for child victims, so performing trauma screening with birth parents or other caregivers is even more unlikely. Yet, there is a growing body of research linking the experience of child maltreatment (as indicated by CPS involvement) in later childhood or adolescence to the increased likelihood of involvement as a parent in CPS (Thornberry & Henry, 2013). Most recent data from California indicates at least a 44% increased likelihood that a mother who conceives between the ages of 15-19 will be reported for child maltreatment before her child reaches five years of age (Putnam-Hornstein, Cederbaum, King, Eastman, & Trickett, 2015).

While the debate of whether “maltreatment begets maltreatment” continues (Thornberry, Knight, & Lovegrove, 2012, p.135), research is being done to explore the intergenerational effects of maltreatment upon parenting styles and attachment of adults with their children (Berthelot et al., 2015; Kim, Fonagy, Allen, & Strathearn, 2014; Schwerdtfeger, Larzelere, Werner, Peters, & Oliver, 2013). The empirical evidence thus far suggests there are indeed correlations, and CPS professionals in the field struggle with addressing prior trauma histories on cases where perhaps there was a missed opportunity by the system when the caregiver was a child. In states like New Jersey, where the child protection system has a history of failings, cases where parents were former clients as children, are relatively common. As workers learn about case level caregiver trauma and continue to trace history of cases, there is a disheartening realization that that the system failed to adequately address their childhood trauma, and as parents, these former clients still struggle to overcome the effects of unresolved trauma (Kim et al., 2014; National Child Traumatic Stress Network [NCTSN], 2011; Walker, 2007). CPS supervisors find themselves frustrated that the CPS system had an opportunity to intervene, and had a trauma focus been part of the service delivery a decade ago, these children may have had better chances to become healthy adults and parents. Additionally, the level of trust these parents, former clients, have for the CPS system is limited (NCTSN, 2011; Walker, 2007).

A lack of trust due to failure of the system on their own behalf creates a difficult dynamic for effective engagement by CPS workers.

### **Secondary Traumatic Stress in CPS workers**

The child welfare workforce is another important consideration in becoming a trauma-informed organization. There is a significant body of literature that captures the prevalence and impact of secondary traumatic stress in the human service professions. There are fewer studies that parse out the effects of secondary traumatic stress upon the CPS workforce. Figley (1995) pioneered the term secondary traumatic stress (STS), which he defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other” (1995, as cited in Pryce, Shackelford, & Pryce, 2007, p. 13). He contends that while the causes of STS are different from post-traumatic stress disorder (PTSD), the reactions are equivalent. Figley also identified four criteria that increase one’s vulnerability for STS: the actual child’s trauma, unresolved personal trauma, any personal trauma history, and one’s level of empathy (Pryce et al., 2007). CPS workers experiencing STS are more likely to leave their positions, creating significant cost to the organization and to clients (O’Donnell & Kirkner, 2009). Recruiting, training and retaining child welfare workers is a significant fiscal burden, and is also costly to their clients in terms of stability and trust (Strolin-Goltzman, Kollar, & Trinkle, 2010). CPS organizations and clients benefit from taking stock of their current staff and cultivating resources to monitor and support workers who are at an elevated risk for STS (Pryce et al., 2007).

### **Title IV-E - Master of Social Work and the Masters Child Welfare Education Program (MCWEP) University Partnership**

The New Jersey IV-E partnership is an innovative model to CPS workforce training. After a sordid history of failure in child protection, combined with high profile media exposure and a class action law suit, the New Jersey Department of Children and Families entered a consent decree, a modified settlement agreement, and is currently developing an exit strategy. Under the consent decree, aggressive measures were initiated to recruit hundreds of CPS workers (Lipka & Graham, 2004). Funds were harnessed for this recruitment effort, as well as training and retention. A state of the art training academy, in collaboration with the MCWEP program, is a key component in the agency’s strides in professionalization and retention (Guzkowski, 2015).

MCWEP is a statewide university partnership consortium, including four of the state’s accredited MSW programs, initiated in 2012. The MCWEP project developed as a partnership based upon the current consortium model used in the baccalaureate IV-E educational consortium for the state, the Baccalaureate Child Welfare Education Program (BCWEP), in which seven of the state’s public and private universities with BSW programs are members.

A unique facet of both the BCWEP and MCWEP is the use of learning communities. The learning community consists of quarterly daylong meetings of all MSW IV-E students from all four partnering universities. Students meet as cohorts based upon year of study

(the program typically takes 3-4 years as part-time study only), and also as a large group. Learning communities provide the opportunity to synthesize the students' MSW curriculum, field placement experiences, CPS agency integration, and to infuse critical thinking exercises, with self-care and leadership development. The learning communities provide an enhanced learning environment for students, who are mid-level supervisors, to establish a support network among colleagues and faculty, and cultivate innovation in their ideas and strategies to support ongoing reform efforts within the agency.

In addition to the learning communities, MCWEP students are required to take two courses based upon national models of evidence-based curriculum. One course focuses on Leadership and Supervision in Child Welfare; the other is Trauma-Informed Child Welfare Practice (TICWP), which is the focus of this analysis. The TICWP course was adopted from the NCTSN's Core Curriculum for Childhood Trauma (CCCT; Layne et al., 2011). Students receiving the trauma course through the MCWEP program, take the course with an NCTSN certified instructor, and are subjects in the national data collection. Both Fordham University and Stockton University's Institutional Review Boards have approved the research, and students were provided with informed consents for each respective data collection effort.

### **National Child Traumatic Stress Network Core Curriculum**

The NCTSN was established in 2000 under the Children's Health Act (2000), and has developed a comprehensive empirically-based national model for addressing trauma. Over the past decade, NCTSN has cultivated workgroups through networks of professionals and academics from across the country to formulate an evidence driven curriculum. The National Center for Social Work Trauma Education and Workforce Development, a member of the SAMHSA-funded NCTSN, developed the CCCT for child welfare with the goal of creating a high caliber and evidence informed trauma curricula for dissemination in social work education.

There have been 55 CCCT social work professors certified through the yearlong learning collaborative (over 6 years), open for ongoing participation to maintain fidelity to the teaching framework and structure of the course. Once certified, faculty have some flexibility to tailor content or style within reason. For example, in the MCWEP program some adaptation was necessary since our students are acting supervisors within the organization, occupying slightly different roles than those for which the course content was designed. Since most MCWEP students/supervisors have over a decade of experience in the New Jersey state child welfare system, some organization of the materials was altered to emphasize the importance of their supervisory roles. In addition, because they are well positioned to catalyze agency change in practice, additional depth underscoring the effort toward a trauma-informed agency and developing trauma-informed systems of care is included.

The Center's technical report details the findings from data (2010-2016), from 55 faculty teaching at 36 schools, with 79 separate offerings of the course, and 985 matched (using participant designed unique identifiers) pre- and posttest student surveys (Popescu, Richards, Strand, & Abramowitz, 2016b). The evaluation of the CCCT over six years

resulted in ongoing revising of course content and delivery, for overall improvement and enhancement. The main objectives of the course as identified in the technical report are “to increase the students’ trauma knowledge, skills, and confidence in relation to the 12 Core Concepts of Trauma” (Popescu et al., 2016a, p. 106). The main measure of these indicators comes from the Core Concept Confidence Scale (designed by Popescu & Moller, 2010; revised in 2012), in addition to general demographics and student learning objective questionnaires. In the national cohort, researchers at The Center found a statistically significant increase in student confidence, indicating a significant gain in confidence applying the Core Concepts of Trauma (In the national aggregate data, there was an increasing trend in post test scores from year to year, indicating that the ongoing adjustment and integration of course feedback was useful in improving the course outcomes over time (Popescu et al., 2016a).

*Findings from The National Center for Social Work Trauma Education and Workforce Development Report: MCWEP Data.* In addition to national aggregate data report on learning and course outcomes, collected by class, the Center provides an individualized technical report for each individual institution based upon the pre and posttest data collected each semester. The individualized data report is produced so each instructor can assess the outcomes of their specific class at their institution. MCWEP data provided to The Center for 2015 and 2016 cohorts indicate improvement between pre- and posttest, measured using a matched t-test for each of the 2015 and 2016 classes (Table 1).

Table 1. *MCWEP TICWP Overall Student Confidence in Core Concepts of Trauma*

Year	Pretest mean	Posttest mean	t-test	Wilcoxon Signed Ranks
2015 (n=11)	6.13	7.68	$p = .013$	$p = .043$
2016 (n=18)	5.12	8.39	$p = .001$	$p = .018$

*Scale 1-9, 1 = not confident at all, 9 = completely confident*

Mirroring the national aggregate data, the data for the MCWEP specific classes indicates an increase in the primary objective of the course, student confidence in applying the Core Concepts of Trauma (Popescu et al., 2015; 2016b). While the sample size for each analysis is small, which limits the generalizability of these findings, the MCWEP data reflect a trend similar to the national data, and provide a class by class assessment of student confidence for longitudinal consideration; akin to how one might use course evaluation data in teaching.

### **Outcomes of the MCWEP Trauma-Informed Child Welfare Course**

*Methods.* In order to assess the impact of the TICWP course in increasing the knowledge of supervisors with regard to trauma, and their ability to apply the concept to their work, including integrating their knowledge, MCWEP has collected independent data through three different formats; self-efficacy surveys, overall MCWEP survey, and an exit survey. The data collected by MCWEP is intended to compliment and supplement the reports generated from the pre and posttest data collected and compiled by The Center (Popescu et al., 2015; 2016b).

The first source of program evaluation data supplemental data is the self-efficacy survey given to each student at the end of each semester to capture their perceptions of their learning and ability to apply their knowledge. The second is the overall MCWEP program survey which is sent each year to all current students, and the third is the exit survey, which is sent to students who are graduating.

Table 2. *Self-Efficacy of TICWP Students with Identified Trauma Practice Behaviors (n=54)*

<u>Trauma Competency/Practice Behavior</u>	<u>Min</u>	<u>Max</u>	<u>% Rating</u>		<u>St. Dev.</u>
			<u>4 or 5</u>	<u>Mean</u>	
1. I am able to integrate the concept of “child traumatic stress” in case practice and supervision by knowing what types of experiences constitute childhood trauma and utilize a trauma-informed lens to manage child welfare cases.	4	5	100	4.8	0.42
2. I am able to apply knowledge of how traumatic experiences affect brain development and memory and understand the relationship between a child’s lifetime trauma history and his or her responses through comprehensive case planning.	3	5	98	4.5	0.54
3. I can articulate how trauma has an impact on the behavior of children over the course of childhood and how child traumatic stress is exacerbated over time by ongoing stressors (including separation from/loss of caregivers, and/or foster placement) in a child’s environment and within the child welfare system.	4	5	100	4.6	0.50
4. I am able to identify and promote the utilization of trauma-sensitive interventions such as strategic referrals to timely, quality, and effective trauma-focused interventions and trauma-informed case planning with multi-disciplinary teams.	3	5	96	4.5	0.57
5. I can articulate how the impact of traumatic stress can be prevented and/or mitigated by trauma-informed responses of child welfare workers and child welfare systems.	3	5	94	4.5	0.61
6. I am able to consider how cultural factors influence the manner by which children may identify, interpret, and respond to traumatic events during the case practice process.	3	5	98	4.5	0.54
7. I am able to identify the impact of secondary traumatic stress (STS) on child welfare workers and employ appropriate interventions.	3	5	96	4.4	0.57
8. I support Child and Family Services Review (CFSR) goals of safety, permanency, and well-being by increasing skills to effectively serve children and families (biological and resource) in the child welfare system that have experienced traumatic stress.	4	5	100	4.5	0.50

Note. (Five-point Likert Scale, from 1 (*very much disagree*) to 5 (*very much agree*)).

Self-Efficacy surveys ask students to rate the degree to which they agree with statements regarding Trauma-Informed Child Welfare Competencies and Practice Behaviors. These data were collected over four class cohorts (2013-2016). Responses were based on a five-point Likert scale from 1 (*very much disagree*) to 5 (*very much agree*). Means on individual items range from 4.44 to 4.78. Students consider themselves capable

in all eight categories in the CCCT TICWP competencies. The 2016 (not shown) cohort has the highest overall self-assessment means, indicating that improvements in course structure, instruction, and student perceptions of self-efficacy in the competencies are occurring.

Perhaps the most significant indicator of the magnitude of the impact of the TICWP course in the MCWEP program upon the New Jersey State CPS agency comes from the overall qualitative program assessment surveys students complete annually. A thematic analysis was conducted by study authors, once consensus on coding was reached, and ambiguities resolved. A priori categories, anchored in the overarching questions, were considered the guiding framework for coding and developing themes in the analysis, based upon grounded theory techniques (Corbin & Strauss, 2007).

In the analysis, responses from three questions included repeated thematic comments around the impact of the TICWP course. They are: 1) What are the strengths of MCWEP (Table 3); 2) How well do you think MCWEP is preparing you to be a more impactful supervisor at DCPD (Table 4); 3) Do you feel you are being prepared to play a role in the transformation of New Jersey’s public child welfare system?

Five themes emerged across the three questions as described in Tables 3 and 4 below:

- Supervision
- Secondary Traumatic Stress
- Change in language
- Change in perspective/thinking/understanding
- Importance of trauma history

Theme	Common Code	In Their Voice
Supervision	Strengthen skills and incorporate more clinical supervision	“The program has strengthened my supervisory skills by helping me to help my workers and supervisors understand the impact of trauma on the families we serve.”
Secondary Traumatic Stress	Recognition	“Importance of recognizing STS and burnout is something I am constantly on the lookout for now.”

When asked about feeling prepared to play a role in the transformation of New Jersey’s public child welfare system, there was a strong consensus that students, indeed, feel prepared. In fact, 88% (44/50) respondents indicated they felt they are more prepared to play a role in the agency’s transformation. Despite the majority of students affirming, many acknowledged that they experienced some tentativeness about the pace of the agency, and concern for the readiness of the agency to accommodate the transformation, for example:

I do feel that I am prepared, but I don’t think New Jersey is prepared. We learn about different things our families need to be successful but they are not available for us to implement. An example of this is more trauma-informed services.



<u>Theme</u>	<u>Common Code</u>	<u>In Their Voice</u>
Supervision	Strengthening skills	“It teaches what supervisors need to know and equip themselves for working in the field.”
	Access to tools	“..continue using the theories and information in my day-to-day work during case consultation.”
	Change in delivery	<p>“I have already seen a change in my supervision.”</p> <p>“The course was extremely useful to my case practice.”</p> <p>“It has definitely changed my way of thinking when providing supervision on case.”</p>
Secondary Traumatic Stress	Acknowledgement of existence	<p>“I remind my workers and supervisors that they are incapable of providing effective intervention if their own baggage is too heavy.”</p> <p>“Beyond speaking, I am able to step back and focus on what trauma exposure has done to my children and staff.”</p>
Change in Language	Adaptation of trauma focus lens	<p>“These classes provide the language necessary to invoke change in how we deal with families as well as how to effectively supervise.”</p> <p>“The class has changed my dialect. I speak about terms that are foreign to the workforce and it makes them want to learn more about it.”</p>
Change in Perspective	Knowledge acquisition	<p>“The TICWP elective was so informative that I will be able to use all I learned in that class to continue to service my clients in a more sufficient way when dealing with trauma.”</p> <p>“The eye opening moments I had in Trauma in Child Welfare will stay with me throughout my career.”</p> <p>“The fact that we were exposed to trauma focus speaks volumes. At DCPD we are not exposed to this type of training.”</p>
	Additional tools and resources	“..continue using the theories and information in my day-to-day work during case consultation.”
	Understanding of trauma	<p>“I understand trauma now, clinical trauma, I also understand how important it is to provide the correct services for families.”</p> <p>“I am now aware of the importance of reviewing cases with a trauma focused lens.”</p>

<u>Theme</u>	<u>Common Code</u>	<u>In Their Voice</u>
		“I do think from a more trauma focused/critical thinking perspective.”
	Need for change	“It makes no sense to have a child welfare agency staff that is not first and foremost educated in the long lasting impact and effects of child trauma and complex trauma.”
Importance of Trauma History	Data collection	“The trauma class made me realize how important it is to gather a trauma history with our children and parents.”  “We should be making all decisions with the consideration of past, present, and possibility of future trauma.”
	Informing the work	“I feel that making my supervisees aware of social justice concerns and impacts their work. I share with them the impact of trauma and the importance of history informing their work.”

Frustrations with the bureaucratic pace of change that CPS supervisors are encountering as they become trauma-informed create challenges in remaining invigorated as change agents. Students voice the personal preparation, feeling armed with knowledge to make a difference within their agency, but are tentative since they do not know how to begin.

Students are encouraged to take active advocacy roles within the agency to increase change within the organization; and there is opportunity to develop creative strategies to pursue this goal. As the number of graduates completing the program increases, there will be greater dissemination of this empirically driven CCCT in Child welfare, and thus greater the impact on the agency’s internal momentum toward becoming a trauma-informed agency.

### **Discussion and Limitations**

When considering the compelling evidence to suggest that children, caregivers, and workers in the child welfare system all contend with the adversity and suffering that traumatic experiences bring, it seems obvious that CPS agencies should embrace a trauma focused approach to benefit all those involved. ACF released a detailed information memorandum, in response to the 2011 legislative amendments, to provide guidance in both scope and comprehensiveness of how trauma-informed child welfare systems should approach the issue of trauma (ACF, 2012). However, the reality of transforming large bureaucratic child welfare organizations, whether it is at the county or the state level, is a daunting task. The Trauma-Informed Child Welfare Practice course, from the NCTSN, the learning communities, and the overall MCWEP program, have initiated a comprehensive approach to move the agency in the direction of transformation. The MCWEP program strategically educates mid-level supervisors, who are in positions to impact potentially

thousands of CPS cases around the state, and at the same time mitigate secondary traumatic stress among their workers. Additionally, these supervisors are located in the ranks that will likely vie for leadership positions in the long term. In a recent initiative, spawning from the MCWEP program, students and alumni have formed task groups to inform and assist the agency's policy unit on revising specific policies to be more trauma-informed. The group has been asked by administration to conduct presentations to key leaders around secondary traumatic stress in the work force. Students and alumni have indicated this is a significant stride in having an engaged and open agency.

There are several limitations of the assessment methods that should be considered. First, this study is a small-scale case study. While it can be replicated, the findings cannot be generalized. The TICWP/CCCT classes have had 20 or fewer students in each cohort, and in the first two years (2012, 2013), data was collected and reported from only two of the three MSW programs participating in the MCWEP course, making the N for the course only 11. Also, the technical reports that provide the statistical analysis of the data sent to the National Center for Social Work Trauma Education and Workforce Development were only available for the two most recent course years (Popescu et al., 2015, 2016b), with low rates of matched data, limiting our ability to assess the statistical efficacy of the course in the earliest sections, and longitudinally. Due to ending of the NCTSN contract with The Center, there will be no future reports unless MCWEP continues to replicate the analysis without the assistance of The Center.

The MCWEP Self Efficacy questionnaire uses questions designed to capture not only the transfer of knowledge, but also a student's capacity to apply the knowledge in their case practices. As such, the eight questions may be considered double barreled, and may not elicit full responses. Finally, additional longitudinal data related to retention and employment satisfaction of MCWEP students is needed to better assess type of supervisors the program draws in its applicants and participants. The self-selection process may be creating the impression that agency supervisors are generally highly motivated and engaged, which may not be the case across the agency.

### **Conclusion**

The Trauma-Informed Child Welfare course is an effective academic course in educating students in the tenets of trauma-informed child welfare practice and when coupled with the learning communities as part of a Title IV-E MSW program, is likely to have a significant impact on the overall direction of the New Jersey state child welfare transformation. In fact, it may be the leading initiative at this point in time, in terms of driving the change from within, particularly with regard to the recommendations of ACF. In addition to informing case practice and supervisory roles, the course and program are cultivating leaders and advocates within the ranks, who will play key roles in the success of the overall agency's transformation to a trauma-informed child welfare agency in the long term.

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