The Sauer Collaborative for
Child Well-being

Overview of Two National Frameworks for Child Well-Being

Introduction

As part of the Sauer Family Foundation's work supporting the Child Well-Being Collaborative, we compiled information about existing frameworks that focus on child well-being for children involved in the child welfare system. These frameworks highlight key considerations and domains of well-being that are instructive for communities and child welfare systems to consider as they seek to understand and improve well-being for children.

Two Frameworks

1) *Looking to the Future: An Agenda for the Children's Bureau's Next 100 Years (April 2012)*

Bryan Samuels, former Commissioner of the Administration on Children, Youth and Families released this memorandum to all state agencies to promote the social and emotional well-being of children and youth receiving child welfare services. The memo states that, "Increasing the focus on well-being is not a move away from the child welfare system's essential emphasis on safety and permanency; rather an integrated approach is needed."[1] Furthermore it is believed that moving to a more comprehensive child well-being model may strengthen permanency for children.

The memo highlights a Framework for Well-Being (pg. 21) beginning at birth through age 18 and lists two areas of intermediate outcome domains:

- Environmental supports that includes family income, social support, and community and neighborhood
- Personal characteristics such as temperament, cognitive ability, and identity development

It follows with four well-being outcome domains:

- Cognitive functioning such as language development, approaches to learning, academic achievement and problem-solving and decision-making
- Physical health and development that includes normative standards for growth and development, overall health and risk-avoidance behavior

---

[1] Administration for Children, Youth and Families (2012). *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services.* Washington D.C. Children's Bureau. Log No. ACYF-CB-IM-12-04.

Information in document was
compiled in May 2017 and
updated in December 2018

- Emotional and behavioral functioning such as trauma symptoms, coping, internalizing and externalizing behaviors and motivation and self-control
- Social functioning lists attachment and caregiver relationships, adaptive behavior, social competencies and skills

The ACYF states that safety and permanency are necessary but not sufficient to ensure well-being of children and youth. Children reunified with families had increases in internalizing behavior; kinship care placements were not predictive of mental health outcomes; and, regular assessments of adopted children showed they were more behaviorally impaired.[2] This could be a cautionary reminder for legislation on Minnesota's Northstar Care for Children that became effective January 2015. Hopefully, the consolidation of family foster care, kinship care and adoption assistance will embrace child well-being assessments such as the tools recommended by ACYF as it supports permanency for children.

Screening Tools

Children who have experienced maltreatment can have substantial behavioral, emotional and social difficulties. In Section X of the document, there are examples of strategies to promote well-being in state systems. (pg. 17-18 online). It recommends using valid and reliable screening and assessment tools as early as possible to "fulfill child welfare agencies responsibility for ensuring the well-being of children and youth who have been exposed to complex interpersonal trauma."[3]

Those screening tools include:
- Child and Adolescent Needs and Strengths (CANS) Trauma version that measures functioning across domains for traumatic experiences
- Childhood Trauma Questionnaire (CTQ) is a self-report inventory
- Pediatric Emotional Distress Scale (PEDS) is a valid rapid screening tool for ages 2-10.
- Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening instrument for ages 4-16.

More information on these tools are available at:
https://training.cfsrportal.org/book/export/html/2458

ACYF also recommends using evidence-based interventions and lists a number of private and public organizations that offer databases and reviews of valid and reliable screening instruments.

The memo goes on to caution that some approaches to social and emotional well-being have been researched and found to not deliver what was promised. Life skills training, generic counseling and parenting classes are ineffective and should be "de-scaled." Trauma screening,

---

[2] Ibid.

[3] Ibid.

evidence-based trauma interventions and psychological first aid are research-based strategies that do work and should be "scaled up" in state systems.

Available at: https://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf

2) *Integrating Safety, Permanency and Well-Being Series: A Comprehensive Framework for Nurturing the Well-Being of Children and Adolescents (February 2014)*

This more recent report describes a second framework published by the U.S. Department of Health and Human Services. It is the first of three papers on how to integrate safety, permanency and child well-being in child welfare. It provides a framework for "considering the domains and indicators of well-being. It identifies the normal developmental trajectory for children and adolescents and provides examples of evidence-based interventions to use when a child's healthy development has been impacted by maltreatment."[4]

This framework offers information on recent neuroscience discoveries that show how maltreatment can impact brain functioning and architecture and it confirms that evidence-based interventions are critical to the healing and recovery processes of children and their families. The framework presented (pg. 6 online) was adopted from an analysis by the Promise Neighborhoods Research Consortium (PNRC) and collaborative researchers. The PRNC model focuses on distal influences, proximal influences, biological mediators and primary outcomes.

It is followed by a series of tables that highlight the following:

- Key outcomes in all developmental phases from prenatal to adolescence ages 15-19
- Milestone outcomes
- Lists of evidence-based family interventions for early childhood to late adolescence
- Resources to determine cost benefits

One of the most persuasive descriptions of why child welfare should embrace a more holistic child well-being model is at the end of the paper. It shows a picture of how many fragmented silos there are when it comes to working with children and families:

> "Different organizations have worked on different aspects of the same problem with little coordination and without a shared understanding of what young people need. Education has worked on ensuring young people's academic skills but has typically given social and emotional development much less attention. Agencies addressing child abuse have typically done so as though this problem could be solved with a focus on safety and permanency. Organizations exist to prevent teenage pregnancy, but often focus narrowly on sexual activity, as though it has nothing to do with coercive family and social environments. Criminal justice deals with delinquency, but rarely intervenes in families to prevent delinquency from developing. Drug abuse treatment treats drug abuse, but not mental illness, while

---

[4] Biglan, A. (Feb. 2014). *A Comprehensive Framework for Nurturing the Well-Being of Children and Adolescents.* Department of Health and Human Services, Wash. D.C.

mental health treatment is provided by other agencies, as if problems like depression and anxiety are unrelated to drug abuse. And **few of these efforts take into account the effect of maltreatment and trauma on the developing brain architecture and stress response system, which are significant causes of derailed development across all domains of well-being.** All of this is changing thanks to the accumulation of a huge amount of evidence about neuro-biological, behavioral and psychological development."[5]

Link to the Framework: http://gucchdtacenter.georgetown.edu/resources/WP1%20-%20Comprehensive%20Framework%20508%20v5.pdf

---

[5] Ibid.