

2022 Child Abuse and Neglect Prevention Plan

Illinois Department of Children and Family Services

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Department of Children and Family Services

Grant Management Unit

**Illinois Department of Children and Family Services
2022 State Child Abuse and Neglect Prevention Plan**

Based on Law (20ILCS 505 /4a) (from Chapter 23, paragraph 5004a

To administer child abuse prevention shelters and service programs for abused and neglected children, or provide for their administration by not-for-profit corporations, community-based organizations or units of local government

Introduction:

Illinois Department of Children and Family Services (DCFS) is the largest child welfare agency to earn accreditation from the Council on Accreditation for Children and Family Services. In addition, Illinois is the home to the nation's first juvenile court and counts itself as the birthplace of social work with the Jane Addams' Hull House.

Illinois was one the first states to establish child protection laws, was an early signatory to laws mandating the reporting of child abuse and neglect, and created one of the nation's first statewide child abuse hotlines. Child abuse and neglect is any mistreatment or neglect of a child that results in non-accidental harm or injury and which cannot be reasonably explained. Child abuse and neglect can include physical abuse, emotional abuse, and sexual abuse.

The mission of Illinois DCFS is to protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in the Department of Children and Family Services care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities and work in partnerships with communities to fulfill this mission.

Child abuse prevention encompasses various challenges to protect and keep children safe. Every child deserves to grow up healthy, safe, secure and loved. The Illinois Department of Children and Family Services (IDCFS) understands, recognizes, and commits to protecting our most vulnerable residents, our children. This drives the Illinois Department of Children and Family Services to ongoingly assess and continually review and add activities, services and programs as needed or required to develop initiatives and strategies in efforts to prevent child abuse and neglect and maltreatment of children. Therefore, DCFS plans and coordinates primary, secondary and tertiary child abuse and neglect prevention programs and services.

The Illinois Community-Based Child Abuse and Prevention (CBCAP) Program is designed to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs and activities to prevent child abuse and neglect in Illinois. CBCAP funds are used to support **Primary Prevention Programs and Strategies** available to all families and **Secondary Prevention Efforts** that target children and families at risk. The Illinois Department of Children and Family Services CBCAP Prevention Focused Programs and Activities offers assistance to families, provides early

comprehensive support for parents, promotes the development of parenting skills, increases family stability, improves family access to formal and informal resources and supports needs of families with children with disabilities.

Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect. Primary prevention services include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary prevention can be difficult to measure because you are attempting to impact something before it happens, an unknown variable. This type of activity is a focus of CBCAP programs.

Secondary prevention consists of activities targeted to families that have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low-income families. Secondary prevention services include parent education classes targeted for high-risk parents, respite care for parents of a child with a disability, or home visiting programs for new parents.

Tertiary prevention consists of activities targeted to families that have confirmed or unconfirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. These are families that qualify for services under child welfare programs and are not a focus of CBCAP programs.

The **Annual State Child Abuse and Neglect Prevention Plan** is submitted to the Governor and The General Assembly on or before the first Friday of October of each year and addresses the following four areas:

1. Identification and definition of priorities, goals and objectives;
2. Identification and estimation of the resources necessary to investigate or process reports of suspected child abuse or neglect;
3. Provision of necessary follow-up services for child protection, family preservation, and family reunification in indicated cases; and
4. Formulations of proposals for the most effective use of existing resources to implement plans, including recommendations for the optimum use of private resources, local public resources, and state and federal resources.

The Federal Administration for Children, Youth and Families-Children's Bureau (ACYF-CB) assures effective services for children, youth, and families by guiding States in developing, operating, and improving the continuum of child and family services through the *Code of Federal Regulations (45 CFR 1355.25)*.

(a) The safety and well-being of children and of all family members is paramount. When safety can be assured, strengthening and preserving families is seen as the best way to promote the healthy development of children. One important way to keep children safe is to stop violence in the family including violence against their mothers.

(b) Services are focused on the family as a whole; service providers work with families as partners in identifying and meeting individual and family needs; family strengths are identified, enhanced, respected, and mobilized to help families solve the problems which compromise their functioning and well-being.

(c) Services promote the healthy development of children and youth, promote permanency for all children and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.

(d) Services may focus on prevention, protection, or other short or long-term interventions to meet the needs of the family and the best interests and need of the individual(s) who may be placed in out-of-home care.

(e) Services are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or the community, and are delivered in a manner that is respectful of and builds on the strengths of the community and cultural groups.

(f) Services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial to meeting families' and children's needs, for example, housing, substance abuse treatment, mental health, health, education, job training, childcare, and informal support networks.

(g) Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client's needs.

(h) Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive (family support) and crisis intervention services (family preservation), based on the changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis in order to receive services.

Identification of Priorities and Goals

The Department's priorities, goals and objectives are reflected in the Department's Mission Statement and adhere to the principals of children and family services that are listed in the annually revised Code of Federal Regulations.

The ***Mission of Illinois DCFS*** is to protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in our care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities and work in partnerships with communities to fulfill this mission.

The Department of Children and Family Services' Goals and Objectives represent the overarching priorities for those serving children and families in Illinois:

1. Education and Self-Sufficiency
2. Moving from Institutional to Community-Based Care
3. Paying for Value, Quality and Outcomes

4. Prevention and Population Health
5. Data Integration and Predictive Analysis
6. Build Relationships and Effective Communications Streams internally and externally by Engaging Youth and Their Families.

DCFS has the primary responsibility of protecting children through the investigation of suspected abuse or neglect by parents and other caregivers in a position of trust or authority over the child.

Resources Necessary to Investigate or Process Reports:

Investigation and processing of suspected child maltreatment begins with the **State Central Register** (Child Abuse Hotline), where DCFS staff urgently acts as necessary to protect the child in question. Protecting children involves a strong system of screening reports, a properly assessed “front end” investigation, effective use of investigative tools, and timely service delivery.

DCFS partners with the **Multidisciplinary Pediatric Education and Evaluation Consortium** (MPEEC), who provide expert medical evaluations for abuse allegations of serious harm to children in Chicago. Other specialized medical programs are located in Rockford, Peoria and Carbondale that assist child protection and law enforcement personnel in thorough forensic investigations of these incidents.

A significant contributor to overall systemic change to reduce child neglect and abuse is our partnership with the nine **Child Death Review Teams (CDRT)**.

Mission and Purpose

When a child dies, the response by the State and the community to the death must include an accurate and complete determination of the cause of death, the provision of services to surviving family members, and the development and implementation of measures to prevent future deaths from similar causes. Multidisciplinary and multiagency reviews of child deaths can assist the State and counties in reviewing child deaths, developing a greater understanding of the incidence and causes of child deaths, the methods for preventing those deaths, and identifying gaps in services to children and families (20 ILCS 515/5).

Child Death Review Teams’ Responsibilities

1. Assist in determining the cause and manner of the child’s death, when requested.
2. Evaluate means by which the death might have been prevented.
3. Report its findings to appropriate agencies and make recommendations that may help to reduce the number of child deaths caused by abuse or neglect.
4. Promote continuing education for professionals involved in investigating, treating, and preventing child abuse and neglect as a means of preventing child deaths due to abuse or neglect.
5. Make specific recommendations to the Director and the Inspector General of the Department concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths.

CDRTs also make specific recommendations to the DCFS Director and the Inspector General concerning the prevention of child deaths due to abuse or neglect and the

establishment of protocols for investigating child deaths. The Child Death Review Teams produce an annual accumulated report that summarizes findings from the teams and presents recommendations for improvement to the child welfare system. The document is presented to the Governor, the Illinois Legislature, and other interested parties every year in a continued effort to understand and reduce preventable child deaths in Illinois.

Child Advocacy Centers (CACs)

DCFS funds 41 CACs providing services in 98 of the 102 Illinois counties. The CACs play a critical role in the coordination of investigative activities utilizing a multi-disciplinary approach, providing a comprehensive response to child abuse in Illinois. The core work of the CACs is to offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. CACs bring together child protective services, law enforcement, state's attorneys, medical and mental health providers to ensure thorough, victim sensitive interviews and interventions. CACs also provide support and services to families after the initial victim contact and each CAC is an accredited chapter of the National Children's Alliance.

Human Trafficking

DCFS's **Human Trafficking** Program is continuously evolving and is housed in the Clinical and Child Services Division within the Department. The Human Trafficking Prevention Manager serves as (or appoints a designee to serve as) a key stakeholder on a state-wide taskforce group regarding human trafficking issues that include but not limited to statewide law enforcement departments, FBI, Health and Human Services, IDCFS, Administration of Children and Families, and The National Center for Missing and Exploited Children.

The program also provides trainings, support and awareness to staff and includes staff in the planning process to address concerns and issues relating to Human Trafficking. In addition, the Program Manager is developing collaborations and partnerships with all of Illinois' multidisciplinary teams who combat issues dealing with Human Trafficking. To streamline communication and increase the effectiveness to response to Child Sex Trafficking (CST) in Illinois, a newly formatted team is underway. Illinois Chicagoland Area Response to Exploitation (ICARE) Team will include members of Law Enforcement, Prosecutors, Medical, Mental Health Providers, Child Advocacy Centers, Juvenile Probation, Child Protective Services, Survivor leaders, residential and prevention organizations. ICARE will increase awareness of CST, implement prevention and education programs, and provide appropriate resources to assist survivors of CST.

The Department continues to ensure that youth victimized by sex traffickers continue to receive services. These services included the continuation of forensic interviews at Advocacy Centers throughout the state; virtually completing Trafficking Assessments, and virtually visiting youth placed out of state in sex trafficking treatment programs. In addition, the Department's contracted partners for this population, Hoyletown's HALO and Selah Freedom, moved their services to virtual, facilitator-led platforms. Due to COVID numbers and restrictions being lifted these providers have reinstated in-person services. The Department continues to increase services for this population and contracted with the Power Project to provide Commercial Sexual Exploitation (CSEC) training to all staff in Congregate Care settings across the state.

Legislatively, as of January 2022, the Abused and Neglected Child Reporting Act was amended and now requires that calls into the State Central Register (abuse/neglect hotline) alleging human trafficking are now accepted for an Investigation even when the alleged perpetrator is not a “person responsible for the child’s welfare”. It modifies the definition of “Person responsible for the child’s welfare” by removing the requirement that the person must be a custodian. A unique set of rules to be an “eligible perpetrator” are applied for circumstances when the reporter gives information *concerning one of the following 3 offenses*, but the caregiver does *not* appear to be custodial in any way, the new consideration requires looking to identify how the perpetrator may have committed or allowed to be committed: involuntary servitude, involuntary sexual servitude of a minor, trafficking in persons for forced labor or services. This information now meets criteria for investigation. Previously, if an alleged perpetrator was not acting in a “caregiver role” the call was not accepted for a DCFS investigation. The reporter was directed to contact their local police department. It was the contention of the Illinois Legislators that child human trafficking victims were missed due to the restraints of the “eligible perpetrator” criteria.

Throughout the state, group home settings have been tasked with the responsibility of providing care to victims of sex trafficking. In order to support the group homes’ ability to care and provide treatment for this population, DCFS began by offering a mandatory group home forum in October 2020. This forum consisted of presentations by the DCFS Human Trafficking Prevention Program Manager, FBI, Selah Freedom, The Mayor’s Office of Rockford, The Illinois Children’s Advocacy Center President and STOP-IT. Each of the presenters focused on the impact of sex trafficking and the vulnerabilities for sex trafficking victimization associated with youth in care who reside in group home settings. In addition, congregate care staff as well as IDCFS staff were mandated to complete online sex trafficking training in January 2021. Most recently, the Department contracted with the Power Project to provide Commercial Sexual Exploitation (CSEC) trainings and technical assistance for group homes across the state. This training will also be rolled out for residential facilities as well.

Follow-Up Services:

Whenever needed, DCFS and its social service partners provide voluntary services that allow children to remain safely at home. When children must be removed from their home, services are also made available to aid in family reunification as quickly as possible. DCFS has established a workgroup aimed at reviewing, analyzing, and revising core permanency practice procedures to establish a standard of care and service provision that considers family engagement, shared parenting to empower birth parents, the child’s sense of time in achieving permanency, and lifelong connections for families and children.

Below is a list of services provided to Illinois families.

The **Intact Family Services** program is designed to work with at-risk families who have been referred for continuing assistance and monitoring following a child abuse or neglect

investigation. There are two types of family referrals: voluntary and involuntary (court ordered).

The goals of the program are:

- To enable children to remain safely at home
- To ensure the safety, well-being and continued healthy development of children
- To make reasonable efforts to keep families together
- To address the issues that place your children at risk
- To avoid having children separated from their family and community in an out-of-home placement

IFS is a statewide program, and services are provided by DCFS staff and contracted private agency staff. A focus review was conducted on intact cases that have been open for more than one year as the number of these cases were increasing. Case staffings were completed to determine if cases could be closed safely and appropriately. During the months of August and September 2021, intact conducted a case closing project where a total of 81 intact cases were successfully closed statewide by the DCFS intact teams. This is significant in that barriers were eliminated so that these families could successfully close their case.

DCFS seeks to increase engagement through enhanced implementation of the child and family team meeting (CFTM) and has been meeting with the Children's Bureau Capacity Building Centers (The Center). Challenges associated with contacting and engaging parents in IFS cases were found, and specifically, caseworkers did not routinely engage fathers in safety/risk assessments and did not retain fathers through case planning processes and interventions. Illinois DCFS and private agency IFS providers have struggled with full implementation of CFTMs, as advance preparation with families and professional team members for CFTM is time intensive. More importantly, many staff are resistant to change as CFTM require skillful facilitation, organizing and documentation through shared power and navigating conflict, resistance, and complex needs of children and family members.

The Center has been providing coaching and consultation to Illinois DCFS staff around the following activities:

- Support Illinois leadership in establishing an inclusive team for this change and implementation effort.
- Assist in determining readiness for implementing CFTM with IFS in Cook County.
- Provide guidance in the development of an implementation plan to strengthen practice and improve outcomes with IFS in Cook County
- Provide coaching and consultation to assist DCFS in defining their CFTM model and fidelity measurement process.
- Support DCFS and private agency IFS teams through coaching, modeling and mentoring preparation and facilitation of CFTM.
- Provide project evaluation development support, and assist DCFS in building an evaluation plan for their Increasing Family and Youth/Child Engagement through Implementation of CFTMs

A supplementary resource for families is the **Family Advocacy Center** network. Family Advocacy Centers (FACs) provide support to parents to follow through on their goals that allow them to preserve and reunite their families. There are 30 Family Advocacy Centers (FACs) across Illinois operated by 25 service providers.

Family Advocacy Centers tailor their services to the individual needs of the communities they serve. FACs maintain a focused, holistic approach that builds on a family's existing strengths.

In addition to traditional counseling, referral and training services, a typical center may also offer the following services:

- 24-hour crisis response and systematic support services;
- Intensive mediation services;
- Counseling for women and children who are victims of domestic violence;
- After-school, summer and out-of-school programs;
- Parent coaching, mentoring and classes in English and Spanish;
- Execution of intervention strategies to support the family reunification process; and
- Court ordered supervised child visitation for non-custodial parents.

Family Centered Services

Family Centered Services are offered to at-risk families to provide support and intervention before removal of the children becomes unavoidable and imminent. Services include family preservation, family support, family advocacy centers, adoption promotion and support, and time-limited reunification.

Family Preservation Services

Family preservation services are provided to intact families, families being reunified, and adoptive and subsidized guardianship families to ensure the child's development, safety and well-being in his or her home; preventing placement or reducing the time a child is away from the family. These services include:

- Crisis intervention;
- Counseling;
- Home based services;
- Casework and case management services;
- Parenting training;
- Day care services;
- Limited cash assistance; and
- Linkages to services available in the community.

Norman Emergency Cash Assistance and Housing Locator Service

Norman Services provide assistance to families who have children who are in danger of coming into DCFS care (or cannot be returned home from DCFS care) due to lack of food, clothing, housing or other basic human needs.

The program provides the following three services:

- Cash assistance to purchase items needed to care for the children that the client cannot afford to purchase themselves;
- Assistance finding housing; and
- A waiver to allow families to apply for Temporary Assistance for Needy Families (TANF) so that children in DCFS custody can be returned home within 90 days.

Abuse of alcohol and other drugs are frequent accompaniments to incidents of child abuse or neglect. The Department's intervention with **Substance-Affected Families (SAF)** is a collaborative effort between DCFS and the Department of Human Services, **Division of Substance Use Prevention and Recovery (SUPR)**. The mission of the SUPR is to provide a system of care along the continuum of prevention, intervention, treatment and recovery support where individuals with SUD, those in recovery and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. The treatment delivery system is designed to provide screening, assessment, customer-treatment matching, referral, *intervention, treatment and continuing care services for people with SUDs. These services are* provided by numerous community-based SUD treatment organizations contracted by SUPR according to the needs of various communities and populations.

DCFS attempts to keep children and families out of the court and foster care systems by providing intact, in-home services to strengthen families and protect children. The **Intact Family Recovery (IF/R)** program model was first developed by the DCFS Inspector General in response to child deaths and injuries in cases involving the birth of a substance exposed infant. The IF/R teams child welfare and alcohol and other drug abuse (AODA) outreach workers together to provide comprehensive services to intact families during the process of recovery from alcohol and other drug abuse. The program targets families where an infant has been born exposed to controlled substances, and currently serves families in Cook County.

The Department has established the **Clinical Intervention for Placement Preservation (CIPP)** program, which is intended to support foster care placements and reduce placement disruptions. CIPP uses a facilitated team decision-making process to identify and meet the appropriate intensity of service support for the youth and caregiver through creative and flexible interventions that preserve the youth's current connections within his/her home, school, and community. The CIPP's goal is to improve placement preservation and increase placement stability, improve the youth's well-being and functioning by building and maintaining connections to family, social supports and community, access to and use of local, community-based support services, and improve the timeliness of interventions, prior to placement disruptions.

Analysis of administrative data indicates that improvements in placement stability in the year following CIPP meetings have occurred over time. However, most of the youth served by the program continued to experience one or more moves after the meeting. Also, consistent with this finding the permanency outcomes were low in FY20 with just 14% achieving permanency within a year after the meeting. In addition, hospitalizations, detentions, and runaway episodes occurred more frequently in the following year (17.5%, 8.8% and 13.4%, respectively).

The Erikson Institute DCFS Early Childhood Project, recognized there was a notable uptick in the number of CIPP (Clinical intervention and Placement Preservation) and clinical staffings attended by the Project staff from FY20 (260) to FY21 (291). This is due to an increase in the number of young children in care identified with significant needs requiring additional follow up and intervention. In FY22, because the number of CIPP/Clinical staffings to which the Project was invited continued to be higher (31 more in FY21 than FY20), and there was not an increase in Project staff, the Project has been unable to attend all the CIPP staffings for Birth-to-Five-Year-olds for which it received invitations. The Project received notification of 214 CIPP/Clinical staffings for children in care between July 1, 2021, and March 31, 2022 and attended 171 of those staffings. It is important to note that the number of staffings reported includes those meetings for which the Project receives email notification. It is not known whether there are additional CIPPs or Clinical staffings for children in care Birth to Five for which the Project did not receive an invitation.

The **Service Provider Identification and Exploration Resource (SPIDER)** is a comprehensive resource and is an easily accessible online tool with searchable information on community-based services for children and families. The SPIDER allows users to identify and locate DCFS-contracted and non-contracted service providers across Illinois and includes detailed agency and program specific information. The information on each program is extensive and includes eligibility criteria, service features, evidence-based practices, staff credentials, and more. The SPIDER supports the efforts of caseworkers by locating services in the catchment area in which the child has been placed, or near the school the child attended prior to removal from the home. The SPIDER is available to public and private agencies and may also be used to locate services as a preventative measure.

The SPIDER resource tool eventually plans on deploying a companion website to store short term resources (e.g., conferences, COVID or other quickly changing or perishable information), training materials, and other dynamic information.

Reunification Foster Care creates a team including the parent, caregiver, caseworker and the child. A Family Reunification Support Special Service Fee provides reimbursement for caregivers who team with parents to work toward reunification in eligible activities. This specialized type of foster care is aimed at identification of caregivers who are prepared to support family reunification and providing them the training and tools needed. To achieve reunification, foster parents serve as partners,

mentors, and role models for the family and are active participants in the process of reuniting a family.

The Department, **Permanency Enhancement Program** Initiative (PEP) The program aims to reduce and/or eliminate racial disproportionality and disparities of families and children of color in the Illinois Child Welfare System and thereby improve permanency outcomes. The methodology for the PEP is a systems approach to understanding how structural and/or institutional racism contextualizes child welfare practice in ways that create disparities in the determination of need and services for children and families of color. The disparities are created when services are presumptively allocated, poorly provided or inadequate in addressing a family's identified need. Disparities are also created when differences in service delivery are not justifiable based on a family's identified need, available agency resources or other objective criteria. In March 2021, the Permanency Summit Meeting between the Permanency Division Deputy Director, Regional Administrators, Chief of the Office of Racial Equity Practice, and University Partners to share information and identify mutual needs and aspirations.

Use of Existing Resources:

DCFS continues its commitment to join with community agencies and organizations to expand its focus, achieve common goals, and to facilitate supports to those with unmet needs, especially those in situations where the potential for abuse and neglect is heightened. These activities included expanding or enhancing community-based, prevention-focused programs and accessible, effective, culturally appropriate activities to strengthen and support families.

Programs funded through the Community-Based Child Abuse and Prevention (CBCAP) federal grant and matching funds are collectively diverse in population served and the types of primary and secondary prevention services offered. This promotes a wide variety of interests and collaborations across the state. These affiliations and cooperative agreements range from the creation and professional growth of the Coalition for Crisis Nurseries in Illinois, the statewide child abuse prevention coalitions at the community level, encompasses strengthen family programs, parent education and support groups.

Extensive child abuse and neglect prevention efforts in Illinois are provided by Prevent Child Abuse Illinois (PCA Illinois). Project staff members provide leadership and coordination for community-based **Child Abuse Prevention Coalitions**. Staff members facilitate meetings and help plan events. They also coordinate the activities of the coalitions with other groups, including IDCFS, the Family Violence Coordinating Council, the Children's Mental Health Partnership, and others. Support includes, coordinating Child Abuse Prevention month activities, developing resources, and addressing local issues.

PCA Illinois' **Child Sexual Abuse Prevention** Program supports efforts in the state to help prevent child sexual abuse and its devastating effects on children, families, and the greater society. In addition, the PCA Illinois Child Sexual Abuse Prevention Program

provides public awareness and educational materials and works in partnership with local and statewide Child Advocacy Centers and other agencies working on this issue.

Another collaborative event is the **Annual Prevent Child Abuse Illinois Statewide Conference**. The 2021 conference theme is: *Balance after Chaos: From SURVIVING TO THRIVING*. This is the 27th year that DCFS and Prevent Child Abuse Illinois have held the child abuse prevention conference. This two-day conference offers access to national speakers and cutting-edge information in the field of child abuse prevention, intervention and best practices. The conference features plenary speakers, breakout sessions and a special track of workshops designed specifically for home visitors. The conference rotates between the Chicago area and central Illinois and averages over 400 participants in attendance. This event is always well received by DCFS staff and professionals in other fields who works closely with children and families.

Promoting Infant Care and Safety Caring for a new baby can be a challenge even for the most experienced parent or caretaker. Some babies come with special challenges and often, best-practice recommendations on caring for an infant change from generation to generation. PCA Illinois works with parents, foster and adoptive parents, childcare providers, and professionals working with caregivers to understand the issues of safe sleep environments and infant crying, which has been known to trigger Shaken Baby Syndrome (Abusive Head Trauma) and other forms of abuse. PCA Illinois offers 3 programs underneath the “Safe Baby Program” umbrella.

The Happiest Baby on the Block is a curriculum developed by Dr. Harvey Karp. This curriculum teaches participants five simple techniques for soothing a crying infant. Six PCA Illinois staff, including the project director, all four Prevention Specialists, and the Healthy Families Associate, are certified Happiest Baby Educators. The Happiest Baby Program also addresses safe sleep environments and the dangers of shaking an infant or young child. The class provides hands-on practice of the five techniques. Parents are given a parent kit which includes a take home DVD and infant soothing CD. PCA Illinois’ Happiest Baby Program is made up of three base components which include providing parent training, assisting other programs and professionals to become certified Happiest Baby Educators, and providing resources for new and expectant parents.

Shaken Baby Syndrome Prevention Trainings (Abusive Head Trauma) is a medical term that describes the injuries that occur to infants who are violently shaken by an adult caregiver. The purpose of PCA Illinois’ *Shaking a Baby Can be Deadly Campaign* is to provide public awareness and education throughout the state on Shaken Baby Syndrome and its prevention. Components of this campaign include literature and material distribution, parent and professional training, and area wide Train-the-Trainer events. This program also covers safe sleep environments and educates everyone on the dangers of co-sleeping.

Safe Sleep Program offers training on the safe sleep habits of infants. Sleep safety is crucial when caring for a baby. In 2020, 111 sleep-related deaths occurred

in Illinois. Unsafe sleep is the leading cause of death for children one year old and younger. This tragedy can be prevented, and educating individuals on sleep safety and to remember the ABCs of safe sleep: Infants and babies should always sleep **A**lone, on their **B**acks, and in a safe **C**rib.

Addressing the Connection between Substance Abuse and Child Abuse involves DCFS and substance abuse treatment providers. PCA Illinois coordinates and facilitates two established DCFS/IDHS Division of Substance Use Prevention and Recovery workgroups in the Central and Southern regions, as well as provides cross-training and technical assistance between child welfare agencies and substance abuse treatment providers. Project staff help resolve referral issues and find needed treatment resources. They coordinate and provide community training on methamphetamine abuse and its impact on children, current drug trends, and other substance abuse issues. Staff serve on community anti-drug coalitions, partner with the Illinois State Police, the Drug Enforcement Association, local law enforcement agencies, substance abuse treatment providers, and others to address substance abuse issues. The Project Director chairs and coordinates the Metro East Methamphetamine and Other Drugs Conference annually which draws more than 400 attendees. Additionally, staff provides brochures and other educational material to professionals to help them work with families impacted by this issue.

DCFS supports PCA Illinois' work in close partnership with the Illinois Family Violence Coordinating Council (IFVCC), other violence prevention initiatives, and local domestic violence shelters to address the **Connection between Family Violence and Child Abuse**. Project staff chair committees, provide support material and resources, coordinate and provide training and cross-training on the connection between family violence and child abuse, provide technical assistance, and help resolve referral and service issues. In addition, staff develops training curricula, provides resources on the impact of domestic and family violence on children, and serve on statewide committees and workgroups.

We have been fortunate that PCA Illinois has provided leadership for **Child Abuse Prevention Month (CAP) Activities** for the past 23 years throughout Illinois. Activities include multiple launch events, media conferences, local community involvement, collaborative efforts with other groups, and a statewide calendar of events. There is a new theme each year for CAP Month, the theme this year was "Growing Better Together". This effort is in partnership with IDCFS and includes these additional components each year:

- Advisory Committee
- Regional Subcommittees
- Community Resource Packet
- Blue Ribbon campaigns
- Pinwheels for Prevention campaigns
- Social media campaigns
- Involvement of Child Abuse Prevention Coalitions

In addition, program staff conduct trainings, provide community workshops, organize Child Abuse Prevention month events, coordinate Child Abuse Prevention month committees, provide technical assistance, and distribute prevention materials.

PCA Illinois addresses the ***Impact of Childhood Trauma*** by providing education and awareness of the lifelong impact of childhood trauma and supports the development of trauma sensitive practices among the families and professionals of Illinois. Children who are exposed to complex trauma, including child abuse and neglect, face numerous risks.

Childhood trauma can impact brain development and traumatic experiences in childhood have been linked to increased physical and mental health issues that can last into adulthood. Project staff work with other agencies to develop a coordinated response to childhood trauma and trauma sensitive care, participate in and support the Illinois Childhood Trauma Coalition, coordinate and provide training on childhood trauma, secondary trauma and resilience, provide education about Adverse Childhood Experiences (ACEs), and assist others in accessing reference and resource materials in local communities across the state.

Through the help of the seven **Crisis Nurseries (CNs)**, thousands of families undergoing crises, stress and uncertainty utilize the 24-hour emergency shelter care program for children birth through six years of age, which provides a safe haven for children when their families are unable to care for them due to an emergency. The Crisis Nursery model uses evidence-based evidence, informed research, and best practice strategies as the framework for their ***Model of Care***. The model is built on a continuum of support services. The continuum of care ranges from prevention services, such as family activities, support groups, and referrals for additional services, through immediate crisis care support. The nursery provides both immediate help as well as longer term intervention/prevention family support to help stabilize the family. This support includes parent education classes, parent support groups, individual therapy, crisis counseling, and access to after-care services. Through this resource, families are more likely to remain intact, achieve safety and stability, and develop the protective factors that promote the well-being of parents and children and reduce the risk for negative outcomes. The CNs formed a coalition, and each CN is immersed to partner to share best practices to service children and families.

The Crisis Nursery Coalition of Illinois is a collaboration of Crisis Nurseries serving children and families using an emerging model of care through research and best practices that has demonstrated a collective impact since 1996. Family support programs also help families after the fact. Two of the nurseries are “stand alone” agencies while five others are located within a larger child welfare agency.

Children’s Home & Aid: Parents Care & Share. The program focuses on the principles of self-help, Children’s Home & Aid created a new program, Parents Care & Share. Parents Care & Share helps to meet the changing needs of families. Parents Care & Share creates a positive image that is welcoming to parents, grandparents and foster parents, the many faces of the caretakers of children. Parents Care & Share works closely with the membership of CIRCLE of Parents, a national network of mutual self-help support groups. In addition, Parent Care & Share continuously conducts outreach and distributes

surveys to community residents and members of the various groups facilitated by Parents Care and Share to support children and families within communities by incorporating new programs based from need assessments.

SPERO Family Service program offers hope, help, and healing by providing human services to meet the ever-changing needs of individuals, families, and communities. Services provided promote permanency by maintaining, strengthening and safeguarding the functioning of families.

Hobby Horse House of Jacksonville. Hobby Horse House’s mission is to provide services that promote individual and family growth through education, case management, and counseling. Through an evidence-based Nurturing Parenting model program, individuals and families are assisted in developing interpersonal skills and community connections to encourage the stabilization of the family. Services include parenting classes, transportation, meals, childcare, and 6-8 in-home parenting coaching sessions. Children participate in classes that mirror what the parents are learning.

In November 2021, a Notice of Funding Opportunity (NOFO) was posted for the Advancing Father – Fatherhood pilot project. The project will promote permanency by maintaining, strengthening, and safeguarding the functioning of families to:

1. to prevent substitute care placement,
2. promote family reunification,
3. stabilize foster care placements,
4. facilitate youth development, and
5. ensure the safety, permanency, and well-being of children.

Under this DCFS contractual agreement, the grantee will conduct activities facilitating the development and expansion of regional fatherhood coalition building while promoting community education and networking to establish new parent groups that foster fathers' parental involvement. The pilot project will also deliver mutual, self-help parent support groups for custodial and non-custodial fathers as a foundational community entry point of service for fathers in the Cook, McLean, and Winnebago counties. The Advancing Fathers Pilot Project has been developed to increase services to fathers and male caregivers in the community and fill the gap in community services available for fathers.

Home Visitation

The Home Visiting (HV) Supervisor and Home Visiting Specialists participate in state level committees relative to work in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant, coordinate with DCFS, Governor’s Office of Early Childhood, Start Early (formally known as the Ounce of Prevention), DHS and other state-wide efforts on community systems building. HV Supervisor and HV Specialists engage in cross-collaboration meetings with DCFS and private partner agency representatives in Cook County and statewide to explain home visiting as well as the array of early childhood supports. For 2021, the Erikson Institute and DCFS Early Childhood Project referred or

consulted with 94 home visiting agencies and DCFS collaborators across the state of Illinois to promote this service and to engage stakeholders.

Home Visiting Evaluation

DCFS is requesting an evaluation waiver for the two home visiting interventions, Healthy Families America (HFA) and Parents as Teachers (PAT), which are both listed as “well-supported” on the Title IV-E Prevention Services Clearinghouse. Chapin Hall at the University of Chicago will be responsible for implementing the Continuous Quality Improvement (CQI) plan for both home visiting interventions to monitor fidelity to the HFA and PAT models, to ensure that results of that monitoring will be used to improve practices, and to measure the outcomes that are achieved.

A new initiative by DCFS provides parents with knowledge and training about **Adverse Childhood Experiences (ACEs)**, which are events or experiences in children’s lives that are stressful or traumatic. DCFS works to engage and partner with parents, educating parents about ACEs will be instrumental in developing strategies for outreach. The Department and Children and Family Services recognizes by reducing ACEs it can prevent child maltreatment and provide better outcomes for children and families. The Lead Agency will work with Parent Advisory Coalitions, parents, community-based groups and organizations to:

- Improve the quality of programs and services
- Enhance relations between families and providers
- Develop new perspectives on how services should be delivered
- Trainings to parents to support engaging parents in leadership roles and activities

Illinois’ Child Abuse and Neglect prevention strategies include policies, programs, funding, providing resources and support for basic needs to promote safe and healthy children and families and build strong supportive networks within the communities.

CBCAP approach to combat child abuse, neglect and maltreatment of children is to form and strengthen partnerships with the State child prevention services agency, community social services agencies, schools, mental health organizations, churches, the public and parents. These partnerships work to enhance **Protective Factors** in families and communities. The protective factors that form a powerful framework to protect children and provide opportunities for better outcomes in preventive initiatives. The protective factors are:

1. Parental Resilience
2. Positive Social Connections
3. Concrete Support Services for Parents
4. Knowledge of Parenting and Child Development
5. Social and Emotional Competence of Children
6. Parent-Child Relationship

Protective Factor 1 – Parental Resilience

Resilience is the ability to handle everyday stressors and the ability to recover from occasional cares.

Protective Factor 2 – Positive Social Connections

CBCAP states that a social isolation and perceived lack of support are often two of the issues related to child abuse and neglect. Parents need the companionship of trusted family members and friends to serve as supports.

Protective Factor 3 – Concrete Support for Parents

CBCAP knows it is important for parents to have a concrete support to assist parents with basic resources: food, clothing, housing, transportation and access to essential services which include childcare and health care.

Protective Factor 4 – Knowledge of Parenting and Child Development

Refers to the practices and discipline and being both more effective and more nurturing when parents know how to enforce and set limits, and encourage appropriate behaviors based on the child's age and level of development.

Protective Factor 5 – Social and Emotional Competence of Children

The social and emotional development of you children plays a critical role in their cognitive skill building, social competence, mental health and overall wellbeing. When children have the right tools for healthy emotional expression, parents are better able to respond to their needs.

Protective Factor 6 – Parent-Child Relationship

Provide opportunities for parents and children to spend fun time together. Support home visiting programs.

New Strategies and Resources

DCFS is shifting toward funding the support-**Evidence Based (EB) and Evidence Informed (EI)** child abuse prevention programs and practices. This process is intended to help programs move toward evidence-informed and evidence-based programming to better support and serve families in their communities. Using EB documentation supports CBCAP in reviewing existing continuum of prevention efforts and an opportunity to identify strategies to serve families along the continuum. The Department of Children and Family

Services will increase the use of EB and EI programs and practices because they have shown to effectively address the unmet needs of preventive clients based on needs assessments.

In addition, DCFS will use ***Continuous Quality Improvement (CQI)*** reviews of programing activities to ensure that programs are systematically and intentionally increasing positive outcomes for the families and children the state serves. This process involves: collecting data, reviewing and analyzing data and adjusting practices based on findings.

On March 11, 2021, President Biden signed into law the American Rescue Plan Act. This law included supplemental funding for both the CAPTA and CBCAP allotment for the Department. In FY22 and FY23, prevention programs were allocated additional funding to expand programs and services. The Department will also utilize this funding to develop new community-based prevention programs.

The Illinois Department of Children and Family Services will continue its commitment to join additional agencies, coalitions and organizations to expand its focus, achieve common goals and to facilitate supports to those with unmet needs, especially those in situations where the potential for abuse and neglect are heightened. These collaborative efforts will ensure consistency, accessibility, accountability and the efficient use of primary and secondary prevention services and resources.