Prevention

AS IS	CHILD FIRST
Lack of adequate and accurate assessment of child well-being • *Current assessments do not consider intergenerational poverty, trauma, and addiction* • *System is not designed to identify and address resource needs* • *Specialization is needed to accurately assess needs*	Achieving a child's well-being in the family is the goal • Assessing how we might maintain child well-being in the family environment
Lack of resources • *Mental health* • *Substance abuse* • *Physical health* • *Childcare and respite care* • *Education supports; i.e., tutoring, school supplies, post-secondary* • *Housing* • *Food* • *Employment* • *Financial services and literacy* o *Government benefits enrollment*	Immediate, ongoing access to supportive services • Wraparound, respite, SNAP, etc., so we can easily identify if a child can remain in their home (i.e., if children are still unfed) • Community and network support
Lack of support for parenting skills development • *No parental advocacy* • *Parents are not ready or able to be parents, no solutions to support them* o *Individual versus intergenerational issues, poverty, trauma* • *Parents not motivated or wanting to be parents*	Expectations and standards for parents • Parental engagement: parent classes, clear standards to meet • Frequent check-ins and assessment and reassessment • Parents achieving standards of care for their child(ren)
Lack of an integrated, inclusive approach to prevention • *No cross-partner or agency collaboration for all agencies involved in the family and child's life (school, doctor, etc.)* • *The approach is punitive, adversarial* • *Lack of cultural competence, inclusion*	Team approach to decision making focused on child well-being • Start of the Child Well-Being Team as subsequently described • Child welfare is responsible for assessing and monitoring a child's well-being

In Care

AS IS	CHILD FIRST
Reunification is the goal • *Lack of measurement of child well-being and progress* • *Well-being of caregiver and youth not addressed*	Child well-being is the goal, not a prescribed outcome such as reunification currently
Lack of normalcy • *Isolation of youth and caregivers* • *Lack of peer networks* • *Lack of connection to family*	Normalcy for children and caregivers • People working in the system who have empathy (versus sympathy), lived experience • Youth able to do what other children do • Caregivers able to act like normal caregivers • Reduced isolation of all parties

- *Youth not treated like nonfoster care among peers or biological children in placement* - *Lack of safety, nurturing, love, family environment* *Absence of collaborative team approach and youth and caregiver involvement in decision making* - *Youth not involved in caregiver recruitment or placement decisions* - *Caregivers not involved in placement decisions and no matching or assessment* - *System inefficiencies and red tape hinder permanency on child welfare side and court side* - *Lack of ability for caregivers and youth to provide feedback to evaluate agency performance or if there is, actions are invisible* - *Caregivers not treated with respect, not treated as valued member* - *Lack of contact and communication among caregivers, workers, youth* - *Worker caseload too high*	- Respite - Community and network support The Child Well-Being Team is driven by unique child needs (hyper personalized), individuality - Driven by unique child needs and hyper-personalization - Inclusive of all influential people in the child's life - Matching child to a team of people and workers - Youth and caregivers have a seat at the table, treated as professionals - Emphasis on cultural competence and youth voice - Consideration of the environment and potential changes to the court experience - Judge serves as a mediator - Effective communication and transparency - Ensuring child safety and well-being through ongoing monitoring and adjustment - Emphasis on cognitive flexibility and team growth with the youth
Lack of access to appropriate supportive services for both caregivers and youth - *Lack of auto enrollment* - *Matching of quality and intensity of services* - *Lack of training and support for foster and kinship families* - *Financial burden on foster and kinship families* - *Lack of respite care* - *Youth aren't prepared with life skills for self-sufficiency*	Access to resources and supportive services - Services follow the child; not start and stop - The Child Well-Being Team can fast-track access - Integrated community and network support
Suboptimal caregivers - *Barriers exclude good families and include suboptimal families* - *Ineffective recruitment, stigma, misinformation about being a foster parent* - *Lack of transparency and honesty, red tape related to becoming a foster parent* - *Lack of appropriate standards for caregiving and caregivers* - *Lack of ongoing evaluation regarding placement fit between youth and caregivers* - *No or limited nontraditional family placement options* - *Lack of safety; need for safe, nurturing, loving foster homes*	Needs-specific and optimized caregivers - Matching based on need, cultural competence, caregiving skills, etc. - Changing who can be a caregiver; broad spectrum of caregivers, and the solution that works best depends on the child (kinship is not always best); many models can work (i.e., during the week they are with one family, weekends another, group home sometimes, biological family sometimes); doesn't have to be so binary (all or nothing), i.e., shared custody - It doesn't have to be a family placement, but could be institutional, boarding school, hybrid, etc. - How to assess a good caregiving relationship

Biological family leniency negatively affects permanency *Lack of resources for biological families negatively affects permanency* *Lack of resources and supportive services for caregivers* *Lack of training for caregivers*	- How to recruit and retain good caregivers - Respite - Transition support, grieving support for both child and caregiver

Exit from Care

AS IS	CHILD FIRST
Lack of youth involvement *Lack of youth choice regarding exit path to permanency or self sufficiency* *Lack of youth involvement in transition to permanency or reunification*	Focus on youth preference and well‑being regarding path choice - Self‑sufficiency regardless of path - Youth choice is factored into exit decision making
Absence of an extended and intensified transitional phase for children; lack of or inconsistent slow, measured, gentle transition, regardless of type *For example, visitation with biological families may happen too soon or be forced; vital documents are not provided timely or at all; transition to adulthood is not measured nor do youth feel prepared* *Youth perceive a deficiency in financial independence and literacy* *Youth lack access to services and supports to learn skills of self‑sufficiency* *Services include housing, postsecondary education employment, enrollment in government benefits and other social supports* *Lack of peer support, mentorship, and other social support networks* *Lack of continuity of supportive services after transition and case closure* *Lack of mental health and emotional support during transition, lack of family therapy* *Lack of community for similar youth and families*	Smooth transition to maintain well‑being - Readiness assessment for transition - Structured step‑down approach determined by the Child Well‑Being Team - Immediate and ongoing access to services such as mental health support, government benefits, substance abuse assistance, respite care, education, and employment - Community and network of support - Support for transition to adulthood and permanency pathway for older youth - Assessment based on demonstration of skills or knowledge attainment - Connection to support pathway for youth unable to achieve readiness threshold, such as commercially sexually exploited children or those with felony charges impacting housing and financial stability
Lack of oversight, evaluation and vigilance after exit *Lack of safety net, e.g., check‑in, ability to call for help, continued contact with social worker or foster family* *Lack of ensuring basic needs are met after case closure*	Oversight, check‑ins, measuring progress (as needed, and cycles back to top); this determines milestones for stepping down to the next step