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How can investigation, removal, and placement processes be more trauma-informed?

The child welfare system processes of investigation, removal, and placement — although initiated to protect children from abuse or neglect — are in and of themselves traumatic events for children and their families. Child protection agencies are beginning to recognize that the trauma caused by their interventions must be taken into consideration when making decisions about the safety of children, and they are exploring how these interventions can be implemented in ways that minimize additional harm.

In many cases, the best way to prevent further trauma will be to support families in keeping their children safe at home, thereby negating the trauma associated with family separation. This may involve identifying and encouraging the **availability of flexible funding for [in-home services](#) and [economic and concrete supports](#)** that can improve or eliminate conditions that led to the initial report of child maltreatment. It also may involve supporting the creation of a **wider menu of treatment options** that allow children to remain safely with their parents during service delivery, such as [residential substance use disorder treatment](#).

This brief explores trauma-sensitive casework practices that child protection agencies should employ when investigations, removals, and placements occur.¹ Agencies can do much more systemwide to address trauma and promote healing for children and families. For additional information about trauma-informed, healing-centered approaches, see the following Casey Family Programs briefs:

- [How do investigation, removal, and placement cause trauma for families?](#)
- [What are key principles child protection agencies should follow when providing trauma treatment and healing-centered services?](#)
- [How are child protection agencies implementing trauma-informed, healing-centered policies and practices?](#)

“The doctor who reported my family never talked to us about her concerns or offered our family help prior to my child’s birth. A few years later, she was recognized with an award for the number of families she reported to CPS. What if we celebrated all the families that were supported and offered prevention services before their child was born? *That* would be a celebration.”

—Jarrod Hummer, Parent, Indiana

Investigation

The child welfare system investigates millions of allegations of child abuse or neglect each year. In many communities, particularly those affected by racial disparities and oversurveillance, the mere mention of “CPS” carries negative, traumatic connotations. Studies show that even when parents have had no contact with CPS themselves, they often hold negative beliefs about the child protection agency and its staff, and carry negative assumptions about what is likely to happen as a result of an abuse or neglect investigation— even one that is unwarranted.² These beliefs can complicate agencies’ efforts to engage parents and fully understand a family’s needs.³ Addressing past harms through [truth and reconciliation](#) with affected groups, and re-imagining the child protection agency as a source of local services and individualized support, are processes that require time, commitment, and engagement at multiple levels.

In many cases, a family’s first interaction with a child protection agency occurs when a CPS investigator appears unannounced at the door. Parents’ first impressions — whether the investigator seems trustworthy, communicates clearly and respectfully, and is able to respond calmly and compassionately to parents’ emotions — can significantly influence parental engagement throughout the life of a case. Some agencies have begun **placing caseworkers in community settings** to counter the negative perceptions residents may have of CPS and to connect families with neighborhood resources more effectively.⁴ Other agencies have adopted a [differential response pathway, community pathways under the Family First Prevention Services Act](#), or local [peer and community care networks](#) as alternatives to a CPS investigation for assessing and addressing family situations and needs. Families may interpret these approaches as less threatening — and therefore less traumatic — ways of engaging them.

Whether conducting an investigation or an alternative assessment, child protection agencies can infuse trauma-sensitive practices into the process. Agencies can provide **caseworker training** to enhance communication and relationship-building skills, and they can **keep caseloads manageable** so caseworkers can spend more time with children and families.⁵ Staff can **team with** [parent partners](#) or **other professionals** — such as a public health nurse, domestic violence advocate, or cultural broker — who can accompany them on investigations when appropriate. Agency leaders can develop policies around when, where, and how many interviews take place to support family engagement, minimize the trauma of forcing families to repeat their story, and respect family privacy.

“Sometimes youth are telling what happened over and over again to so many people that it desensitizes them to their own experiences. That makes it really hard to process trauma later, because at some point, you just stop feeling. We need to minimize the number of people that youth have to talk to by improving communication within the system. Create a point person who can share the youth’s story with other professionals as needed. And work on getting youth a therapist as soon as possible, so they can begin to work through their trauma.”

—Rowan Grae, Youth, Indiana

Removal

Removal is one of the most consequential decisions that a child protection agency will make and therefore should be approached cautiously and conservatively. While family separation may protect some children from future harm, it also may *cause* harm to a larger group of children who come to the attention of the agency but could have been served safely in their own homes. Understanding the effects of removal and abiding by a standard similar to that of the medical field — “first, do no harm” — can help agencies approach this key decision-point with a trauma-informed lens.⁶

This is especially important in cases where the maltreatment has not been egregious — so-called “grey cases” or “cases on the margin.” Results from one study suggest children who were the subject of a maltreatment investigation and subsequently placed in foster care had higher delinquency rates, teen birth rates, and lower earnings as adults when compared to children who also were the subject of an investigation but not removed from their families. In “marginal cases,” where one group of investigators would remove while another would not, study results suggested that children tend to have better outcomes when they remain at home, especially older children.⁷

If removal is necessary, it is important to **prepare children and families for removal in advance** whenever possible. Conduct family-team conferences prior to removal, when feasible, so that the family can plan together for safety and identify placement resources.⁸ Older youth, if they desire and are able, should be included in these conversations. Planning removals in advance allows the family and the team to focus on the child’s needs and develop the least traumatic plan possible for the child, including a plan for family time so that both the parents and the child know when they will see each other again. Invite family members to be present at the time of removal, if possible, to support both the parent and child.

“No one asked me, ‘Do you have someone who can take your daughter?’ I didn’t know that I could suggest family members. Having someone at the removal, like a grandparent or aunt who lives nearby and is willing to be that warm hand off to the safety plan, allows the children to be with someone they know rather than a stranger. This helps to alleviate some of the stress for the family.”

—Roger DeLeon, Parent, California

Effective [partnerships with law enforcement](#), including information-sharing agreements and cross-training around trauma, de-escalation, and engagement, have the potential to increase safety for families and caseworkers while easing some elements of the decision-making and removal process that create trauma for children.

Caseworker training to minimize trauma at the point of removal is key. To keep the situation as low-conflict as possible, agencies can encourage and train caseworkers in techniques to calm intense reactions from parents, as children pick up on the levels of stress of the adults around them. Caseworkers also need training in how to provide traumatized children **repeated opportunities to express their needs and ask questions**. Children experiencing trauma may not process information the first time it is given and may not understand the sequence of events. To provide children an enhanced sense of control and trust, they should be asked frequently what they need to feel comfortable.

Parents should be involved, to the extent they are willing and able, in preparing the child for the placement transition, such as identifying items of comfort for the child. The agency can support this by sending staff out in **casework teams**, so that one can attend to the child or children, while the other supports the parent. The agency also may partner with other organizations to provide suitcases, backpacks, and other travel items so that children’s belongings are transported with care and respect, rather than in garbage bags.

“When children are removed, having an initial icebreaker phone call between their parents and resource parents at the time of placement can help to decrease trauma for the child and parent.”

—Melissa Zimmerman, Parent, Arizona

Placement

When placement outside of the home is necessary, familiar people and settings can help minimize trauma to the child. This is best accomplished through a [kin-first approach](#), in which placement with kin is the expectation and non-relative foster placements are the exception. Children [placed with relatives](#) are more likely to live with or stay connected to their siblings, as well as stay connected to their community and culture, all of which can help reduce trauma.⁹

Agencies should **prioritize [family finding](#)** strategies from the beginning of a case to identify relative placement options and potential permanent connections. States should take advantage of federal regulations that support the creation of separate and **simplified processes for [licensing or approving kinship caregivers](#)**.¹⁰ They also should ensure that family members receive the same financial support that any other foster home would receive and avail themselves of flexible funding options to address barriers to kinship placement, such as modifications to a kinship caregiver’s home.

“When I took in my goddaughter, payment for her clothes and other resources didn’t come until she was already back home with her mother. No one asked me if I would be financially okay until then. The process for getting supports to kinship caregivers should be clearer and much faster.”

—Samaris Rose, Resource Caregiver, Connecticut

Considerable research has been done on the importance of sibling bonds to support the sense of belonging, stability, and well-being of children in foster care.¹¹ Child protection agencies can establish formal policies that prioritize the importance of sibling connections by [keeping siblings together](#) when possible or providing frequent and meaningful visits between siblings when placement together is not possible.

When kinship care is not an option, agency policy and practice should support **placing children in their own neighborhoods and schools**, and in families that can **preserve their connections to familiar language and culture**. It is important for children to experience normalcy,¹² which may be achieved through participation in familiar activities and those that build resilience and self-esteem, such as athletics and extracurricular activities.

[Recruitment](#) of resource families is essential so that if a relative is not available, an appropriate foster placement can be identified before removing the child or sibling group. The philosophy of “first placement, best placement”¹³ encourages finding a good match for the child’s needs on the very first placement, to avoid placing children with temporary caregivers or in group care settings such as crisis nurseries, emergency shelters, diagnostic facilities, or receiving centers. This is particularly important for younger children, given their attachment needs.

Training and preparation of kinship and resource caregivers should address child and family trauma. It is important to prepare caregivers for the many ways that trauma can manifest in children's behavior, including developmental regression and delays, withdrawal, aggression, and sleep disturbance. Prior to the placement of a child, the caregiver needs to be given as much information as possible about the child's history and trauma-related behaviors. Without it, caregivers are less likely to understand a child's behavioral motives and more likely to ask that the child be moved to another placement, which causes further trauma.¹⁴

Forming secure attachments, and knowing how to develop them, have implications for a child that will extend into adulthood. Children with secure attachments are more likely to develop positive relationships with peers and teachers, do better in school, and demonstrate resiliency than children with insecure attachments. Child protection agencies can seek ways to **support secure attachments between young children and kin caregivers or resource families** through training and ongoing support. Interventions such as [Parent-Child Interaction Therapy](#), [Attachment and Biobehavioral Catch-up](#), and [Treatment Foster Care Oregon](#)¹⁵ have helped to enhance attachment between children and their caregiver, decrease behavior problems, and potentially reduce the risk of placement disruption.¹⁶

Similar strategies should be used to support children in maintaining and rebuilding their attachments with their birth parents, both during time apart and after the family is reunified. In particular, **immediate, frequent, and regular family time** is critical to reduce the trauma of separation. Studies have shown that foster parent attitudes toward children's time with parents can affect children's adjustment during and after visits, particularly very young children.¹⁷ Training caseworkers to explore and honor resource caregivers' concerns, and involving them in visits when appropriate, may lead to more successful family time. For older children, seeing birth and resource caregivers work together may help to reduce feelings of guilt and conflicts of loyalty.¹⁸

Agencies also can encourage and train caseworkers to **engage birth parents and resource caregivers in frequent, meaningful communication and teamwork** to support children. Training about the trauma that parents experience as a result of family separation can help resource caregivers build empathy and avoid taking parents' behavior personally. Early communication between the birth parent and resource families can help the caregiver comfort the child with familiar objects, foods, and routines. The [Quality Parenting Initiative](#), a strategy of the Youth Law Center currently implemented in 80 sites across 10 states, aims to prevent trauma for children in foster care by focusing on providing effective, loving parenting. Teamwork between birth and resource families is essential to this approach and an explicit expectation of all kin and resource caregivers.

¹ Content of this brief was informed through ongoing consultation with members of the Knowledge Management Lived Experience Advisory Board. This team includes youth, parents, kinship caregivers, and foster parents with lived experience of the child welfare system who serve as strategic partners with Family Voices United, a collaboration between FosterClub, Generations United, the Children's Trust Fund Alliance, and Casey Family Programs. Members who contributed to this brief include: Bernadine Atchison, Katie Biron, Roger DeLeon, Rowan Grae, Jarrod Hummer, Samaris Rose, and Melissa Zimmerman.

² Merritt, D.H. (2021). [Documenting experiences and interactions with child protective services](#). *Focus (Madison)*, 37, 3-10.

³ Fong, K. (2019). [Concealment and constraint: Child protective services fears and poor mothers' institutional engagement](#). *Social Forces*, 97(4), 1785–1810.

⁴ Daro, D., (2005). [Community Partnerships for Protecting Children: Phase II Outcome Evaluation](#). Chicago, IL: Chapin Hall.

⁵ The National Child Traumatic Stress Network. (2020). [Child welfare trauma training toolkit](#).

⁶ See: [What is a well-functioning child protection agency?](#) (Casey Family Programs, 2023) and [Conversation – Child Welfare and Its Limits](#) (The University of Chicago SSA Magazine, 2012).

⁷ Doyle, J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review*, 97(5), 1583-610.

⁸ Team decision making is one approach to these conferences. For example, see: [Team decision making: Key resources for assessing child risk and safety](#) (Annie E. Casey Foundation, 2019).

⁹ Redlich Epstein, H. (2017). [Kinship care is better for children and families](#). *ABA Child Law Practice* 36(4).

¹⁰ U.S. Department of Health and Human Services, Administration for Children and Families. (2023). [Separate licensing or approval standards for relative or kinship foster family homes](#).

¹¹ Child Welfare Information Gateway. (2019). [Sibling issues in foster care and adoption](#).

¹² Capacity Building Center for States. (2024). [Spotlight on defining normalcy](#).

¹³ See, for example: [Placement selection and standards](#) (Children's Foster Care Manual, Michigan DHHS).

¹⁴ National Child Traumatic Stress Network. (2016). [Resource parent curriculum training modules](#).

¹⁵ Treatment Foster Care Oregon was formerly known as Multidimensional Treatment Foster Care.

¹⁶ Dalgard, N.T., Filges, T., Vinholt, B.C.A., and Pontoppidan, M. (2022). [Parenting interventions to support parent/child attachment and psychosocial adjustment in foster and adoptive parents and children: A systematic review](#). *Campbell Systematic Reviews*.

¹⁷ Troutman, B. (2011). [The effects of foster care placement on young children's mental health](#).

¹⁸ Partners for Our Children (2011). [Family visitation in child welfare: Helping children cope with separation while in foster care](#).

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families in the United States. By working together, we can create a nation where Communities of Hope provide the support and opportunities that children and families need to thrive. Founded in 1966, we work in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and with tribal nations across North America to influence long-lasting improvements to the well-being of children, families and the communities where they live.

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