DRAFT

STRATEGIES TO KEEP CHILDREN SAFE: WHY COMMUNITY PARTNERSHIPS WILL MAKE A DIFFERENCE

Prepared for the
Edna McConnell Clark Foundation's
Community Partnership for Protecting Children
by
The Center for the Study of Social Policy

October 1997

STRATEGIES TO KEEP CHILDREN SAFE:
WHY COMMUNITY PARTNERSHIPS WILL MAKE A DIFFERENCE

Table of Contents

INTRODUCTION 1

I. WHAT DO WE KNOW ABOUT CHILD ABUSE AND NEGLECT? 5

II. CURRENT RESPONSES TO CHILD ABUSE AND NEGLECT 12

III. THE INITIATIVE'S STRATEGIES 15

A. An individualized course of action for each child and family identified by community members as being at substantial risk of child abuse and neglect. 18

B. A network of neighborhood and community supports 22

C. New policies, practices, roles and responsibilities within the public CPS agency 28

D. A collaborative decision-making capacity to guide and sustain the partnership. 32

IV. PUTTING THE PIECES TOGETHER: AN ILLUSTRATION 40

STRATEGIES TO KEEP CHILDREN SAFE:
WHY COMMUNITY PARTNERSHIPS WILL MAKE A DIFFERENCE

INTRODUCTION

The Edna McConnell Clark Foundation's initiative, Community Partnerships to Protect Children (CPPC), seeks to develop and demonstrate the effectiveness of a new approach to child protection.

The initiative is designed to accomplish three important outcomes:

1 *To assure that children in the neighborhoods targeted by the initiative will be less likely to be abused and/or neglected;*

2. *To assure that children who come to the attention of CPS will be less likely to be re-abused and/or neglected; and*

3. *To reduce the rate of serious injury to children in the targeted neighborhoods due to abuse and neglect.*

To help accomplish these outcomes, the Foundation has asked participating sites to use four broadly defined strategies as they implement the initiative. These emerged in large measure from the work of the sites themselves, and from the Foundation's and the Center's close observation of that work. Now, the Foundation has refined these strategies after reviewing a wide range of information about "what works" and "what doesn't" to protect children, including research and evaluation reports, documented field experience, advice from expert practitioners, and most recently additional feedback from people in the four sites that are implementing community partnerships. In addition, because the initiative involves many aspects of community-level systems change, the initiative's planners have been especially alert to the lessons learned by similar state and local reform efforts in recent years.

Based on all of this information, the Foundation believes that the four strategies can help communities achieve the initiative's three outcomes—if the strategies are implemented by sites in a way that is responsive to local conditions, are linked together effectively so that they form a coherent "system" of child protection, and are carried out with attention to the essential characteristics on which their effectiveness rests (based on what we know from prior research and experience).

The first strategy focuses on frontline practice and the way in which families are actually helped to learn new behaviors. It involves developing ***an individualized course of action focused on child safety for each child and family who is identified by community members as being at substantial risk of child abuse or neglect.*** In general, this "course of action" will reduce the factors in a family's life which interfere with effective parenting; strengthen families' connections to relatives, friends, faith communities, and other sources of support; and ensure that family members have formal services (e.g., substance abuse treatment, mental health services, job training) when these are necessary. Through this action plan—or *safety plan*, or *family support plan*, as some communities may call it—the child's family, other concerned individuals, informal neighborhood supports, and public and private agency resources work together to ensure each child's safety and well-being.

The second strategy is designed to ensure that the "individual courses of action" are produced reliably and are extended to the neighborhood's children and families who most need them. This strategy involves organizing ***a network of neighborhood and community supports*** that ensures that families identified as being at substantial risk of child abuse and neglect are reached, connected to resources that can provide ongoing support, and actually helped. The network plays many key roles in "operationalizing" the community partnership approach, including (a) identifying and reaching out to children and families who are vulnerable to child maltreatment; (b) developing a "neighborhood place" to house teams of child protective services and other agency staff as well as neighborhood helpers who are trained to develop the individualized plans that keep children safe and support families; and (c) coordinating essential resources—schools, mental health and substance abuse

resources, domestic violence providers, police, health care facilities, family support programs and citizens—as they assume new responsibilities for supporting families and safeguarding children.

The third strategy highlights the role of the public child protective services (CPS) agency in developing and sustaining community partnerships. ***New policies and practices, as well as new roles and responsibilities, will be required within the CPS agency*** in order to support the community and neighborhood-based approaches that experience indicates are more successful for many families. Of course, CPS is not unique in this respect; many partners will have to (and will want to) change policies and practices as the partnership moves forward. However, the CPS agency has the legal mandate for child protection, and thus must be a leader in demonstrating new approaches and in organizing the neighborhood networks. It is also asked to (a) transform traditional investigations of child maltreatment to incorporate individualized and family-centered approaches; (b) intensify attention to families in which a recurrent pattern of child maltreatment has been identified, in order to stop this cycle; (c) consult with partner agencies and community groups as they take more responsibility for child safety (including participating in safety planning for all children identified as at significant risk of abuse and neglect); and (d) perform a leadership role in organizing the community partnership.

The fourth strategy is the "glue" that holds the community partnership together over time. Each CPPC is asked to develop a ***collaborative decision-making capacity to guide and sustain the partnership, and to ensure that its strategies have the scope, resources, and public support needed to achieve the desired results.*** The community partnership approach requires consistent leadership and oversight. This is provided through a decision-making process—a steering committee, a governing council, or another mechanism—designed to meet the unique needs of each partnership. Over time, this group carries out multiple responsibilities: (a) defining the core mission, scope, and purpose of the community partnership; (b) agreeing on the specific strategies that will achieve the three outcomes; (c) "self-evaluating" the partnership's strategies, and improving the strategies as necessary; (d) informing and mobilizing neighborhood residents and the broader public to promote

child and family safety; (e) linking the community partnership initiative to other important human service and community development initiatives; and (f) helping eventually to expand the initiative, working with local and state governmental and governance entities as necessary.

Many elements of these strategies have been used in some form by public agencies or local communities as they have sought to increase children's safety. Thus, there is experience (and in some cases evaluative data) that suggests that the component parts of the community partnership approach can work. What makes the Foundation's approach unique is that it combines these strategies within the same site. The challenge of keeping children safe can only be met if communities implement a number of "best practices" and "promising practices" simultaneously, thereby creating a coherent, comprehensive, and sustained response to the problem of child maltreatment. Partial approaches may result in good outcomes for a few families. However, none of the partial approaches documented in the literature has been implemented on a scale that enables public sector administrators and local leaders to address the problem of child maltreatment neighborhood wide. To achieve this goal, a more systemic response is required.

This paper explains why the Foundation believes that the Community Partnership approach, as outlined above, will help communities accomplish the desired outcomes. It summarizes the reasoning and the evidence by which the initiative's designers decided that the four strategies can help reduce both the initial occurrence and the recurrence of behaviors identified as child abuse and neglect. The paper has several audiences. For people in the sites, it presents the most detailed description so far of the initiative's four strategies and how they must interact in order to be effective. For sites and for evaluators, the paper presents the initiative's "theory of change," that is, the reasoning as to why these particular strategies will be effective in accomplishing the initiative's outcomes.

The paper has four sections.

- The first focuses on what we know about the root problem of child abuse and neglect. What is it? What factors are associated with its occurrence? How has this knowledge influenced the initiative's design?

- Section II summarizes knowledge about what works, and what does not, in current responses to child maltreatment. In designing a community initiative, what are the crucial characteristics of an effective response to abuse and neglect? What parts of the current system should be kept, and which parts will have to change?

- Section III provides detailed descriptions of the initiative's four core strategies. Why were these chosen? What evidence do we have that the various components of these strategies will work? Given that *how* these strategies are implemented makes all the difference in whether they are successful, what are the suggestions and expectations for sites' implementation that increase the likelihood of success?

- Section IV tries to weave the many threads of the initiative's design together again, after examining each separately in the preceding sections. We have tried to put together the "logic trail" that makes us think that these four core strategies, adapted to the resources of each site and guided by their local knowledge and creativity, will achieve the initiative's three outcomes.

I. WHAT DO WE KNOW ABOUT CHILD ABUSE AND NEGLECT?

The design of any initiative begins with a solid understanding of the problem it is trying to solve. For this initiative, there is a wealth of information to draw upon. Extensive research has been done on

child maltreatment, and we know a lot about the factors that are associated with increased risks of abuse and neglect as well as the factors that mitigate those risks.

What is child abuse and neglect? "Child abuse" and "child neglect" are general terms that cover a range of behaviors that result in harm to children. States define the terms differently, but a generally accepted definition is that *child abuse and neglect are behaviors of parents or other caretakers that result in demonstrable physical or emotional harm to a child, or that, through lack of supervision, threaten the safety and well-being of the child.* While this definition seems straightforward, its implications for public policy and community practice are quite complex. In particular, the initiative has had to recognize and address two aspects of the definition which affect any innovations: (1) the degree of subjectivity in defining what constitutes "demonstrable harm," and (2) the fact that this definition emphasizes "incidents" of child maltreatment rather than longer standing behavior patterns. Each is worth a brief discussion.

What constitutes "demonstrable physical or emotional harm" to a child changes as societal norms change. Overall, the legal and public policy definition of abuse and neglect has broadened steadily since the 1960's, when most states passed their initial child protection legislation. As examples: twenty years ago spankings which left bruises were rarely viewed as child abuse; today, in most states, they are. Even a decade ago, most states' child neglect definitions would not have included a mother's leaving her young children unattended for short periods of time. Now, that behavior is frequently grounds for confirming a case of child neglect. New threats to children's safety have led to further broadening of legal definitions. For example, the fact that many babies of crack/cocaine addicted mothers were born with positive drug toxicologies led quickly to states laws categorizing any such births as a confirmed incident of child neglect.

Judgements about harm to children vary among population groups as well, based on what is viewed as normative parenting. In some urban neighborhoods, for example, harsh physical punishment is not viewed as abuse, but as normal and necessary discipline—to "save children from the streets." The

same actions by parents in safer neighborhoods might trigger outrage. Similarly, some parents are shocked when they are informed that leaving their young children unsupervised at home has been reported as child neglect; other parents are so concerned that they call child protective services when they see young children left alone. These variations in what is viewed as acceptable parental behavior—and by extension, what is viewed as child maltreatment—complicate the operational, "in the field" definition of abuse and neglect as well as the statutory definition.

The second definitional problem concerns the current emphasis on defining an "incident" of child maltreatment, rather than a pattern. In the interests of clarity, most states have defined very specific caretaker behaviors as abuse and neglect. This has led the public to view child abuse and neglect as either a specific act or as a specific "syndrome" (i.e., using a disease model of human behavior). Yet, as described below, research indicates that often the most severe harm to children emerges from chronic patterns of parental behavior. Within these patterns, individual "incidents" may not even rise to the threshold of legally defined maltreatment, but the cumulative effect harms the child. Conversely, a single incident—e.g., a one time blow to a child in anger—may meet the legal standard but have few if any ill effects in the long run.

The initiative has had to pay attention to all aspects of the definition. Thus, the initiative recognizes and adheres to each participating state's statutory definition. After all, those definitions remain in full force and most be accommodated. At the same time, the initiative's strategies recognize that to prevent child abuse and neglect, participating communities need to see these behaviors in a much broader context of acceptable and unacceptable parenting, and with a more careful view of the family and parental behavior patterns that really create risks for children.

What causes child abuse and neglect? According to all available data, the incidence of child abuse and neglect is on the rise. In the latest year for which data are available (1995), almost two million reports of abuse and neglect and three million children were investigated by public agencies. Of

these, approximately 37%, were substantiated (i.e., were cases in which the CPS agency determined that abuse/neglect was likely to have occurred).[1]

Child neglect is a more frequently reported problem than physical or sexual abuse. Among substantiated reports of child maltreatment in 1995, child neglect accounted for 52%, physical abuse 25%, and sexual abuse 13%.[2] (Because some states report more than one type of maltreatment per victim, the total does not equal 100%.) Under both the abuse and neglect categories, actual parental behaviors and the extent of child injuries vary widely, from leaving a child unattended (neglect), to failing to provide proper nutrition (also neglect), to severe spanking that leaves long-lasting marks (abuse, in most states), to extraordinary deprivation and torture of children.

While much is known about the factors which contribute to child abuse and neglect, there is no one factor, or any ten factors, that "always" produce child maltreatment. Instead, we know that maltreatment is strongly associated with certain parental, family, child, and neighborhood characteristics.

For example, a number of *parental factors* have been found to be consistently associated with maltreatment. Characteristics often associated with neglectful parents are high levels of depression,[3] inappropriate expectations of their children, a pattern of negative interactions with their children, [4] and high levels of psychological distress in the form of loneliness, fears, and feelings of helplessness.[5] Abusing caretakers share many of these characteristics. While hostile and explosive personalities are significantly related to harsh parenting and abuse,[6] depression is also a key factor.[7] Even more than with neglectful parents, abusive caretakers display high expectations of their children's behavior which can lead them to view their child's behavior as deviant.[8] Parents who believe in the appropriateness of physical discipline and who also have high expectations of their children's behavior are more likely to engage in harsh parenting. As documented in the literature, a recurrent pattern of "low warmth, high criticism" can have more serious negative long term outcomes for children than isolated incidents of neglect or abuse, unless these are very severe.[9] Lack of parenting preparation

also has been shown to be correlated with child abuse and neglect. Both adolescent parents and parents who themselves were raised in households characterized by abuse and neglect are much more likely to be cited for abuse and neglect themselves.[10]

These individual characteristics interact with *family characteristics and social and economic situations* to create a constellation of factors that are associated with maltreatment. Social isolation is one of the dominant presenting problems cutting across all forms of maltreatment.[11] Violence in the marital relationship,[12] and parental unemployment[13] have both been demonstrated as important factors in neglect as well as abuse. In fact, poverty alone has emerged as a significant predictor of abuse status,[14] and the National Incidence Study confirms that children in low-income families and single parent families have a much higher likelihood of experiencing abuse and neglect (although by no means do the majority of these families abuse or neglect their children).[15] Finally, substance abuse has a very close association with maltreatment. In study after study, substance abuse is found to be linked with abuse and neglect[16] and particularly with neglect.[17]

The constitution of the *child* also correlates with the likelihood of abuse and neglect. Colicky children, hyperactive children, and children with physical or mental disabilities all are more likely to experience abuse and neglect than the population of children as a whole.[18]

In addition to the broader social and economic context of families, there is evidence that *neighborhood characteristics* are associated with maltreatment. Child maltreatment is part of a constellation of social problems that escalate as a neighborhood deteriorates. For example, rates of violence in the streets and violence in the home are highly correlated.[19] On the other hand, neighborhoods characterized by higher levels of adult supports and investments are safer for children.

With all these factors that seem to contribute to and aggravate abuse, are there mitigating factors that offset the stresses that lead toward maltreatment? Several emerge as particularly strong in the literature. The presence of social supports can often offset many other stresses. Factors which

distinguish parents who maltreat their children from those who don't are their connection to a variety of social supports, especially families and friends.[20] One study which examined the three major factors distinguishing between mothers who broke the cycle of maltreatment and those who did not (when all had been maltreated as children) found the most important factors to be (a) the presence of a loving and supportive adult during childhood, (b) a supportive partner at the time the mother first became a parent, and (c) therapeutic interventions that enabled the mother to achieve greater emotional stability and maturity.[21]

Cases of extreme abuse: brutality to children. Some combination of the characteristics described above apply to the great majority of families who are identified as maltreating their children. However, there is a small number of families in which physical and emotional abuse are far, far worse than the normally reported behaviors. These are the cases where children have been tortured, physically battered on a repeated basis, or starved. While these cases often have parental and social characteristics in common (depression, isolation, drug abuse, inability to establish nurturing relationships) with the more usual cases of reported abuse and neglect, they also display extremely violent caretaker behavior which cannot be fully explained even by a combination of stresses or risk factors.

These cases area a very small fraction of confirmed incidents of abuse and neglect (less than 2-3% in most states) and lie outside of the initiative's "theory of change" and its proposed strategies. Lacking any convincing evidence about why these caretakers commit such extreme acts, or how those acts can be prevented, the initiative makes no claims that its strategies will avert these horrific cases. In other words, while the initiative's strategies *may* help these families—especially if preventive measures and proactive outreach created for other vulnerable families reach them in time—the strategies which predominate in the initiative (neighborhood support, reducing isolation, creating stability and opportunities for families, and so forth) are not designed primarily for them.

Note that these very extreme cases go beyond what the initiative and most states define as "serious" abuse (which can include broken bones, beatings, longstanding negligence in terms of clothing and shelter, and so forth). "Serious" cases *are* in the initiative's purview, and in fact are the focus of its third desired outcome. They are on the same continuum as other acts of maltreatment and thus should be affected by the same strategies.

Implications for the initiative's design. The facts about maltreatment have shaped the initiative's strategies in many ways. First, the evidence that most harm to children grows from ongoing patterns of behavior, not just isolated "incidents," led directly to the initiative's focus on neighborhoods and to creating neighborhood networks to support families. To affect longstanding behavior patterns, supports and interventions must exist where families can use them day-by-day and in a sustained fashion. Professionals "dropping in" to a neighborhood from downtown offices, interacting with families sporadically, and knowing little about neighborhood resources cannot help families make the changes they want to make. Interventions must have the capacity to build relationships if family patterns (particularly of neglect, which is the predominant form of maltreatment) are to change.

Second, the diversity of family behaviors that are represented in the abuse and neglect literature requires that communities' strategies respond to a wide range of family situations, and respond in an individualized fashion. "One size fits all" does not work to address this problem. The initiative's emphasis on hand tailoring responses to families' unique needs reflects this finding.

Third, the strong association of abuse and neglect with certain individual and family characteristics and situations suggests that communities can prioritize as they reach out to help, and prioritizing is key to the initiative's design. Focusing interventions on families who community leaders identify as most in need of supports in order to avert maltreatment, and then organizing services so that large numbers of these families are reached, should (in combination with other strategies) eventually affect the overall incidence of abuse and neglect in a neighborhood.

II. CURRENT RESPONSES TO CHILD ABUSE AND NEGLECT

Extensive documentation indicates that some strategies work better than others in addressing the problems of child abuse and neglect. The initiative has been shaped by two types of information in particular: (a) information about the current system's strengths and weaknesses, and (b) a steady stream of research and experience about the forms of help that are most likely to build parents' capacity to nurture their children and thus reduce the likelihood of maltreatment.

The effectiveness of current child protective services. Both the strengths and the flaws of child protection are well documented. On the plus side, CPS has ensured a near-universal service all across the country with a well-defined public responsibility for responding to abuse and neglect. In many instances dedicated CPS staff have quite literally been lifesavers for children and families in need. Dedicated, reliable CPS response will always be essential, especially for the most severe cases. At the same time, there is increasing questioning of a system whose resources clearly fall short of its mandate and mission. People inside and outside the CPS agency are recognizing that no one public agency can carry the full responsibility for protecting children, and that new approaches are called for. Some critiques reflect families' experiences in the system; others summarize the criticisms of practitioners and policymakers who work in the system every day. From both sources comes a clear message: many current CPS practices are ineffective.

A full litany of the problems can be found in several documents,[22] but the facts which had the most impact on the initiative's design include the following:

- The current system has little or no capacity to offer help before family difficulties reach a crisis point. Most states show patterns of repeated calls to CPS being unsubstantiated before finally an incident "qualifies" as abuse or neglect and services are offered.

- The current system cannot serve many families who come to it, and for that reason often fails to interrupt a pattern of maltreatment. In a recent study in Missouri, almost half of families entering the system in an eight-month period had previous histories of substantiated maltreatment.[23] The "revolving door" phenomenon continues because CPS agencies often lack the resources to provide families with what they need.

- The current system does not reach many of the children and families who are experiencing abuse and neglect. From National Incidence Study data, we know that reported maltreatment is probably only 40-50% of the actual maltreatment in most geographic areas.[24]

- The current approach to investigations, and often to subsequent services, does little to assess "resiliency" or "protective" factors in the child's world and to build upon them. Data from England confirm that there, as in this country, traditional investigation procedures fail to engage the families and result in lost opportunities for positive change.[25]

- The structure of the current system works against effective help. Fragmentation and lack of coordination among the agencies which should be the active allies of CPS aggravates an overall shortfall of needed services.[26]

- Linkages between CPS and other service systems are often weak. For example, there is little interaction between CPS agencies and domestic violence providers, even though data indicate that the overlap in their service populations often exceeds 40%.[27] Similarly, substance abuse services are in markedly short supply to CPS agencies, even though most child protection practitioners estimate that from 60-80% of the households they serve have a significant substance abuse problem.[28]

These data suggest a system that often does not connect with the families most in need of help, and when it does connect, often cannot provide the help they need.

Strategies that work. In the face of these documented failures, it is encouraging that a large body of research and practice literature has emerged to explain "what works." In some cases, this literature documents a carefully prescribed service model. In most cases, however, the research supports a loosely clustered set of characteristics of effective practice. For example, characteristics that are known to be strongly associated with success in improving parents' child rearing abilities include: the ability to individualize a response through careful assessment; identifying and building on strengths of parents; responding to concrete needs that generate chronic crises; and connecting parents to ongoing supports and services.[29] [30] [31] [32]

In addition, recent field research and practice literature identifies new CPS practices and policies that seem to be effective (examples are the early evaluation reports from Missouri and Florida, which show promising results). The family support literature also identifies consistent patterns of program operation which seem to translate into better results (on indices of family functioning and parenting skills) for participating families.

Implications for the initiative. This body of research and experience has helped shape the initiative in several ways. First, we felt the initiative had to address the overwhelming evidence about who is *not* reached by the current system. The repeated findings that a significant amount of maltreatment is not reported to CPS supported the initiative's focus on working in neighborhoods and mobilizing many community stakeholders to be in touch with vulnerable families. Furthermore, the array of help in the form of relevant, accessible services and supports is clearly inadequate. This has led to a focus on building a network of community supports.

Second, evidence about the suspicion with which CPS is viewed in neighborhoods, and the difficulty which CPS by itself has in engaging families, further reinforced the partnership approach to child

protection. If current patterns of maltreatment are to change, neighborhood residents are unlikely to respond to an agency they fear and distrust. Child protection must take on a different "face" in neighborhoods. And, the child protection agency must itself come to be more trusted (and trustful) by forging effective partnerships with other entities that are accepted by neighborhood residents.

Third, several states' recent experiences led directly to the initiative's inclusion of CPS policy and practice changes in addition to alterations in community service delivery. The encouraging evaluative research related to Missouri's "595" legislation, for example, supported having an explicit strategy of differential CPS agency response. The initiative's focus on individualized courses of action takes this still further in the direction of careful assessment and tailoring help to specific needs.

Fourth, if communities are to build and sustain relevant and reliable ways to respond to child abuse and neglect, they will need to take a much greater role in planning responses and allocating resources—leading to the initiative's emphasis on both greater citizen engagement and the development of local decision-making capacity. Community ownership can impact community norms regarding individual responsibility for maintaining vigilance for all children and can spawn self help and mutual support networks to help multi-stressed parents protect their families.

III. THE INITIATIVE'S STRATEGIES

What we know about both the problems and solutions related to child maltreatment suggests themes that should underlie an initiative to prevent and ameliorate child abuse and neglect. Strategies should be both individualized and comprehensive in relation to family need; should be capable of changing longstanding patterns of family and parental behavior, not just isolated "incidents"; should engage social networks and social supports, especially the natural supports of neighbors, friends, and kin because these are often the most important mitigating factors; should create reliable access to services that can address the aggravating factors in maltreatment, particularly mental health, substance abuse, and domestic violence services; should approach the problem from an ecological perspective (seeing

children in the context of their families, and families in the context of their neighborhoods); should transform important aspects of the current CPS system which, evidence suggests, do not work; and should be able to be sustained and improved over time, because the many factors which are associated with maltreatment do not stand still, in families' lives or in neighborhoods. All of these directions are supported strongly by the knowledge base reviewed in the previous two sections of this paper.

The Community Partnership initiative's four strategies embody these underlying directions. The strategies help families to learn new behaviors as well as change situations (such as unemployment or inadequate housing) which are associated with maltreatment. The strategies emphasize engaging and strengthening informal supports as well as the formal services in a neighborhood. And, the strategies seek to mobilize much broader community awareness, concern, and action to prevent child abuse and neglect. Through the combination of four strategies, the initiative aims eventually to affect overall neighborhood/community incidence of child maltreatment.

The four strategies are linked together, but each addresses a different dimension needed in order to create a broad-based community response to child abuse and neglect. Each also is supported by a different blend of research, experience, and practice wisdom. Before looking at each in detail, it is useful to consider how the four strategies differ in their aims and in the knowledge base for each. The first strategy, which addresses practice level changes, reflects the considerable empirical knowledge about what works to help families avert maltreatment. This strategy is in some sense also the "heart" of the initiative. If individual families cannot be assisted to avert maltreatment or prevent its recurrence, the additional strategies, i.e., those which address how neighborhood resources and the CPS system can be better organized on behalf of families, are of little value. It has been important for the initiative that substantial literature and many years of practice experience support this strategy.

The second strategy, the creation of a neighborhood network addresses many of the problems identified in Section II, particularly the simple fact that many families who need help in order to avert

maltreatment often get no help at all, or do not have access to resources when they need them. This strategy tries to solve this problem by enlisting a wide range of partners with the CPS agency—individuals and organizations, public and private resources, and most importantly the social support networks which do so much to stabilize and enrich families' lives. This strategy requires creation of new forms of service organization and delivery; new relationships between agencies, families, and informal supports; and purposeful attention to reaching and then helping the families who are identified as being most at risk.

With the first and second strategies alone, the initiative would be an interesting community-based service delivery experiment. Adding the third strategy (new practices, policies, roles, and responsibilities for the public CPS agency), ensures that the initiative is also a new approach to carrying out the public's responsibility for child protection. This strategy guarantees that the initiative links community-based activities with the legal mandate to address child maltreatment.

The fourth strategy presents a paradox. It is viewed by both the initiative's planners and by leaders in the sites as absolutely essential for successfully implementing and replicating this approach. However, it is the strategy for which there is the least empirical evidence. The fourth strategy involves establishing in each site a decision-making capacity that guides and sustains the overall partnership. This strategy has multiple components. These range from clearly defining the partnership's mission, scope and purpose, to mobilizing the many constituencies—with community residents first and foremost—whose support is essential if the partnership is to succeed. The decision-making body must have the capacity to "self-evaluate" the effectiveness of its own strategies, as well as the ability to link these strategies to the many other innovations underway in the neighborhood and broader community. While there is a growing body of experience on some aspects of this work—for example, on the use of self-evaluation techniques—other aspects of this strategy such as the commitment to a broader "community campaign" around child protection are relatively untested. This fourth strategy represents an area where the initiative will contribute very new information to the field's knowledge base.

These four strategies are the essential ingredients of what the Foundation has termed a "community partnership for protecting children." Through these strategies and others that sites will add, community partnerships forge an alliance of parents, the public CPS agency, schools and other public entities, voluntary agencies, indigenous community organizations, and natural supports. The partnership makes available direct services and supports which can reach families and assist them in their child-rearing, and also communicates to a broader public about child and family safety issues. The partnership's dual focus—on services and supports and simultaneously on a broader "community campaign" related to child and family safety—pervades all of the initiative's strategies.

The four strategies are defined broadly. They are intended to guide and frame sites' activities, not straitjacket them. Sites have considerable latitude in deciding how to implement their own strategies in a way which builds on local resources and strengths. To ensure that certain essential characteristics are not lost, however (especially when research and prior experience indicate which characteristics are key to success), the Foundation has set forth expectations about how each strategy will be implemented.

Finally, each of the four strategies represents a "cluster" of assumptions and intended results. Each of these four strategies could be considered a theory of change in miniature. Each involves assumptions about a specified problem; each reflects experience about how to solve that problem; and each is designed to accomplish some specific results, as well as to work in concert with the other strategies. Thus, in the remainder of this section it is useful to look at each of these strategies in turn and review the knowledge on which each is based, before turning to the paper's final section to how the strategies fit together as part of a site's plan.

A. An individualized course of action for each child and family identified by community members as being at substantial risk of child abuse and neglect.

Purpose. This strategy aims to assure that every child and family with an identified risk of abuse and/or neglect has the benefit of a specially developed course of action to ensure the child's safety and to support the family. Initially, this strategy focused on development of what we termed a "safety plan." On sites' recommendation, we have changed this to "individualized courses of action" or "action plans" to emphasize *doing* rather than just *planning*, and to clarify that while safety is always a major goal, the activities on behalf of a family should include supports related to employment, family functioning, health, and other factors that are key to the family's care of the child.

Research/experience base. As identified earlier, extensive research on the factors associated with abuse and neglect, and on effective program interventions, supports the need for this strategy. A large body of literature reinforces the need for an individualized plan, and also points to the characteristics of the practice likely to prove effective in working with families. In particular, research suggests that, to be effective, courses of action developed with families must in most cases reduce a family's isolation, connect the parents with ongoing sources of support, and try to ensure that the family's economic and other basic needs are met as well as address parenting behavior. In addition, the literature summarized above points to specific service needs (mental health and substance abuse, in particular) which some families in participating communities are likely to have.

Expectations. As part of this strategy, all sites are challenged to adopt a frontline practice approach that can reliably produce the highly individualized, well-resourced action plans that are most likely to help families achieve their goals. While the Foundation is not specifying a particular practice model, sites are asked to incorporate the following expectations into their detailed strategies:

- *The practice model used to develop action plans for families is expected to embody the characteristics which have been found to be associated with effective interventions.*

  Thus, sites are asked to ensure that their practice model is based on careful assessment, is family-centered, builds on families' strengths, enlists parents as partners, ensures that families control the decisions that most affect them whenever possible, respects cultural and racial identities and norms, and is oriented to results. Individualized or "wraparound" approaches are viewed as essential for success. Sites' frontline practice approaches should be using friends, family members, extended family, and community organizations as supports for families as well as using formal providers.

- *Sites are urged to consider how their practice model and their action plans for each child and family can best address factors which are strongly associated with maltreatment, such as (1) reducing parental isolation, (2) helping parents develop new skills when they have difficulty nurturing their children, and (3) assuring that every child has a strong relationship with at least one adult (if this cannot be one or both parents) who cares unreservedly about the child and can help assure the child's safety and healthy development.*

  To be effective, the action plans developed with and for parents need to confront head-on the stresses and conditions that promote harsh treatment or neglect of children. Thus, based on the research, reducing parental isolation becomes a key strategy to be pursued by sites, as does changing the specific patterns of parenting identified in the research literature as "high criticism/low warmth" (i.e., where a parent has high, unrealistic expectations of a child and is harshly judgemental, but provides little nurturance to offset this harshness). Similarly, the positive impact of a

consistent, caring adult in the life of a child emerges as a strong research finding. By trying to connect each child with such an adult (assuming the child's parent(s) are not playing that role), sites can make the difference in whether a child "makes it" or doesn't, even when the child faces other major disadvantages. And, a caring adult is also a safeguard for the child. Just helping to establish this relationship in every child's life would protect many vulnerable children.

- *Each site will define which families will be involved in developing an individualized course of action, including at least the families that the community partnership identifies as being at substantial risk of abuse and neglect. The partnership may include other families as well for purposes of developing action plans.*

This is a particularly important decision to be made by sites—which families require the development of "action plans" and which do not. The problem arises because each community partnership has a mix of outreach, prevention, early intervention, and remediation services. Thus, each partnership will be in contact with many more families than just those who would be judged as being "at substantial risk." The initiative's planners can think of no practical way to define "substantial risk" across all four sites, so we are asking each partnership to establish rules for when a plan must be developed. To do this, sites will have to (a) examine their neighborhood's main risk factors for abuse and neglect, (b) decide which children and families are at highest actual or potential risk, (c) on the basis of this, identify the target populations for the partnership's interventions, and (d) ensure that the partnership actually engages these families.

A possible solution to the challenge of reaching the families facing the greatest risk of maltreatment is for a site to develop action plans for a wider, rather than narrower, range of families, thereby including families with high stress and high risk factors, but

also including other families where the likelihood of child maltreatment is lower, but where the family would still benefit from an individualized plan, tailored to their needs.

- *Whatever the practice model, each site is asked to ensure that the action plans for families include the activities of parents that are critical to the plan, the activities of informal supports (family, friends, neighbors, faith communities, and others), and the required actions of formal services, as well as the results expected from the plan.*

Further, good practice suggests that action plans need to be detailed and specific enough so that family members and the frontline staff person (or team) can review progress and make their own mid-course corrections when necessary.

- *Sites are asked to ensure that as part of the development of each plan, assessment is made of whether substance abuse or domestic violence are problems for the family. If they are, the family's action plan is expected to include activities that will alleviate these problems.*

This expectation reflects the overwhelming evidence that substance abuse and domestic violence are not only closely associated with child maltreatment, but are aggravating factors, leading toward more severe injuries and longer-standing patterns of recurrent abuse and neglect. Of course, just including these issues in the family's action plan is only part of what is necessary; the partnership is expected to work toward having adequate resources available to meet families needs once plans are developed.

B. A network of neighborhood and community supports

Purpose. Within the overall Community Partnership approach, the network is envisioned as an organized association of agencies, neighborhood organizations, participating parents and other residents who commit themselves to working together to contribute to children's safety and families' support. Network members are the "doers" who put the Community Partnership's strategies into place. The network functions as the community's "eyes and ears" for early outreach and identification of families who need help in order to avert child maltreatment; provides many of the resources needed for families' action plans; and melds the strengths of informal supports with the assets of formal providers.

Research/experience base. There is extensive literature identifying the need for greater unification of neighborhood and community resources in order to be effective in service delivery for families. The service integration literature of both the 1970's and 1980's, for example, points repeatedly to the need for coherence, clear definition of responsibilities, and more purposeful organization of public and private agencies. Evaluations of innovative approaches have also cited the aspects of these arrangements that make a difference: joint planning, common agreement on mission, clear division of responsibility in service delivery, and the value (in terms of greater expertise) of pooling resources, staff, and knowledge.

Specific studies of service networks have been useful recently in conceptualizing this strategy. For example, recent research by the University of Southern California on Los Angeles' County's neighborhood networks showed that after two years of operations, these networks had improved families' abilities to care for their children, which slowed the rates of foster care growth in the networks' neighborhoods compared to others. This finding suggests that the combined efforts of neighborhood organizations and agencies, well organized, can accomplish a child welfare goal in a way that individual agencies, working separately, can not.

No research exists to suggest the exact organizational form that networks should take. Thus, while the Foundation outlines the roles that neighborhood networks should play (see below), many aspects of network form and structure are left to sites' discretion.

Expectations. The neighborhood network helps create a delivery system that can make assistance accessible, timely, and useful to families, both in crisis situations and for longer term family support. The network is not meant to just include formal "social services." In fact, as the network grows and includes many of the institutions and entities to which families naturally turn (churches, mosques, synagogues, recreation centers, child care, community centers, and so forth), it is expected to be of even greater use to an ever-widening circle of families.

As sites develop their networks, the Foundation recommends that they be guided by the following expectations:

- *Sites will formally organize a network with core members who, in any community, are critical resources in the prevention and amelioration of child maltreatment.*

  The Foundation suggests that from the beginning the neighborhood networks include families/parents who are willing to play an ongoing leadership role in the development of the neighborhood's network; schools, which are critical institutional players because teachers and other staff are well positioned to identify vulnerable children and spot signs of maltreatment, as well as to provide important supports as part of families' action plans; mental health providers; substance abuse resources (including programs related to drug/alcohol addictions, as well as non-traditional programs which are emerging in many neighborhoods); domestic violence providers; police; child care providers; health care facilities and providers; family support programs; faith communities; and of course the public CPS agency.

In view of the strong role for informal supports and social networks, the network is expected to engage natural helpers as well as formal agencies and institutions. Each agency in the network, in turn, should engage informal neighborhood resources in its own efforts or practices. For some agencies, this will require a shift in priorities—a "culture change"—within their own operations. Creation of the neighborhood network is not just a matter of linking current resources for service/supports more effectively; these resources must examine their own practices to ensure that they are embodying the ingredients that most effectively assist families.

Each site is urged to look beyond human service providers in creating their networks. The association of maltreatment with poverty and unemployment suggests that employment and training, employers themselves, business leaders, housing agencies, and community development and civic associations have important roles to play in the initiative. Many families' action plans will need to focus on stable employment as well as services, yet achieving this goal requires that a host of resources be accessible, effective, and operate in a fashion that engages and assists families. Each site's network is encouraged to analyze the family needs they are most frequently called upon to address, and then ensure that their network engages the needed resources.

- *Networks are expected to carry out the functions identified below.*

a. *Provide outreach, early identification, and engagement of vulnerable families, according to each community's priorities.* Sites are urged to go beyond the network members' current responsibilities as mandated reporters and develop methods by which members will reach out to and engage vulnerable families and children. For example, most neighborhoods should be able to create an "early contact/early response" system just with the active participation of hospitals and health care providers (who among them see

almost every expectant mother and newborn), child care providers (who see a significant number of the neighborhood's infants, toddlers, and preschoolers), faith communities (who see many other young children), schools (who see virtually every elementary school-age child and most older children), and recreation providers. If all of the staff in these organizations are trained to be newly alert to needs of children and families in difficulty, and know how to connect people with reliable sources of help (agencies as well as family, friends, and informal supports), each neighborhood would have a powerful resource for identifying and responding to the situations which can lead to maltreatment.

b. *Organize and deploy neighborhood-based teams: interprofessional teams who develop and implement action plans for families facing substantial risk of maltreatment.* The Foundation is not prescribing a particular practice model, but it expects sites to continue the neighborhood-based teams that were included in all sites' plans and further define the specific roles, responsibilities, and practices of the teams. (Teams usually include CPS staff deployed to the neighborhood, other professionals, and "family advocates" or similar positions for neighborhood residents.) Sites' experience already suggests that team practice must be purposeful, include extensive training, and be supported by sustained attention to shared team skills, goals, and perspectives (e.g., "what constitutes abuse, and do all team members perceive it in the same way?"). The initiative's experience with four different versions of neighborhood-based child protection staffed by cross-professional teams will be a substantial contribution to the field.

c. *Develop "neighborhood places" which are accessible and welcoming to families, where the interprofessional teams are housed, and in which other*

family support activities will be conducted. "Places" emerged as important aspects of sites' strategic plans. Each site emphasized the value of a neighborhood facility (a school, a family resource center, or some other welcoming environment), where core neighborhood resources could be located and where families' needs could be met. Important characteristics of these "neighborhood places" are the characteristics discovered through practical experience to be the critical qualities of effective family resource programs. Achieving these characteristics, however, requires attending to the culture of the facility or organization that becomes the "neighborhood place." For example, neighborhood schools are ideal candidates for this role, but only if the school culture supports the partnership's values and supports the day-to-day partnership work (i.e., school leaders, teachers, and other staff agree with the expanded role perceived for them in child protection). Spelling out the ingredients of an effective "neighborhood place" will be another major contribution of the initiative.

d. *Agree on specific contributions, commitments, and new responsibilities for each of the network members.* This includes two dimensions. First, network members are expected to make resources available on a priority basis to families needing help from the partnership. The aim is that urgently needed resources (i.e., mental health treatment or substance abuse prevention and treatment) *are there* for families when they need them. This requires resource development and prioritization; without this, outreach to and engagement of families will be frustrating (to families) and unproductive (for all concerned).

Second, members are expected to be newly attuned to the possibilities of child maltreatment, to join in a neighborhood-wide effort to help families break out of patterns that are so strongly associated with maltreatment, and to join in

efforts to strengthen and support all children and families living in the neighborhood. This involves more than "treating" families. It involves more than connecting families to social networks at every possible opportunity. It requires attending to the neighborhood context that influences families day-to-day opportunities. Attending to broader community development issues will require time and maturation of the neighborhood network, but it will be important for the network to consider early-on these broader strategies if the outcome of reducing child maltreatment "neighborhood wide" is to be achieved.

C. *New policies, practices, roles and responsibilities within the public CPS agency*

Purpose. Through this strategy, the CPS agency adapts its policies and practices to support a community-based approach to child protection, while still fulfilling its mandates and achieving its statutorily defined goals. In particular, the aim is for the CPS agency to differentiate its response in the initial investigation/assessment process and to intensify its work to prevent repeat occurrence of abuse/neglect. In addition, this strategy suggests new leadership roles for the CPS agency as a lead organizer of community partnerships.

Evidence supporting this strategy. Much of the evidence for this strategy was cited in Section II. It includes a large number of studies analyzing why the current CPS system is not very helpful to families, as well as specific research about the effectiveness of new approaches.

Expectations. The Foundation is encouraging CPS agencies in the sites to determine for themselves the full range of the policy and practice changes that can support community partnerships. However, several changes are essential and thus are the basis for the Foundation's expectations.

- *CPS agencies are urged to take a leading role in organizing the community partnerships and providing "safety consultation" to the other members*

Perhaps the biggest challenge to the CPS agency is this leadership role. The task would be a challenge for any organization, of course, but helping to mobilize the partnership requires experience, expertise, and even attitudes that may be new for the CPS agency. For example, the CPS agency can play an important role in motivating other partners to join the network—but only if the agency itself has become convinced of the need for a new approach to child protection, and only if CPS has demonstrated its own willingness to reexamine practices and work in partnership with the community. Similarly, once the neighborhood network is formed, the CPS agency can be an invaluable "safety consultant" to colleagues in the network, identifying what each agency, person, and resource can do to enhance child safety. What more can teachers do to support children and reach out to families, or to identify risks to a child and then support a plan of action? How can the health department head off, as well as identify, threats to children? Helping the partnership think through these issues requires that CPS administrators genuinely view child safety as a "community-owned" issue, rather than CPS' province.

- *CPS agencies are asked to respond to reports of abuse and neglect with a differential response based on the severity of the situation and the future risk to the child (unless state law prohibits this approach) and a comprehensive family assessment which leads toward an individualized action plan for each family.*

Effective differential response to families is being documented through Missouri's and Florida's experiences, as well as in other states. The initiative's sites' can build on those learnings, and their own experiences will contribute to the field's "lessons learned" as well.

- *CPS agencies are urged to identify all families at risk of recurrent maltreatment and to provide or arrange intensive "action plans" for these families through the community partnership.*

The CPS agency must take particular leadership in identifying families where abuse or neglect has already surfaced as a pattern, and ensure that the partnership's resources are marshalled on behalf of these families. Sites must design for each family the combination of opportunities, supports, and social networks that will help the family nurture their children. "Wraparound" services should be helpful here, as well as intensive family preservation services.

- *The CPS agency is expected to outstation all workers for the neighborhood target area within that geographic area, to work in teams with staff from other agencies in the network and with neighborhood helpers. As part of this change, CPS agencies will adapt workers' practice, training, and performance expectations—as well as supervision, workload standards, and administrative procedures—to support neighborhood-based service delivery.*

Relocating CPS frontline staff and supervisors into neighborhoods is more than just a change of location: it requires a more comprehensive change in practice and in the supervisory/administrative supports for good practice. Sites will be pioneering new forms of direct service delivery here as they develop methods for carrying out initial assessments, combine CPS staff with other team members, and provide ongoing support for families—all in the neighborhood context.

Recruitment, selection, training, and staff development strategies will be particularly important for creating effective practice in the neighborhood setting. Workers must exercise substantial discretion at the frontline, and they must be supported in this

work. In addition, workers must have an ability to engage families in a trusting working relationship, express appropriate empathy, and facilitate learning of a broad range of skills. This requires recruitment and selection strategies that screen workers to insure that they ahve the attitudes and orientation for this work. Workers also need to develop skills that are not necessarily acquired in pre-service training, but that can be gained through in-service training and staff development activities. "Cross-system" training—where all staff in a neighborhood are trained together, regardless of discipline or professional/non-professional backgrounds—is expected to be a particularly useful strategy for sites.

- *CPS agencies will establish close working relationships (and possible joint operating procedures) with domestic violence service providers and with substance abuse providers, with the goal of assuring more comprehensive assessments of risks to children and risks to mothers as well as better coordinated services to families served by these systems.*

Given the high frequency of child maltreatment in families experiencing domestic violence (and vice versa), it is ineffective and wasteful of staff resources and services for the CPS agency and domestic violence providers not to coordinate their efforts. More important, many threats to family members' safety go unrecognized when these systems are not working together. Over the life of the initiative, the CPS agency and domestic violence agencies are expected to increasingly work together, consider joint training of staff as well as reciprocal or coordinated family assessments, and develop whatever working arrangements best allow them to work to keep all family members safe. Similarly, substance abuse prevention and treatment programs must be immediately available within the network and to the CPS agency.

- *Finally, CPS agencies are asked to play a role in the decision-making process that will be used to govern the partnership. It will be important to assure that the CPS role in this process does not overshadow the role and voices of other partners, particularly families.*

D. A collaborative decision-making capacity to guide and sustain the partnership, and to ensure that its strategies have the scope, resources, and public support needed to achieve the desired results.

Purpose. This strategy ensures that a broadly representative group of community members takes responsibility for ongoing direction of the partnership, and particularly for the partnership's outreach and engagement of neighborhood residents and the broader public. This group—whether constituted as a steering committee for the partnership, or some other entity—will set the partnership's course of action; agree on specific strategies to achieve the three outcomes; review the partnership's progress and adjust its strategies as necessary; and ensure that the partnership's work is linked to other relevant activities in the locality.

Research/evidence. There is not yet much research available on collaborative decision-making bodies that have carried out ambitious agendas like this initiative. For example, the new forms of local governance which several states are developing (Missouri, Vermont, and Michigan, among others) are so new that there is little evaluative data about them. However, there is experience and evidence related to several of the specific tasks that each site's decision-making body is asked to conduct. Thus, several community-based initiatives have used self-evaluation techniques to monitor their performance, and the reports from these initiatives are positive. (For example, the Casey Foundation's Family to Family initiative has been using self evaluation for several years.) Local communities and sites find that the data generated by self-evaluation provide immediate feedback about whether strategies are working.

One area in which sites will be creating virtually new knowledge is in their work with "community campaigns" to engage residents in child safety issues. Prior work in this area—some of which has been markedly successful—stems from campaigns launched by public CPS agencies and/or national organizations like Parents Anonymous, the National Committee to Prevent Child Abuse, and others. Their experience demonstrates how effectively media campaigns can arouse people's interests or fears and even prompt contributions. What is not known is whether campaigns—media outreach, public forums, community celebrations, and other strategies—can change the ways in which residents and community leaders try to prevent or ameliorate child abuse and neglect on a day-to-day basis.

Expectations. Each of the community partnerships will establish a decision-making body to guide its progress, and to hold the overall partnership accountable for achieving the three outcomes. The Foundation is not specifying the form or structure of this entity, since that depends almost entirely on the structure and membership of each partnership.

However, the Foundation does expect that, once this group is formed within the partnership, it will carry out several key functions:

- *Define the mission, scope, and purpose of the community partnership.*

  What's needed is a clear statement about the partnership's goals and purpose to which all the partners are committed. Clarity on mission will also be important as the partnership communicates its purpose to community residents, community leaders, and to the governmental bodies (city and/or county government, state government) that have a stake in the partnership.

- *Agree on the specific strategies that will achieve the three outcomes.*

The partnership's strategies—the services and other activities that will accomplish its goals—are likely to be developed through the involvement of many people. Ultimately, however, the partnership's decision-making body must take responsibility for deciding that a specific set of strategies can reach enough families, and can be sufficiently effective with families, to achieve the initiative's three outcomes. This responsibility is one of the linchpins of the initiative. Unless some group is willing to make clear judgements about "what it takes" to achieve the outcomes, good results of some sort may occur but they are unlikely to add up to accomplishment of the partnership's full goals.

- *"Self-evaluate" the partnership's strategies and improve them as necessary.*

This involves developing a management process (supported by systematic data collection and reporting) that provides regular feedback to many participants in the initiative about the extent to which strategies are proceeding as intended and whether they are moving in the directions that the sites' leaders expected in order to achieve the three outcomes. Having this information allows the decisionmaking body, on behalf of the entire partnership, to make course corrections when necessary.

- *Informing and mobilizing neighborhood residents and the broader public to be more aware of how they can help prevent child maltreatment, and act to do so.*

Mobilizing neighborhood residents is not just one "task" for the decisionmaking body. This is a theme that underlies all aspects of child protection in the community. This approach aims to involve residents in many aspects of its operations, from service delivery to governance. In addition, however, the approach foresees broader public

engagement and awareness of child safety issues, both intensively within a neighborhood (so that attitudes and perceptions change) and less intensively to a broader public. The aim is to have citizens more willing to identify children who may need help, families who may need support, and to ultimately feel comfortable (and knowledgable enough) to take direct and personal action to help their neighbors, friends, or colleagues when this seems warranted.

- *Linking the community partnership initiative to other community efforts to improve the well-being of families and children.*

Child abuse and neglect are integrally related to the other aspects of a family's life and to their environment. While this initiative cannot address all of those needs, it can link to the most important other initiatives which do. Local welfare reform, school reform, health campaigns, teen pregnancy prevention efforts, anticrime and antidrug efforts—linkages with all of these can add strength to the community partnership, and the partnership can in turn contribute resources and energies to these efforts. Sites are urged to create as many of these linkages and alliances as are found relevant and helpful.

A particularly important linkage is with any other "local governance" entities that exist community-wide. Several of the states in the initiative are devolving broader governmental responsibilities to these local entities. The partnership's decision-making body, which focuses on child safety and operates primarily at a neighborhood level, must ensure that it is linked to any governance entity that is concerned about a more comprehensive range of child and family outcomes, and that operates across many neighborhoods.

- *Helping expand the initiative eventually beyond the initial neighborhoods' boundaries, working with local and state government and governance groups to do so.*

  This may not be an issue for sites' decision-making groups for several years, since they will be working more than full time to implement the initiative in the initial target neighborhoods. However, beyond that time, they are urged to help other communities as well as state government learn as much as possible about this approach and understand the "lessons learned" of implementation. The "colleague to colleague" assistance that the initiatives' sites will be able to provide to other communities will be invaluable as the community partnership approach is expanded and replicated. Each partnership's work with state government will be especially important in this regard, since state agencies (especially the state child protection agency) will play a critical role in "rolling out" this approach to other jurisdictions in the state.

The expectations for all four strategies are shown in Figure 1.

Figure 1

EXPECTATIONS

A. ***Action plans for each child and family identified by community members as being at substantial risk of child abuse and neglect.***

- *Sites' frontline practice should embody the characteristics associated with effective intervention.*
- *Sites will define for themselves which families are at substantial risk of abuse and neglect, and thus could benefit from participating in the development of an action plan.*
- *Action plans should address the core factors that are most associated with child maltreatment; for example, they should aim to reduce parental isolation, help parents change parenting patterns that do not nurture children, and try to identify for each child an adult who cares unreservedly about that child and who can help assure the child's safety and healthy development.*
- *Action plans will include the activities of parents, the activities of informal supports (family, friends, neighbors, faith communities, and others), and the required actions of formal services*
- *Assessment will be made of whether substance abuse or domestic violence are problems for the family. If they are, the action plan will seek to alleviate those problems.*

Figure 1 cont'd

B. Organizing a network of neighborhood and community supports

- *Each site's network will include core members who are critical resources in the prevention and amelioration of child maltreatment.*
- *Each site's network will:*

  a. *Provide outreach, early identification, and engagement of vulnerable families, according to each community's priorities.*

  b. *Organize and deploy neighborhood-based teams, comprised of professionals and neighborhood residents who are working together to develop and implement action plans.*

  c. *Develop "neighborhood places" which are accessible and welcoming to families, house the professional/resident teams, and provide needed family support activities.*

  d. *Agree on specific contributions, commitments, and new responsibilities of each of the network members.*

C. New policies, practices, roles and responsibilities for the public CPS agency

- *CPS agencies will be leaders in organizing the community partnerships and in providing "safety consultation" to the other members.*
- *CPS agencies will implement a differential response to reports of abuse and neglect based on the severity of the situation and the future risk to the child (unless state law prohibits this approach). The initial response will include a comprehensive family assessment whenever appropriate.*
- *CPS agencies will identify families at risk of recurrent maltreatment and provide or arrange intensive services and supports for those families.*

Figure 1 cont'd

- *CPS workers will be outstationed in the neighborhoods they serve and will work in teams with other staff and residents. Workers' practice, training, and performance expectations—as well as supervision, workload standards, and administrative procedures—will be redesigned to support neighborhood-based service delivery.*

- *CPS agencies and domestic violence providers will implement reciprocal assessments of risks to children and risks to mothers. CPS, domestic violence, and substance abuse services will be closely coordinated.*

- *CPS agencies will be part of the decisionmaking process that governs the Partnership.*

D. A collaborative decision-making capacity to guide and sustain the partnership

Each site's decisionmaking group will:

- *Define the mission, scope, and purpose of the community partnership.*

- *Agree on the specific strategies that will achieve the three outcomes.*

- *"Self-evaluate" the partnership's strategies and improve or change them as necessary.*

- *Inform and mobilize neighborhood residents and the broader public to be more aware of how they can help prevent child maltreatment, and act to do so.*

- *Link the community partnership initiative to other community efforts to improve the well-being of families and children.*

- *Help expand the initiative eventually beyond the initial neighborhoods' boundaries, working with local and state government and governance groups to do so.*

IV. PUTTING THE PIECES TOGETHER: AN ILLUSTRATION

Simply creating the four strategies of the initiative is only the start. Sites have the challenge of implementing these in a way which builds on local strengths, capitalizes on the blend of resources and talents which each site has in abundance, and makes explicit the "art" of sequencing and combining resources through which the strategies will work to achieve the three desired outcomes.

Each site must create its own "logic trail" for this implementation. However, it may be useful to conclude this paper about the initiative's core strategies with an illustration of one way that a site could "put the pieces together."

Assume that a community has begun implementing the initiative's four strategies. These would work together both to prevent maltreatment from occurring and to avoid its recurrence in families where an abusive or neglectful pattern has begun to emerge, as follows. With regard to intervening early to support parents and avoid potential maltreatment:

- Each site's decision-making group will analyze what they know about their community, and identify from CPS data and other sources everything known about the factors associated with acute family stress and about child maltreatment in the neighborhood. Who's at risk? What are the best indicators of that risk? Which families—by age, by family characteristics, by environment—are most likely to need support? The neighborhood sets priorities about who to help.

- The partnership as a whole, through its neighborhood network, will decide how to reach these families. Who can reach which families? Assume that one of the neighborhood's priorities are families in which a new mother shows some pattern of substance abuse. What can health providers do to identify these mothers and connect them with ongoing help? What can neighborhood leaders do? What can churches

do? What can the resident manager of the housing project do? Each of these partners and others agree to make sure that every new mother they encounter with substance abuse problems will be connected (invited, accompanied, invited again, visited in the home, whatever it takes) with the neighborhood place or with other nearby services and supports.

- In preparation for reaching out to these young mothers, the partnership's leadership will have begun developing resources that community partners say these mothers are most likely to need. Drug abuse treatment "program openings" are committed for 10 mothers by one partner; child care slots are committed by another; the Board of Education assures that GED courses will operate year-round, rather than for only six months. The partnership's decision-making group has now taken the form of a board (comprised of 15 people, half of whom are agency representatives and half of whom are neighborhood parents and other residents). They agree they can develop some of the needed resources right away; others they put on a three-year developmental course; with still others, they "wait to see" what the need will be.

- Three of the local churches in the neighborhood (also partners in the network) begin young parents' programs and reach out to every new mother they know to involve them in these groups. One of the groups is held in the church; others are held in the neighborhood family resource center, which houses the neighborhood network's staff teams, as well as laundry facilities, recreational programs, drop-in activities, and temporary child. Two of the churches start door-to-door "get acquainted" campaigns to meet and/or find out about every new mother in the neighborhood, and to find out how she might want to connect with any of the activities underway.

- As the network's outreach and engagement strategy unfolds, more and more young mothers are being connected to the neighborhood network's resources. The

partnership board estimates from their monthly data that the network is reaching about half of the new mothers in the community. They enlist the help of a new parents organization formed at the neighborhood place to conduct more intensive outreach in the neighborhood's two housing developments, where board members know that few mothers have actually been contacted. Over a number of months, the board watches as information (from the self evaluation process) indicates that the network has been in touch with 70% of the expected number of new mothers in the neighborhood.

- Neighborhood network members thought they were prepared to be in touch with this number of mothers—but they weren't. The local health department adds two staff so that their home visiting program can keep pace with the number of mothers who ask them to continue regular home visits. The neighborhood place persuades a nurse practitioner to see young mothers and their babies at the center four days a week. The estimated need for substance abuse treatment was about right; the women's treatment program is fully enrolled, but so far can handle the demand.

- Half of the mothers with whom the network is in touch exhibit serious signs of depression, isolation, and great difficulty caring well for their children. Almost an equal number begin to talk about the stress or actual abuse they themselves are suffering in their domestic relationships. For these young mothers (and for their partners whenever possible), the team at the neighborhood place works with them to decide on a course of action that can change these patterns. This involves no formal written plan for a while, just a sequence of activities that make sense to the mothers. For the 25% of mothers who network members find have been reported to CPS, these plans are formalized and given further scrutiny by the team, and the CPS worker is more likely to be the lead worker in these cases.

- As the board gets monthly information about the action plans being pursued for young mothers, they note that several mothers have been re-reported for abuse. For these mothers, the team begins an intensive in-home family preservation program. One mother is helped to move to a nearby city where the rest of her family live. The other mothers are in constant touch with a family advocate from the neighborhood place.

- As the partnership board tracks information about what the network is able to do for the 80 new mothers being served after two years of operation, they notice several things. Many mothers are no longer being seen directly by the team at the neighborhood place, but family advocates drop in on them every two weeks, and ensure that they are seeing their friends and relatives frequently, or are stopping by the neighborhood place periodically. Often these calls are just to invite mothers to a social event, or to bring some new toy for the toddler. Other mothers are still in close touch with the neighborhood place team, with action plans still in place with constant revisions.

- The partnership notices, however, that CPS has received only two further reports of neglect for any of these young mothers. This represents a sharp drop off of last year's reporting rates. The board decides that the strategy has been successful so far, but realizes that this level of activity has to be maintained. By contrast, the total number of mothers with whom the network is in touch has suddenly dropped. Two of the church groups disbanded, and there has been no outreach for some time. The board activates a committee of network members to decide how to re-energize the outreach effort. Drug use in the neighborhood seems to be on the increase as well, and the network begins a more intensive campaign of drug abuse prevention information, and considers antidrug marches, as well as increasing treatment resources. The board plans a more extensive "community campaign" with media and community

celebrations through which information about resources available will be communicated more broadly.

- While the board notes its progress in reducing repeated incidents of reported abuse or neglect among young mothers, it has no evidence yet that overall rates of maltreatment have declined. The overall number of reports has stayed the same for the neighborhood over the 18 months that have passed, even though many fewer reports were filed on new mothers or young mothers with one child. The board and all the partners vote to sustain that priority, but add several other priorities for outreach, early intervention, and intensive support. They begin planning their strategies for the next three years.

This scenario is, of course, highly simplified, but it illustrates the process of "plan, do, evaluate" that will be a constant activity of each site. It also illustrates the "logic trail" of identification, engagement, help, support, re-identification, re-engagement, etc. that forms the basis for the initiative's work and that makes the initiative's four major strategies useful for families and for neighborhoods.

ENDNOTES

1. U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect (1997). Child Maltreatment 1995: Reports from the States to the National Child Abuse and Neglect Data System. Washington, D.C. U.S. Government Printing Office.

2. U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. (1996). Child Maltreatment 1994: Reports from the States to the National Center on Child Abuse and Neglect. Washington, DC. U.S. Government Printing Office.

3. Gaudin, J. M. (1993). Effective intervention with neglectful families. Criminal Justice and Behavior, 20 (1), 66-89.

4. Nelson, K., Saunders, E., & Landsman, M. (1990). Chronic neglect in perspective: A study of chronically neglecting families in a large metropolitan county. Oakdale: University of Iowa School of Social Work, National Resource Center on Family-Based Services.

5. Ibid.

6. Simons, R. L., Whitbeck, L. B., Conger, R. D., & Chyi-In, W. (1991). Intergenerational transmission of harsh parenting. Developmental Psychology, 27, 159-171.

7. Whipple, E. E., & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. Child Abuse & Neglect, 15, 279-291.

8. Simons, R. L., Whitbeck, L. B., Conger, R. D., & Chyi-In, W. (1991). Intergenerational transmission of harsh parenting. Developmental Psychology, 27, 159-171.

9. Michael Little, Dartington Research Center. (1993). Department of Health. Child Protection - Messages From Research. Studies in Child Protection. London: HMSO.

10. Nelson, K., Saunders,E.,& Landsman,M. (1990). Chronic neglect in perspecitve: A study of chronically neglecting families in a large metropolitan county. Oakdale: University of Iowa School of Social Work, National Resource Center on Family-Based Services.

11. Daro, D. (1988). Confronting child abuse: Research for effective program design. New York: Free Press.

Zigler, E. & Hall, N. (1989). Physical child abuse in America: Past, present, and future. In D. Chcchetti and V. Carlson, eds., Child Maltreatment Theory and Research on the Causes and Consequences of Child Abuse and Neglect. New York: Cambridge University Press.

12. Straus, M. A., Gelles, R., & Steinmetz, S. (1980). Behind closed doors. New York: Doubleday.

13. Horowitz, B., & Wolock, I. (1981). Material deprivation, child maltreatment and agency interventions among poor families. In L. Pelton (Ed.), The social context of child abuse and neglect. New York: Human Sciences.

14. Whipple, E. E., & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. Child Abuse & Neglect, 15, 279-291.

15. National Incidence Study. (1995).

16. Famularo, R. A., Stone, K., Barnum, R., & Wharton, R. (1986). Alcoholism and severe child maltreatment. American Journal of Orthopsychiatry. 56, 481-485.

Murphy, J. M., Jellinek, J., Quinn, D., Smith, G., Poitrast, F. G., & Goshko, M. (1991). Substance abuse and serious child mistreatment: Prevelance, risk, and outcome in a court sample. Child Abuse & Neglect, 15, 197-211.

17. Zuravin, S. (1993). A conceptional definition of Child Neglect. Criminal Justice and Behavior, 20 (1): 8-26.

18. Belsky J. & Vondra, J. (1989) Lessons from child abuse: The determinants of parenting. In D. Cicchetti and V. Carlson (eds.). Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect (pp. 153-202) NY: Cambridge University Press.

Webster-Stratton, C. (1990) Stress: A potential disruptor of parent perceptions and family interactions. Journal of Clinical Child Psychology, 19, 302-312.

19. Garbarino, J. et.al. (1991). No Place to be a Child: Growing Up in a War Zone.

20. Garbarino, J. (1987). The consequences of child maltreatment: Biosocial and ecological issues. In R. Gelles & J. Lancaster (Eds), Child Abuse and Neglect: Biosocial Dimensions. New York: Aldine de Gruyter.

21. Crittenden, P. M. (1992). Children's strategies for coping with adverse home environments: an interpretation using attachment theory. Child Abuse & Neglect, 20, 49-65.

22. Egeland, B. (1988). Breaking the cycle of abuse: Implications for prediction and intervention. In K. D. Browne, C. Davies, & P. Stratton (Eds.), Early prediction and prevention of child abuse. (Pp. 187-99). New York: John Wiley.

Farrow, F. (1997). Child Protection: Building Community Partnerships...Getting from Here

to There. John F. Kennedy School of Government, Harvard University. Cambridge, MA.

23. Center for the Study of Social Policy. (June, 1997). Missouri's Child Welfare Decision Making Study. CSSP. Washington, DC.

24. National Incidence Study. (1995).

25. Michael Little, Dartington Research Center. (1993). Department of Health. Child Protection - Messages From Research. Studies in Child Protection. London: HMSO.

26. Farrow, F. (1997). Child Protection: Building Community Partnerships...Getting from Here to There. John F. Kennedy School of Government, Harvard University. Cambridge, MA.

27. Schechter, S. and Edleson, J. (1994). In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies. Wingspread. Racine, WI.

28. Gardner, S. (1997). Paper prepared for Executive Session on New Paradigms for Child Protective Services, Kennedy School of Government.

29. Garbarino, J., & Sherman, D. (1980). High-risk neighborhoods and high-risk families: The human ecology of child maltreatment. Child Development, 51, 188-198.

30. Wolfe, D. A. (1993). Prevention of child neglect: Emerging issues. Criminal Justice and Behavior, 20 (1), 90-111.

31. DePanfilis, D. (1996). Social isolation of neglectful families: A review of social support assessment and intervention models. Child Maltreatment, 1, 37-52.

32. Kinney, Jill, et.al. Beyond the Buzzwords. National Center on Services Integration. Working paper, 1995.