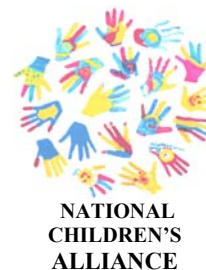


BUILDING PARTNERSHIPS THAT PROTECT OUR CHILDREN:

RECOMMENDATIONS FROM THE 2001 CHILD PROTECTION SUMMIT



JUNE 2002



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EXECUTIVE SUMMARY

Child maltreatment is epidemic in our nation. Abuse and neglect are indiscriminate, affecting children of families across all income levels and from all races and ethnic groups. Three children die each day as a result of abuse and neglect by those entrusted to care for them, and 38% of those that die are less than a year old. Close to three million reports of abuse and neglect are received each year by child protective services of which nearly two-thirds are accepted for investigation. Yet, current research suggests that only a minority of child victims is brought to the attention of child protection services. A tragedy in itself, child maltreatment too often sets the stage for still other tragic consequences. The destructive impacts of child abuse and neglect ripple out from its immediate victims to affect profoundly the health and safety of all our citizens and communities.

The causes and effects of child maltreatment are complex and intertwined while the systems traditionally expected to respond to them are fragmented and increasingly overburdened. The partners sponsoring this Summit recognize that only sustained collaborative efforts to engage communities in partnership with justice, child protection, physical/behavioral health, and education systems can significantly reduce child maltreatment.

Summit participants recommended approaches to protecting our children that are child-focused, community-based and integrated across many disciplines. Their recommendations encourage citizens, policymakers and professionals to:

- Strengthen partnerships to prevent child maltreatment
- Build a community response to child abuse
- Implement promising investigation and intervention approaches
- Enhance the professionalism of child abuse and neglect responders
- Build strong interdisciplinary working relationships
- Enact supportive legislation and funding policies
- Leverage and share resources for child protection

An integrated approach, combining strategies for **preventing** child maltreatment with programs **responding** to child abuse and neglect, will enable us to protect and nurture the greatest number of children. Preventing child maltreatment, thus avoiding the many difficulties it causes victims and communities, conserves resources by dealing with issues before they become more intractable and costly problems. Once abuse or neglect has occurred, effective responses, ranging from support and treatment of children and families through appropriate sanctioning of the abuser, limit negative impacts of maltreatment and help prevent its recurrence in affected families.

Research supports the position of Summit participants that both prevention and intervention programs are most effective when they are:

- **Timely**, addressing issues and making key decisions as early as possible in children's life cycles and in the cycle of maltreatment
- **Family-focused**, treating the entire family in a holistic, respectful manner that acknowledges and builds on its assets and strengths
- **Child-centered**, ensuring that children and youth feel welcomed and safe
- **Family-friendly**, reducing barriers to family member participation
- **Inclusive**, ensuring that every child and family in need receives appropriate services and support
- **Culturally responsive**, honoring family cultural traditions and values
- **Safety**, addressing a broad range of risk and protective factors
- **Informed**, based on accurate and reliable information about children, families and their environments
- **Consistent**, using structured assessment and decision making tools to help guide responses to each family
- **Tailored**, matching approaches and interventions to family strengths and needs
- **Measured**, ensuring the "duration" or intensity of service/intervention is sufficient to meet documented child and family needs
- **Developmentally appropriate**, matching family supports and services to children's competencies
- **Long-term**, offering continuing support for families in need
- **Locally determined**, developed in response to community priorities, strengths and needs

This report summarizes Summit recommendations in three categories: those focused on approaches to **prevent** child abuse, those intended to improve community and professional **responses** to child maltreatment, and those designed to **enhance the capacity of communities and professionals** to prevent and respond to child abuse and neglect. Programs and initiatives proven effective in accomplishing the goals of Summit participants are cited as appropriate.

The first thirteen recommendations delineate ways to more effectively prevent child maltreatment through the informed collaboration of citizens and professionals. These recommendations outline strategies for providing culturally responsive, non-stigmatizing supports and services to help families at risk overcome their challenges and build on their strengths. An Edna McConnell Clark Foundation initiative, *Community Partnerships for Protecting Children*, exemplifies a collaborative, community-based approach to preventing child abuse and neglect. Since 1997, the Foundation has

funded community partnerships in four localities that work to raise neighborhood awareness of child safety issues and empower neighbors to become more involved with families at risk of abusing or neglecting their children. These partnerships are also strengthening collaborations among local organizations and fostering improvements in the ways justice and child welfare agencies approach the protection of children.¹

1. Increase community awareness of the prevalence and far-reaching impacts of child maltreatment.
2. Increase citizen and professional awareness of the factors that place children at risk of abuse or neglect.
3. Engage citizens, particularly community leaders, in promoting and providing for effective prevention strategies.
4. Intervene as early as possible in children's lives to build on families' strengths and promote healthy development.
5. Encourage all parents and prospective parents to improve their parenting skills and to learn healthy ways of resolving conflict and managing stress.
6. Ensure that preventive programs and services are comprehensive and family-focused.
7. Expand the role of schools in educating children to recognize and avoid abusive events.
8. Encourage involvement of the faith community in promoting awareness of and preventing child maltreatment.
9. Make supportive services for at-risk families more accessible.
10. Ensure that family support programs are culturally appropriate and responsive.
11. Support the involvement of trained citizen volunteers in providing family-friendly support for at risk families.
12. Encourage interdisciplinary, private and public sector collaboration in preventing child maltreatment.
13. Create incentives and opportunities for child abuse perpetrators to voluntarily seek treatment.

Identifying and responding to child abuse and neglect is the focus of the next seventeen recommendations. Response strategies proven most effective integrate contributions of social service, legal, law enforcement, health, mental health and education

professionals. Children's Advocacy Centers (CACs) are a proven intervention approach that allows "law enforcement officers, prosecutors, child protection workers, victim advocates and therapists to interview children in a single 'child-friendly' location rather than in several intimidating environments. Children's Advocacy Centers provide holistic multidisciplinary case responses to children during various stages of treatment and criminal justice intervention." Approximately 500 communities have established or are working to implement CAC programs.

14. Hold mandated reporters accountable for reporting suspected child abuse 24 hours a day, 7 days a week, rather than solely when they are functioning in their official capacities.
15. Educate both citizens and mandated reporters regarding the indicators of child abuse and protocols for reporting suspected child maltreatment.
16. Provide mandated reporters with policy guidelines and written protocols that specify to whom, when and how to report suspected child abuse.
17. Make it easier for citizens to report suspected child abuse and neglect by establishing and publicizing a single point of contact with responders in every community.
18. Law enforcement officers responding to suspected child maltreatment cases evaluated as potentially severe or life-threatening should partner with child protection workers trained and available to accompany them 24 hours a day.
19. Provide accessible, safe places where child victims of abuse and/or non-offending caregivers can seek shelter, emergency housing, relocation and obtain supportive services.
20. Establish multi-disciplinary teams (MDTs) in every local jurisdiction to ensure that investigations of and responses to child abuse incidents are coordinated across the key agencies responsible for protecting children.
21. Assign specialized units or specially trained staff members of law enforcement agencies and prosecutor's offices to focus on investigating and prosecuting child abuse cases.
22. Assign every child abuse or neglect case coming before the court to a judge who then conducts all hearings, conferences and trials in matters related to this family's court experience.
23. Develop or adapt structured assessment tools and decision-making protocols that localities can use to improve the consistency, efficiency and effectiveness of their case management decisions.

24. Design case management plans in partnership with families using objective assessments of families' risk levels and strengths.
25. Communities should establish Children's Advocacy Centers (CACs) to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting.
26. Support non-offending family members as necessary to enable them to create a safe and healthy environment for their children.
27. Provide an adequate and accessible continuum of shelter and foster care for children determined to need out-of-home placement.
28. Invest in recruiting, training and supporting a cadre of foster parents who can protect and nurture children during times when their families are unable to care for them.
29. Sanction child abuse perpetrators equitably and proportionately for their offenses, and offer them treatment and training appropriate to their circumstances and needs.
30. Establish child fatality review teams in every state and major metropolitan area to examine circumstances of, and responses to, child deaths resulting from abuse and neglect.

Only if they have the requisite knowledge, commitment, skills, resources and authority can child protection and justice system professionals, in partnership with community members, effectively implement proven strategies for preventing, identifying and responding to child maltreatment. The remaining 27 recommendations suggest ways to enhance and sustain the capacity of agencies and communities to protect children, encompassing initiatives to galvanize communities, support professionals and nurture collaboratives. The recommendations also outline ways to better utilize research and technology and evaluate the impacts of prevention/intervention strategies. Several recommendations summarize requisite legislative actions and approaches to leveraging public and private resources in support of child protection endeavors. One ongoing effort to enhance professional and citizen capacity to ensure children's safety is the Child Welfare League of America's *Standards of Excellence*, encompassing goals and guidelines intended to inspire and inform all those committed to meeting the needs of children and families at risk.²

31. Design and implement a national media campaign that will galvanize communities to invest time and resources in preventing child abuse and neglect.
32. Involve community leaders and citizens in developing and monitoring the impacts of culturally competent, community-specific strategies to prevent and respond to child maltreatment.

33. Develop research-based, culturally competent national training curricula for child protection professionals, including law enforcement officers, attorneys, child welfare workers, education and health professionals, treatment providers, prosecutors, victim advocates and judges.
34. Encourage localities to develop cross-discipline training for child protection professionals across disciplines.
35. Institute national certification and continuing education for all professionals involved in reporting, investigating and intervening in child maltreatment cases.
36. Provide incentives that motivate people to enter and remain committed to child protection professions.
37. Set maximum *workload* (vs. caseload) standards for child protection professionals based on the level of effort required to address families' issues and meet their needs.
38. Recruit and retain child protection workers from culturally diverse backgrounds.
39. Provide training and technical assistance to support collaborative teams.
40. Develop a common language, shared priorities and mutual expectations.
41. Provide mechanisms for conflict resolution.
42. Ensure that local collaborations have management structures and logistical support sufficient to accomplish their responsibilities.
43. Link local and state information systems to provide an accurate picture of child abuse, neglect and fatalities.
44. Create and maintain integrated local information systems that meet front-line staff needs.
45. Standardize record-keeping systems across local and state agencies to avoid duplication of effort and facilitate information sharing.
46. Clarify and streamline confidentiality requirements so that information can be shared across agencies and jurisdictions.
47. Disseminate results of research and program evaluations to policymakers and practitioners.

48. Systematically elicit input from former child victims and their family members about better ways to protect children and help families become healthier.
49. Define and measure interim indicators of the outcomes of child maltreatment prevention initiatives, while also investing in evaluating their long-term impacts.
50. Continue to research the relationship of family risk and protective factors to child abuse and neglect.
51. Support MDTs as they define measurable outcomes for their work and collect information that allows them to document whether these outcomes are achieved.
52. Educate lawmakers at local, state and national levels regarding the long-term impacts of child maltreatment and promising and effective strategies for its prevention.
53. Encourage state legislatures that have not already done so to authorize and support local multidisciplinary teams (MDTs) and child advocacy centers (CACs).
54. Examine state and federal statutes and enabling legislation to delineate decision-making authority and specify shared funding responsibilities of agencies focused on child protection.
55. Provide for community-based discretion in accordance with standards or guidelines in allocating state and federal resources to meet locally defined needs.
56. Continue to provide federal seed money for MDTs and CACs as an incentive for more state and local jurisdictions to implement these effective strategies for responding to child abuse and neglect.
57. Support and expand incentives to encourage private sector investment in child protection endeavors.

The report concludes with a **Leadership Agenda** intended to guide elected officials, agency managers and other community leaders across the country in their efforts to prevent and respond to child abuse within their own communities. This Agenda outlines actions local leaders can take to mobilize citizens and neighborhoods to protect children and nurture collaborative relationships that enable effective responses to children and families in need.

By joining forces in this Summit, the International Association of Chiefs of Police (IACP), the Child Welfare League of America (CWLA), and the National Children's Alliance (NCA), with support from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), have set the stage for building powerful new partnerships to respond to, and prevent abuse and neglect. Summit recommendations chart a course to a safer, brighter future for our children.

INTRODUCTION

Child abuse and neglect are critical concerns in every American community. It is widely held that only a minority of children who are abused or neglected are brought to the attention of child protective services. Child abuse and neglect cut across income levels, race, ethnicity, and urban/rural status.³ Child maltreatment's destructive impacts ripple out from its immediate victims to affect profoundly the health and safety of all of our citizens and communities.

Prevalence of Child Maltreatment

In 1999, child protective services nationwide received an estimated 2.97 million reports alleging abuse and neglect, a rate of 43 per 1,000 children. Of these, 1.8 million were accepted for investigation, and nearly 525,000 were substantiated; these incidents affected more than 826,000 children. Among these confirmed cases, 58% of child victims were neglected, 21% were physically abused, and 11% were sexually abused. More than one-third suffered from multiple or other forms of neglect or abuse. Tragically, more than 1,100 children, or an average of three per day, died that year as a result of abuse or neglect. Of the children who died, 43% were under one year of age, and 86% were younger than six. A higher proportion (38%) of these fatalities were attributed to neglect alone than to either physical abuse alone (26%) or to a combination of both (22%).⁴

Nearly 90% of abused and neglected children were victimized by at least one of their parents. It has been estimated that at the time of referral, up to two-thirds of abusers have substance abuse problems⁵, more than half are experiencing severe economic deprivation, and about one-third are locked in a cycle of domestic violence.⁶ One study showed that nearly one-half of men who abuse their female partners also abuse children in their home.⁷

Younger children and those with disabilities are more likely to be abused, as are children with many siblings. Girls are much more likely than boys to be victims of sexual abuse, while boys are more often victims of physical abuse or emotional neglect. Children with a prior history of victimization are nearly three times more likely to be victims of abuse or neglect than are children without a prior history of maltreatment.⁸

Impacts of Child Maltreatment

The pervasive and tragic effects of abuse and neglect on children's lives have long been recognized. Abused and neglected children who do not die at the hands of their abusers often suffer physical and emotional damage that can lead to developmental delays, chronic health problems, learning disorders, depression, conduct disorders, post-traumatic stress disorder, and problems with forming interpersonal relationships. Research also documents the link between child maltreatment and significantly increased risks of low academic achievement, substance abuse, teen pregnancy, juvenile delinquency and adult criminality.⁹ Abused and neglected children are reported to be 53% more likely than their non-abused peers to be arrested as

juveniles.¹⁰ A longitudinal study of youth showed that “as the frequency and severity of maltreatment increased, there were significant increases in the frequency of subsequent offending.”¹¹ Almost one third of women and 14 percent of men in the nation’s jails and prisons say they were physically or sexually abused as children, in contrast to 12 to 17 percent of women and 5 to 8 percent of men in the general population.¹²

Nationwide, the total *annual* cost of child maltreatment is conservatively estimated at \$94 billion.¹³ This includes over \$24 billion in *direct expenditures* required to serve the needs of abused and neglected children, as well as nearly \$70 billion of *indirect costs related to the long-term effects* of child maltreatment on its victims, their families and communities. Every day it costs nearly \$67 million to provide child welfare, health care and mental health services and fund justice system processes necessary to protect and treat victims of child abuse and neglect. Child victims also frequently require long-term health and mental health care, as well as special education services, which are estimated to cost an additional \$13 million per day. For those child abuse victims who eventually become involved in juvenile delinquency and adult criminality, society must spend nearly \$176 million daily to prosecute, sentence, supervise, incarcerate and treat them. Finally, the lost productivity of those who were victims of child abuse or neglect is estimated at nearly \$2 million per day. Thus, the total daily cost of child abuse and neglect is estimated to be nearly \$258 million, which translates to about \$1,500 for every American family.

Preventing and Responding to Child Abuse and Neglect

Early childhood intervention programs focused on children at risk of abuse and neglect have produced reductions of 50% to 75% from levels of maltreatment that would likely have occurred without the interventions¹⁴. Cost-benefit studies comparing the costs of family support services with savings accrued from their positive outcomes (preventing child abuse, avoiding its precursors and alleviating its long-term impacts) show that “even with relatively small reductions in the rate of child maltreatment. . .prevention can be cost-effective.”¹⁵ Research thus confirms that effective prevention and intervention strategies will not only reduce the incidence of child abuse and neglect and lessen the severity of its immediate traumatic impacts, but will also ensure that in the long run our children, families and communities will become even healthier and safer.

Timely and coordinated responses to reported child abuse and neglect are critical to preventing further harm to victims and other family members; however, there are continuing challenges to mounting effective and collaborative responses. Many citizens and some professionals (e.g., day care and school personnel) who regularly come into contact with children are often not trained to recognize the signs of abuse or neglect, and those who recognize the hallmarks of maltreatment may not know how to report their concerns. Even mandated reporters such as police officers, child welfare workers, health care providers, mental health treatment providers and school personnel may not have clear and consistent reporting policies and practices.

Job stress can lead to high turnover and burnout among those who are on the front lines of our efforts to protect children. Child protective service (CPS) workers are

usually required to have a four-year college degree, yet most starting salaries are in the mid-\$20,000's, with top salaries for those with graduate degrees ranging from \$33,000 to \$55,000. Nearly 60 percent of CPS workers have average protective service caseloads that exceed standards recommended by the Child Welfare League of America (15-17 families at a time).¹⁶ Many front-line caseworkers (70% in one recent poll) report having been victims of violence or threats of violence in the course of their work on behalf of children.¹⁷ Family violence incidents also place police officers and other first responders at high risk, particularly if they have not received training in diffusing domestic violence and child abuse situations.

A multiplicity of agencies are called upon to respond to child maltreatment, often with varying definitions of abuse/neglect, competing investigation protocols, different intervention targets, and disparate timelines for response. They may also react to setbacks differently and be focused on achieving apparently conflicting outcomes. Frequently, technological, legal and administrative barriers make routine sharing of information about children and families difficult. Without a common language, shared values and compatible approaches to child maltreatment, agencies may too often find themselves working at cross-purposes.

Clearly the causes and effects of child maltreatment are complex and intertwined, while the systems traditionally expected to respond to them are fragmented and increasingly overburdened. The partners sponsoring this Summit recognize that only through sustained efforts to engage communities, in partnership with justice, child protection, physical/behavioral health, and education professionals, can child maltreatment be significantly reduced.

SUMMIT BACKGROUND AND PURPOSE

In 1994, the IACP began a series of national policy summits on critical issues facing law enforcement, the justice system, and the community. Previous summit topics were:

- 1994 Violence in America
- 1995 Murder in America
- 1996 Youth Violence in America
- 1997 Family Violence in America
- 1998 Hate Crime in America
- 1999 Victims of Crime
- 2000 Juvenile Crime and Victimization
- 2001 Safety in Indian Country

At each summit, approximately 100 leaders from a broad spectrum of professions and communities came together to develop strategies that could more effectively address the key policy and practice issues raised. Summit reports that detail participants' recommendations have been disseminated to community organizations, government leaders, and police administrators throughout the United States. Each report contains a Law Enforcement Action Agenda to help police leaders understand the key role they can play in implementing the overall summit strategy. IACP summits have been catalysts for proactive partnerships between police and other organizations that have improved community capacity to reduce crime and increase quality of life.

The 2001 Child Protection Summit focused on building partnerships that can protect our children by reducing the incidence of, and responding effectively to, child abuse and neglect. The International Association of Chiefs of Police (IACP), the Child Welfare League of America (CWLA), and the National Children's Alliance (NCA) collaborated to sponsor this Summit with the assistance and support of the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

Because child protection is a policy area where the interests of law enforcement and child protection leaders intertwine, the partners began with the premise that creating stronger and more stable partnerships will have a profoundly positive effect nationwide. IACP brings to the table its 19,000 police leaders from coast to coast. CWLA encompasses 1,200 public and private member agencies, which together employ thousands of professionals and serve more than three million U.S. children and families every year. The NCA represents 500 programs, comprising the nation's only organized network of community-based child advocacy centers. The individuals and agencies represented by these organizations are willing to explore new concepts and implement innovative strategies to reduce crime and protect children. By joining forces in this Summit, IACP, CWLA, and NCA have strengthened existing collaborations and built new partnerships. Summit recommendations chart a course to a safer, brighter future for our children.

SUMMIT RECOMMENDATIONS

During the two-day Summit, over 120 participants developed recommendations delineating a comprehensive strategy to protect our children that is child-focused, community-based and integrated across many disciplines. In six issue-focused groups, Summit participants explored ways to:

- Strengthen partnerships to prevent child maltreatment
- Build a community response to child abuse
- Implement promising response strategies
- Enhance the professionalism of child abuse and neglect responders
- Build strong interdisciplinary working relationships
- Enact supportive legislation and funding policies
- Leverage and share resources for child protection

This summary of Summit recommendations is drawn from the work of the issue groups augmented by feedback from Summit participants. Research and experiences discussed by group members frames and supports their recommendations.

Proven and promising child protection strategies are outlined below, followed by approaches for building citizen and professional capacities to implement them. The report concludes with a **Leadership Agenda** that can guide leaders across the country in their efforts to prevent and respond to child abuse in their own communities.

Effective Strategies to Protect Our Children

An integrated approach, combining strategies for preventing child maltreatment with programs responding to child abuse and neglect, will enable us to protect and nurture the greatest number of children. Preventing child maltreatment and avoiding the many difficulties it causes victims and communities conserves resources by dealing with issues before they become larger, more intractable problems. Once abuse or neglect has occurred, effective responses, ranging from support and treatment of children and families through criminal sanctioning of the abuser, limit negative impacts of maltreatment and help to prevent its recurrence in affected families.

Summit participants concurred with and reinforced research findings in suggesting that both ***prevention and intervention programs are most effective when they are:***¹⁸

- **Timely**, addressing issues and making key decisions as early as possible in children's life cycles and in the cycle of maltreatment
- **Family-focused**, treating the entire family in a holistic, respectful manner that acknowledges and builds on its assets and strengths
- **Child-centered**, ensuring that children and youth feel welcomed and safe
- **Family-friendly**, reducing barriers to family member participation

- **Inclusive**, ensuring that every child and family in need receives appropriate services and support
- **Culturally responsive**, honoring family cultural traditions and values
- **Comprehensive**, addressing a broad range of risk and protective factors
- **Informed**, based on accurate and reliable information about children, families and their environments
- **Consistent**, using structured assessment and decision making tools to help guide responses to each family
- **Tailored**, matching approaches and interventions to family strengths and needs
- **Measured**, ensuring the “dosage” or intensity of service/intervention is sufficient to meet documented child and family needs
- **Developmentally appropriate**, matching family supports and services to children’s competencies
- **Long-term**, offering continuing support for families in need
- **Community-based**, developed in response to community priorities, strengths and needs

Recommendations summarized below outline ways that communities and professionals can align their child protection strategies with these principles of effective practice.

Preventing Child Maltreatment

Successful community-based prevention programs provide comprehensive support for all families, offer specialized and intensive services for high-risk families, utilize primary prevention approaches intended to change specific behaviors, and promote community-wide engagement.¹⁹ Summit participants offered recommendations for improving prevention efforts that rely on the informed collaboration of citizens and professionals and emphasize the importance of fostering a “zero tolerance” attitude toward child maltreatment. They also underscored the importance of providing culturally appropriate, non-stigmatizing interventions for the benefit of children and families at risk.

1. Increase community awareness of the prevalence and far-reaching impacts of child maltreatment.

All community members must take responsibility for protecting and nurturing our children. Educating citizens regarding the prevalence and high cost of child maltreatment, both human and fiscal, will heighten their awareness and willingness to become involved in preventing child abuse and neglect. Informed taxpayers are more likely to support funding for services and programs proven to prevent child maltreatment.

2. Increase citizen and professional awareness of the factors that place children at risk of abuse or neglect.

Many factors increase the risk of child maltreatment. Families with domestic violence, substance abuse, or mental illness issues are at increased risk of abusing or neglecting their children. If these factors are exacerbated by caregivers' personal history of abuse or neglect, economic crisis, social isolation, and/or other violence in the environment, children are even more likely to be abused or neglected. Younger children, those with disabilities, and those with behavioral problems are more vulnerable to maltreatment, particularly if caregivers have impulse control problems and cannot empathize with the child.²⁰

Engage police more specifically in prevention through community policing partnerships such as the SHIELD²¹ Child Development-Community Policing and Weed and Seed approaches. Prevention, intervention, and treatment should include youth services, school programs, community and social programs, and support groups designed to develop positive community attitudes toward combating narcotics use and trafficking. The Safe Haven, for example, is a mechanism to organize and deliver an array of youth-and adult-oriented human services in a multiservice center setting such as a school.

3. Engage citizens, particularly community leaders, in promoting and providing for effective prevention strategies.

Community members should be informed regarding risk factors that can lead to child maltreatment, as well as protective factors that can mitigate the impact of these risk factors. Protective factors that contribute to family resiliency include a strong economic base, supportive extended families, involvement with community organizations, social support, and relationship and parenting skills. With this knowledge, community members are empowered not only to recognize families at risk but, even more important, to help these families overcome their challenges by building on their strengths. Prenatal and early childhood visitation programs (also known as nurse home visitation model) have proven to reduce abuse and neglect. Family resource centers are one promising approach that enables communities to protect children and nurture families, reducing their social isolation by offering opportunities for family recreation, children's activities, counseling, parenting classes and support groups.

4. Intervene as early as possible in children's lives to build on families' strengths and promote healthy development.

Research documents the cost-effectiveness of supporting new parents in nurturing and caring for their children. This can come in the form of educational opportunities provided in hospitals or birth centers as well as more intensive and extensive home visiting programs for parents of newborns. Nurse home visitation for low-income new parents, beginning during pregnancy and continuing for up to two years after a first child is born, has been shown to significantly reduce the incidence of child abuse or neglect

and to lower rates of substance abuse and criminal behavior by both parents and children.²²

5. Encourage all parents and prospective parents to improve their parenting skills and to learn healthy ways of resolving conflict and managing stress.

Communities should ensure that all parents are informed of, and have access to, a wide range of supports and services for themselves and their children. Parenting education classes should routinely be offered at schools and colleges to equip young people with the skills essential to successful parenting. Parent support groups can offer mentoring and mutual support for parents facing a variety of child-rearing challenges. For parents at high risk of abusing or neglecting their children, parenting skills programs can support them in their efforts to improve family communication, conflict resolution and stress management.

6. Ensure that preventive programs and services are comprehensive and family-focused.

“Family strengthening” approaches strive to help “families understand their role in their child’s development and [ensure that they] are armed with the information and skills necessary to raise healthy and well-adapted children.”²³ There are many examples of family-focused interventions proven effective in addressing a range of risk factors, including Strengthening Families²⁴ (for substance-abusing parents); Focus on Families²⁵ (for methadone maintenance parents), the Nurturing Program²⁶ (for physically and sexually abusive parents); Families and Schools Together (FAST)²⁷ (for high-risk students in schools), Nurse Home Visitation Model²⁸ (for prenatal and early childhood) and Family Effectiveness Training.²⁹ (for Hispanic families). Many of these also provide supports such as food, transportation, and childcare during sessions.

7. Expand the role of schools in educating children to recognize and avoid abusive events and in preparing older children and adolescents for parenthood through child-rearing and parenting education programs.

Child safety curricula have been developed and successfully utilized in many elementary schools across the country. These programs teach children to discern inappropriate touching, to say no to adults placing them in uncomfortable situations, and to tell other adults about instances in which they have been abused or threatened.³⁰ There are also curricula designed to teach teens to recognize when they are at risk of being hurt or hurting others, and to help them build skills they need to develop healthy, abuse-free relationships.³¹ School personnel should ensure that children of all ages are informed of safe and supportive ways they can disclose and be protected from abuse by caregivers or others. What has not been as widely adopted are parent education/child-rearing curricula, which has significant promise and which can be linked to existing life planning, health and /or sexuality education curricula in use in the schools.

8. Encourage involvement of the faith community in promoting awareness of and preventing child maltreatment.

Because religious leaders are likely to have opportunities to intervene early with some high risk families to prevent abuse, they should educate themselves about risk factors that can indicate families' need for supportive services, as well as protective factors that can be strengthened through the faith community's intervention. Congregations may be able to provide a range of services and support, either directly or by providing space, equipment and/or supplies for use by other community and professional groups. Congregation members and religious leaders should also stay informed about community resources to which they can refer families at risk.

9. Make supportive services for at-risk families more accessible.

By decreasing barriers to participation, prevention programs can reach a broader range of families. Offering transportation to program sites as well as childcare during classes or sessions enables parents with limited resources to participate. Locating child abuse prevention programs in neighborhood schools, churches or community centers increases their accessibility and reduces stigmatization of participants. Providing for bilingual staff and program materials in appropriate languages can ensure that parents who speak no or limited English will be able to benefit from prevention efforts.

10. Ensure that family support programs are culturally appropriate and responsive.

Tailoring preventive programs and services to the cultural traditions of families involved improves recruitment and retention. Every culture has unique parenting approaches that emphasize distinctive values, and programs must accommodate cultural differences in order to achieve child protection outcomes desired by families and communities as well as service providers.

11. Support the involvement of trained citizen volunteers in providing family-friendly support for at risk families.

Using a proactive, non-punitive approach, citizen volunteers can encourage families at risk of abusive behaviors to participate in supportive services offered by community groups and by mental health, substance abuse and child protection agencies. One program in Washington state successfully uses parent volunteers living in the same school community as at-risk families. These "parent connectors" often have experienced and overcome many of the same challenges faced by the families they work with, and so can support them without judging them.³² Volunteers with cultural/ethnic backgrounds similar to at risk families can help to make preventive services more accessible and user-friendly. All volunteer family 'mentors' must be trained and supported in their work by professional staff.

12. Encourage interdisciplinary, private and public sector collaboration in preventing child maltreatment.

Traditional first responders, particularly police, emergency medical technicians and child welfare workers, must invite other professionals to join with them in protecting our children. Specialists in domestic violence, mental health, substance abuse and probation/parole who work with adults at higher risk of abusing and neglecting children should commit themselves to increased vigilance on behalf of their clients' children. Those who work with children and their families, including day care providers, school personnel and health care workers also have a heightened responsibility to note the presence of risk factors, and to promote development of children's and families' strengths. All of these professionals, whether working in public or private sector agencies, should help at-risk families find the combination of supports and services that will be most effective in keeping them from abusing or neglecting their children. The Child Development-Community Policing (CD-CP) Program that originated in New Haven and was replicated in four other cities with OJJDP funding, demonstrates the power of police-mental health partnerships to mitigate the destructive impact of children's exposure to violence as victims and witnesses. Building on its achievements with younger children and their families, the New Haven collaborative expanded its focus to work with adolescents beginning to engage in delinquent behavior, successfully reducing truancy and recidivism by these youth through the coordinated efforts of police, probation officers, clinicians, educators, case managers and family members.³³

13. Create incentives and opportunities for child abuse perpetrators to voluntarily seek treatment.

Even with the best efforts of citizens, professionals and family members, many instances of child abuse and neglect are never reported. Some perpetrators who may otherwise never be detected might be induced to voluntarily seek treatment by assurances that their successful completion of treatment without relapse into abusive or neglectful behaviors would permit them to avoid criminal prosecution and/or sentencing. A pilot program calling on sexual abusers to stop their abusive behavior and seek help was recently launched based on experience that at least some of these individuals are motivated to acknowledge and change their abusive behavior.³⁴

Identifying and Responding to Child Abuse

Community members and professionals must work together to increase the likelihood that instances of child maltreatment will be identified and responded to promptly and effectively. Similar to successful prevention approaches, the most effective intervention strategies:³⁵

- Integrate the contributions of social service, legal, law enforcement, health, mental health, education and victim advocacy professionals
- Strengthen neighborhoods and communities by encouraging local efforts to make the environment more supportive of children and families
- Place children's safety and well-being first
- Support families working to enhance their functioning, removing children only when absolutely necessary to protect them from psychological, emotional or physical harm

Summit recommendations in this section focus on improving identification and investigation of suspected child maltreatment; establishing a comprehensive continuum of services for child victims and their non-offending family members; and ensuring that perpetrators receive appropriate sanctions and services that can reduce the likelihood they will continue to abuse or neglect children.

14. Hold mandated reporters accountable for reporting suspected child abuse 24 hours a day, rather than solely when they are functioning in their official capacities.

Designation of mandated reporters varies across states, but a broad definition includes police officers; fire fighters; emergency medical technicians and paramedics; child protection service workers; physicians; dentists; physician's assistants; nurses; optometrists; chiropractors; school employees; certified day care and foster care providers; licensed counselors, social workers and marriage/family therapists; psychologists; staff of health, mental health and developmental disabilities programs; substance abuse treatment providers; juvenile and criminal justice and corrections program staff; attorneys; clergy; and CASA volunteers. If all of these individuals were responsible, at all times, for noting and reporting suspected child abuse and neglect, it is likely that fewer cases would go unreported.

15. Educate both citizens and mandated reporters regarding the indicators of child abuse and protocols for reporting suspected child maltreatment.

Public awareness campaigns can alert community members to indications of child abuse or neglect, and outline how and to whom they can report their suspicions. Though some mandated reporters already receive specialized training regarding indicators, it is essential that all who are required to report child maltreatment be trained to recognize its signs and report it promptly, consistently and appropriately.

16. Provide mandated reporters with policy guidelines and written protocols that specify to whom, when and how to report suspected child abuse.

Although each profession has distinct responsibilities and perspectives in responding to child maltreatment, guidelines for reporting suspected child abuse should be coordinated across disciplines. Statutes can delineate basic expectations and requirements, but each agency must take responsibility to coordinate its policies and practices with partner agencies, so that they are consistent community-wide.

17. Make it easier for citizens to report suspected child abuse and neglect by establishing and publicizing a single point of contact with responders in every community.

Twenty-four hour child abuse hotlines can serve as central reporting mechanisms for citizens and, in many instances, mandated reporters. There must be sufficient staff to take and triage all calls for response priority. These staff should be trained to obtain requisite information and apply risk assessment protocols (developed by the local MDT, discussed below) that provide simple, easy-to-use criteria for evaluating the urgency of the situation (such tools are used by several jurisdictions across the country).³⁶ First responders (e.g., law enforcement and/or child protective services, EMT's, school personnel) should then be notified of situations requiring immediate response (e.g., within one hour), and those requiring investigation within 24 to 72 hours. Hotlines should also provide callers with information about available resources and supportive services, particularly for those cases evaluated as less urgent.

18. Trained law enforcement officers and child protection workers responding to suspected child maltreatment cases evaluated as potentially severe or life-threatening should partner with each other and be available to respond together 24 hours a day.

In volatile situations where children may be in imminent danger, law enforcement and child protection professionals can support one another in diffusing threatening situations, assessing factors affecting children's safety, and developing safety plans which might, in extreme circumstances, require removal of the child(ren).³⁷ This interdisciplinary collaboration can ensure that decisions made will minimize disruption of children's lives while maximizing their safety.

19. Provide accessible, non-stigmatizing places where child victims of abuse and/or non-offending caregivers can seek refuge and obtain supportive services.

Community-based family resource centers, religious institutions and schools can provide havens for child abuse victims and their families. The needs of homeless youth, many of whom have run away from abusive family situations, must also be addressed by community agencies collaborating to meet their basic needs and provide them with education, job-finding, treatment and other supportive services that can help them become healthy, self-supporting adults. To ensure accessibility, the location and availability of facilities and services for child abuse victims should be publicized, and

their staff and volunteers should be culturally sensitive and able to communicate with non-English speaking persons. Homeless shelters should be offered response information and training.

20. Establish multidisciplinary teams (MDTs) in every local jurisdiction to ensure that investigations of, and responses to, child abuse incidents are coordinated across the key agencies responsible for protecting children.

As of 1999, over 40 states had statutorily defined the role of MDTs and authorized them to conduct joint investigations and share information in ways that protect clients' rights to confidentiality and maximize reliability of investigation outcome.³⁸ MDTs must include representatives of law enforcement, child protection agencies, prosecutors, mental health and medical professionals, and victim advocates. Summit participants recommended that schools, as important partners in child protection, should also be represented on MDTs. As they pursue their investigative and treatment-planning responsibilities, MDTs should help victims and their families understand and comfortably negotiate the legal and child protection systems. Though MDTs are a key component of CACs, they can and should be established regardless of whether a community is able to implement the comprehensive CAC model. Each community's MDT structure and decision-making protocols should be customized to meet local needs.³⁹

21. Communities should establish Children's Advocacy Centers (CACs) to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting.

Children's Advocacy Centers provide a comfortable, private, child-friendly setting that is both physically and psychologically safe for diverse populations of children and their families. CACs usually provide services to a specific population of children at risk. In larger urban settings, they may focus services on children alleged to have been sexually abused. CACs in smaller communities may provide services to a broader range of child victims, including those who have experienced sexual abuse, physical abuse or serious neglect, and those who have witnessed family or community violence. A key component of every CAC is an MDT made up of law enforcement, child protection, medical and mental health providers, prosecutors and victim advocates. The team response to allegations of child abuse/neglect includes forensic interviews, medical evaluations, therapeutic interventions, victim support/advocacy, case review and case tracking. These may be provided by CAC staff or by other members of the MDT. CACs may also provide interdisciplinary training for the range of professionals, both in the CAC and in the community, who diagnose, investigate and respond to child abuse and neglect.

22. Assign specialized units or specially trained staff members of law enforcement agencies and prosecutor's offices to focus on investigating and prosecuting child abuse cases.

By designating staff specialists in child maltreatment investigation, law enforcement agencies and prosecutor's offices can develop more seamless working relationships with one another and other child protection professionals. Investigators and prosecutors assigned to cases should follow these cases vertically throughout the justice process to ensure greater continuity of case management and more timely and effective decision-making.

23. Assign every child abuse or neglect case coming before the court to a judge who then conducts all hearings, conferences and trials in matters related to this family's court experience.

The National Council of Juvenile and Family Court Judges as the best approach for child maltreatment cases have endorsed this system of "direct calendaring".⁴⁰ It enables judges to become thoroughly familiar with the strengths and needs of the children and families, and to provide consistency and continuity in decision-making. Judges are better able to develop working relationships with other professionals involved in the case, and with family members. This system also helps to ensure that judges can continuously assess the results of their decisions and make changes in court requirements as necessary to serve the best interests of the child(ren).

24. Develop or adapt structured assessment tools and decision making protocols that localities can use to improve the consistency, efficiency and effectiveness of their case management decisions.

In addition to the response priority and safety assessments used by first responders and hotline staff (referenced above), local MDTs should utilize research-based risk assessment tools to determine whether cases should be pursued, and if so, what level of intervention is required. There are several such tools that have been validated in a variety of jurisdictions.⁴¹ Family strengths and needs assessments should also be utilized to objectively document families' strengths and weaknesses, and identify critical concerns they are facing. Objective assessment instruments augment but do not replace professional judgment. Trained professionals can greatly enhance the consistency, clarity and effectiveness of their decisions on behalf of children by using validated assessment tools enhanced by their own insights and experience.

25. Design case management plans in partnership with families using objective assessments of families' risk levels and strengths.

Interventions targeted to address identified risk factors and designed to build on families' documented strengths are more likely to achieve the key goals of child protection and family health and wellness. Case management plans can be modified periodically as reassessments indicate changes in the risk or asset profiles of families.

26. Support non-offending family members as necessary to enable them to create a safe and healthy environment for their children.

Child protection specialists and other professionals working with family members should not only ensure that their basic needs are met (food, clothing, shelter, housing) but also look for ways to build on their strengths. Non-offending family members can be trained and supported in better protecting and nurturing their children. Caregivers and child victims should be actively involved in designing the intervention strategies that will be implemented on their behalf.

27. Provide an adequate and accessible continuum of shelter and foster care for children determined to need out-of-home placement.

Some children will require only short-term placement, others will be removed from their families for longer periods, and some will eventually be permanently placed with alternate caregivers. First responders, including law enforcement and child protection workers, should have 24-hour access to appropriate shelter or foster care for children needing emergency placement. Jurisdictions should provide centralized referrals to available shelter beds through the same agency that operates its child abuse hotline.

28. Invest in recruiting, training and supporting a cadre of foster parents who can protect and nurture children during times when their families are unable to care for them.

Foster parents play a central role in child protection systems, providing both short-term crisis shelter and longer-term homes for children who cannot remain with family members. To encourage people to take on this demanding role, states and localities must offer training, ongoing professional support, and adequate compensation.

29. Sanction child abuse perpetrators equitably and proportionately for their offenses, and offer them treatment and training appropriate to their circumstances and needs.

Forms of child maltreatment vary in severity from 'simple' neglect through physical and sexual abuse to murder. These offenses and potential sanctions exist along a continuum, from probation through local jail sentences to lengthy terms of imprisonment. In states where it is authorized, capital punishment may be invoked in the most egregious cases. For offenses at the lower end of the severity continuum, family group conferencing or other methods of diverting cases from formal justice system processing may be the response most beneficial to child victims. For every case, sanctions imposed should be proportionate to the severity of offenses. Even in those cases where it is determined that family reunification is not in the victims' best interest, child abusers should be offered treatment and skill-building opportunities designed to reduce the risk that they will victimize other children.

30. Establish child fatality review teams in every state and major metropolitan area to examine circumstances of and responses to child deaths resulting from abuse or neglect.

These teams should be interdisciplinary, involving medical examiners, prosecutors, law enforcement officers, child protection workers, medical professionals, pathologists, mental health care providers and victim advocates. Through their review of child fatalities, and particularly of infant deaths, the teams can highlight prevention approaches, improve investigation and prosecution of child homicides, and increase citizen and lawmaker awareness of the scope of the problem.⁴²

Building Capacity to Implement Effective Strategies

Only if they have the requisite knowledge, commitment, skills, resources and authority can child protection and justice system professionals, in partnership with community members, effectively implement proven strategies for preventing, identifying and responding to child. Recommendations below suggest ways that agencies' and communities' capacities to protect children can be enhanced and sustained.

Engaging Communities

31. Design and implement a national media campaign that will galvanize communities to invest time and resources in preventing child abuse and neglect.

National media campaigns to raise awareness of the dangers of tobacco and other drug use have successfully reduced public acceptance of these behaviors and increased general knowledge of their negative impacts. Summit participants recommend investing in a national media campaign that will raise awareness of the child maltreatment crisis and motivate everyone to take responsibility for protecting children. This campaign should reinforce that preventing child maltreatment through a variety of family-centered strategies is a good investment, and emphasize that child protection professionals are committed to preserving and supporting families and focused on investigating crimes and sanctioning offenders.

32. Involve community leaders and citizens in developing and monitoring the impacts of culturally competent, community-specific strategies to prevent and respond to child maltreatment.

Children can best be protected and nurtured by those closest to them – their families, their neighbors and communities, their cities and counties. Policy and resource allocation decisions made at the local level offer the best opportunities to prevent and respond to child abuse and neglect. Local monitoring of the outcomes of child protection strategies and programs, grounded in research-based knowledge of best practices, is the most effective way to strengthen communities' efforts on behalf of their children and families.

Supporting Child Protection Professionals

33. Develop research-based, culturally competent national training curricula for child protection professionals, including law enforcement officers, child welfare workers, education and health professionals, treatment providers, prosecutors, victim advocates and judges.

All of these professionals require specialized training that will prepare them to meet their specific responsibilities for preventing, investigating and/or responding to child abuse and neglect. Each profession should update and build on existing curricula to fashion a national core curriculum that can be tailored to meet evolving state and local professional training needs. These core curricula will enrich and help to standardize college training for child protection professionals, and will be useful to local and state trainers designing orientation and in-service training programs. “Consumers” of child protection services, i.e., survivors of child maltreatment, should be involved in tailoring curricula to meet state and local needs and priorities.

34. Encourage localities to develop cross-discipline training for all child protection professionals.

Training involving varied combinations of social service, legal, law enforcement, health, mental health, victim advocacy and education professionals can foster mutual understanding and respect while encouraging greater uniformity of decision criteria, protocols and procedures. One example of a successful cross-discipline curriculum is the “Finding Words” forensic interviewing course, launched in 1998 by the American Prosecutors Research Institute to provide forensic interview training for MDTs.⁴³

35. Institute national certification for all professionals involved in reporting, investigating and intervening in child maltreatment cases.

Law enforcement, child welfare, health and mental health care providers, forensic interviewers and all others who work in the child protection field should be encouraged to obtain national certification by meeting minimum standards specified by their professions. These standards should reference the amount and the type of education, training and/or experience required to attain certification. Through national certification, child protection professionals can gain credibility and increase their job satisfaction, which can in turn increase their effectiveness in protecting children and supporting their families.

36. Provide incentives that motivate people to enter and remain committed to child protection professions.

Those who investigate and intervene in cases of child abuse and neglect take on responsibilities and face stressors that test their commitment and diminish their endurance. It is imperative that federal, state and local governments collaborate to increase incentives for qualified persons to commit themselves to child protection work. These inducements could include student stipends and loan forgiveness, low interest

home loans, sabbaticals, increased on-the-job educational opportunities, flex time and increased pay. Other incentives, less tangible but no less essential to supporting continued commitment, include meaningful recognition for jobs well done and opportunities to become involved in child protection policymaking at the local, state and national levels.

37. Set maximum *workload* (vs. caseload) standards for child protection professionals based on the level of effort required to address families' issues and meet their needs.

Law enforcement officers, prosecutors, judges and social service professionals know that child abuse and neglect cases are often more demanding of their time, patience and ingenuity than many other type of cases. Developing a workload standard is a challenging task, requiring not only that agencies determine the maximum number of hours per week a staff member should be expected to spend working with clients, but also the development of objective client assessment tools that are used to determine the amount of effort (i.e., hours per week) required to serve each client. By equalizing workload across staff members, agencies can guard against burnout and ensure that every client is fairly served. Workload standards, when applied to total client populations, can also be used to determine staffing requirements and budget requests for justice and child welfare agencies.⁴⁴

38. Recruit and retain child protection workers from culturally diverse backgrounds.

As our communities become more diverse, it is vital that professionals working with families at risk of child maltreatment are sensitive to their cultural backgrounds and values and culturally competent in service delivery. One of the best ways to ensure cultural competency is to increase the proportion of child protection professionals from diverse ethnic, racial and cultural groups. This must be supported through federal, state and local investments in recruitment initiatives and incentives that could begin as early as high school.

Sustaining Collaboration

Summit participants emphasized that collaborative approaches are the most effective ways to prevent and respond to child maltreatment. However, they also caution “an assembly of people does not make a team.” Creating and sustaining a successful community-based collaboration requires careful attention to the ways in which its members commit to working together. Recommendations in this section are offered to strengthen all collaboratives engaged in child protection policymaking, investigations or case management (including MDTs).

39. Provide training and technical assistance to support collaborative teams.

Members come to teamwork with a wealth of knowledge about their respective disciplines, but often have little experience working collaboratively with professionals from other fields. States and localities should provide resources to facilitate team

building for groups just forming, and to troubleshoot with existing teams that develop teamwork problems.

40. Develop a common language, shared priorities and mutual expectations.

Team members must invest time in understanding and appreciating their professional and personal diversity. Members may use the same words to mean different things, assign competing priorities to child protection activities, and have conflicting expectations about their roles, responsibilities and authority as team players. Only after these differences are clarified and resolved can the team come to authentic consensus about desired outcomes of its work and act together to achieve these goals.

41. Provide mechanisms for conflict resolution.

Teams must be prepared for conflicts that will inevitably occur, so that differences of opinion do not derail the group's collaborative process. Different perspectives can enrich the group's collaboration, so long as they are addressed openly and respectfully. Teams should establish ground rules for interaction that encourage members to bring their issues to the table, listen as allies, and work together to develop resolutions that help the group achieve its goals. Professional facilitators or mediators can assist in resolving any conflicts the group is not able to settle on its own. Team coordinators should be given training opportunities in the area of conflict resolution strategies.

42. Ensure that local collaborations have management structures and logistical support sufficient to accomplish their responsibilities.

MDTs and other community-based collaboratives can benefit from assistance in managing logistics, facilitating problem-solving, and sustaining open communication and information sharing. In jurisdictions with a CAC, Center staff could perform these functions. Those without a CAC may rely on participating agencies to provide coordination and support services, and/or engage contractors or consultants to assist with specific tasks or functions. States with a network of MDTs should consider establishing a statewide interdisciplinary group with oversight, management support, technical assistance and advocacy responsibilities.

Utilizing Research and Technology

43. Link local and state information systems to provide an accurate picture of child abuse, neglect and fatalities.

Communities must broaden their understanding of the child maltreatment problems that are within their power to remedy. Using comparable data compiled for many jurisdictions, analysts can produce information about the incidence of child abuse and neglect in communities, the characteristics of victims and perpetrators, and the nature of system responses to these cases. With information compiled over time, changes in child maltreatment patterns can be documented. Using this knowledge, policymakers and practitioners can better target their use of scarce child protection resources to maximize positive impacts and advocate for responsive statutory changes.

44. Create and maintain integrated local information systems that meet front-line staff needs.

Effective case management requires ready access to accurate, up-to-date information about the history and current status of cases. MDT members and other front-line staff should participate in the design of information systems that serve case management and decision making purposes. Their input is especially vital to ensure that features enabling the sharing of information do not run counter to statutory confidentiality requirements.

45. Standardize record-keeping systems across local and state agencies to avoid duplication of effort and facilitate information sharing.

Staff of law enforcement, child welfare, prosecutorial and other court agencies working with child abuse and neglect cases often feel burdened with excessive and duplicative paperwork. They may also be unable to efficiently access essential information about their cases due to outdated automated and paper record-keeping systems that are incompatible across agencies. These frustrations can lead to high rates of staff turnover, which decreases the continuity and quality of child protection services.⁴⁵ MDTs can help to minimize and standardize record-keeping requirements through reaching consensus on shared risk and needs assessment tools and strategies, establishing a common language that can be incorporated in each agency's record-keeping systems, and attending to their statutory and regulatory responsibilities.

46. Clarify and streamline confidentiality requirements so that information can be shared across agencies and jurisdictions.

The CWLA's Standards of Excellence recommend that agencies working with child abuse victims and their families have written policies and procedures that guide the sharing of information while safeguarding the privacy of child victims and family members. State statutes and agency policies should prohibit release of information that would place any family member at physical or emotional risk, and that agencies should establish security mechanisms to "protect the integrity of paper and computer records of children and families."⁴⁶

47. Disseminate results of research and program evaluations to policymakers and practitioners.

Research on the causes and correlates of child abuse and neglect and on effective programs and best practices should inform policymakers as they develop strategies to prevent and respond to child maltreatment. Evaluations that document measurable impacts of these strategies enable decision makers to invest their resources in programs and services proven to prevent and/or ameliorate the effects of child abuse

and neglect. Evaluators should ensure that evaluation results are understandable and useful for policy and practice.

Evaluating Impacts

48. Systematically elicit input from former child victims and their family members about better ways to protect children and help families become healthier.

By listening carefully to the accounts of children who were victims of abuse and/or neglect, communities and professionals can learn much that will help them improve the effectiveness of prevention and intervention approaches. Family members can also contribute perspectives valuable in revising child protection strategies to make them increasingly family-friendly and culturally appropriate.

49. Define and measure interim indicators of the outcomes of child maltreatment prevention initiatives, while also investing in evaluating their long-term impacts.

The success of prevention initiatives offering services and supports to families of infants and young children cannot fully be assessed until these children are adolescents or even adults, a time span exceeding the tenure of most elected officials and many agency personnel. Longitudinal research projects require a significant commitment of resources, and the patience to wait many years for the full picture to emerge. However, creative policymakers and researchers can and should define interim indicators that prevention efforts are on the right (or wrong) track. For example, prenatal care and home visits to new parents can be shown to result in healthier babies significantly earlier than these programs can be conclusively linked either to lower rates of child abuse/neglect by these parents or to reduced delinquency or substance abuse by their children.

50. Continue to research the relationship of family risk and protective factors to child abuse and neglect.

A growing body of research documents that families challenged by many risk factors (such as parental substance abuse, poor family management and family violence) is more likely to abuse or neglect their children, in the absence of protective factors such as a stable economic base and community ties. However, researchers are only beginning to compile findings that indicate ways programs and services can help families build resilience, change negative behaviors and learn new skills that reduce the risk they will neglect or abuse their children. Research that enables professionals to target particular types of interventions likely to be effective for families exhibiting specific combinations of risk and protective factors will be critical to enhancing our ability to prevent child maltreatment.

51. Support MDTs as they define measurable outcomes for their work and collect information that allows them to document whether these outcomes are achieved.

In many jurisdictions, MDTs, particularly CACs are at the forefront of defining desired outcomes of child protection efforts, not only for individual cases but also collectively, for

the multi-agency local system. With improved record-keeping and information systems, and with technical assistance funded by state and federal research and evaluation resources, MDTs will be better able to monitor the short-term and long-range impact of their work, not only on the lives of children and families they serve, but also on the health and safety of their communities.

Enacting Enabling Legislation

52. Educate lawmakers at local, state and national levels regarding the long-term impact of child maltreatment and promising and effective strategies for its prevention.

Communities and professionals knowledgeable about child abuse and neglect must continue to bring their concerns to their elected representatives. If lawmakers understand the high costs of child maltreatment and are provided with information about strategies proven to prevent or lessen its impact, they are more likely to take action to support these cost-effective approaches.

53. Encourage state legislatures that have not already done so to authorize and support local multidisciplinary teams (MDTs) and child advocacy centers (CACs).

Legislatures should enact statutes indicating the agencies to be represented on MDTs, and outlining MDT responsibilities and decision-making authority. These statutes should also authorize MDT members to share information within specified confidentiality guidelines. Legislatures should guarantee a stable source of funding for the development and operation of MDTs, and establish a statewide structure with sufficient resources to deliver training, technical assistance, and evaluation support to MDTs.

CACs offer a cost-effective way to provide essential services to child victims of abuse. The vast majority of CACs are public-private partnerships where the work of public agencies charged with investigating and responding to child abuse is vastly enhanced by financial and volunteer support from communities. Fourteen states have enabling legislation to support MDTs, and have provided significant funding to support the development of CACs. With creative leveraging of resources from the public and private sectors, CACs are able to meet many of the most critical needs of children who have been abused.

54. Examine state and federal statutes and enabling legislation to delineate decision-making authority and specify shared funding responsibilities of agencies focused on child protection.

Over the past few decades, state and federal lawmakers have created numerous agencies and entities to address child abuse and neglect. Though these initiatives reflect lawmakers' commitment to protecting children, the unintended impact of these legislative actions include overlapping mandates, conflicting policies and priorities, and fierce competition for the same limited resources. It is time to review authorizing legislation with an eye to the increasing flexibility and the availability of federal funding

and the capacities to use existing resources in innovative ways to prevent and respond to child maltreatment.

Leveraging Funding

55. Provide for community-based discretion in allocating state and federal resources to meet locally defined needs.

Local decision makers, including elected officials, business leaders, agency professionals and citizen activists, are in the best position to assess their communities' needs and develop strategies to better protect children and nurture families. Federal and state funds dedicated to child abuse prevention and intervention should be transferred to local jurisdictions carrying the fewest 'strings' possible, so that local policymakers can blend funds from different sources to create a cohesive, community-directed continuum of services designed to prevent and respond to child maltreatment.

56. Continue to provide federal seed money for community-based prevention and for MDTs and CACs as an incentive for more state and local jurisdictions to implement these effective strategies for responding to child abuse and neglect.

A variety of existing funding streams now provide resources used for prevention and to promote development of collaborative, multidisciplinary methods of addressing child maltreatment. These initiatives should be continued, consolidated and expanded upon so that every family and child at risk can benefit from these proven approaches.

57. Support and expand incentives to encourage private sector investment in child protection endeavors.

Corporations have responded favorably to tax and other fiscal incentives designed to encourage them to hire former welfare recipients (Welfare to Work) and to locate their business operations in economically disadvantaged communities (Enterprise Zones). Private sector enterprises understand that by supporting healthy families they help to create a stronger work force and more vibrant markets for their products and services. Corporations and small businesses should be recognized for their accomplishments in creating family-friendly workplaces, offering employees opportunities to enhance parenting skills, and encouraging staff to contribute to their communities as mentors, tutors, or coaches. Family-friendly companies should encourage other businesses to follow in their footsteps.

LEADERSHIP ACTION AGENDA

To implement the recommendations in this report, professionals in child welfare, law enforcement, the courts, health care, education, and victim advocacy must collaborate with other community leaders to:

1. Make child protection a priority.
2. Implement prevention strategies including community policing partnerships and community child protection approaches to identifying and supporting families in need; child-rearing/parent education programs for new and prospective parents including older children and adolescents; and programs that specifically target the behavior of offenders and potential offenders such as Stop It Now.
3. Convene mini-summits to develop strategies for implementing these recommendations in their communities and establishing a societal norm of zero tolerance for child abuse.
4. Develop public education campaigns to highlight the prevalence and impact of child maltreatment, clarify child protection professionals' roles, and encourage community members share in the responsibility for preventing and responding to child abuse and neglect.
5. Challenge local officials and community activists to contribute their resources to a collaborative, community-wide response to child abuse prevention and intervention.
6. Involve families and children in designing effective prevention and intervention approaches.
7. Encourage line staff and agency managers to participate in community education/awareness programs.
8. Ensure that children who witness family violence are referred to appropriate agencies capable of protecting and nurturing them.
9. Establish specialized child abuse investigation units and/or staff members in law enforcement agencies and prosecutors' offices.
10. Define maximum workloads for child protection staff and ensure that agencies have sufficient resources to meet these standards.
11. Orient all agency staff regarding their roles in assisting child abuse and neglect victims, their families and in interdisciplinary team participation.
12. Authorize and fund orientation and ongoing training in child abuse and neglect issues, policies and protocols for all professionals.
13. Cross-train to ensure partners' mutual understanding and respect and enable greater uniformity of decision criteria, policies and procedures.

14. Develop and support a multidisciplinary team (MDT) approach, which may be part of a children's advocacy center (CAC), to provide coordinated child abuse investigations and interventions.
15. Establish performance standards for MDTs that promote accountability and monitor the MDT process for adherence to these standards.
16. Advocate for state legislation to define, authorize and support MDTs, and to permit team members to share information necessary to make good decisions about child victims and their family members.
17. Encourage and support the development of children's advocacy centers to provide the framework within which MDTs can most effectively operate.
18. Commit to sustaining collaborative efforts by listening as allies, sharing resources, and resolving conflicts as they occur.

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Child Protection Legislation and Public Policy: Is Change Needed?

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ENDNOTES

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