Visioning for Prevention
Protecting Children Through Strengthening Families

Capacity Building CENTER FOR STATES

The Evidence for Strengthening Families

Imagine a world where there is no child abuse or neglect. Where all parents and caregivers are given easy access to the resources and supports they need to be better parents. Where asking for help is expected, and even welcomed, instead of stigmatized. Where communities can help families grow stronger and permanently thrive.

How can child welfare agencies help build such a world? How can the child welfare system shift focus from reacting to child maltreatment after it has already occurred to preventing it in the first place? To start, child welfare agency leadership, administrators, and managers must take action to engage other agencies, community partners, service providers, family, youth, and constituents to create a shared vision for this world.

Together, agencies and their system partners can align and model values that support healthy families and build family protective factors as a primary method of keeping children safe within their families and preventing child abuse and neglect. Working together, they can share expertise and funding to fill gaps for each other, make a greater positive impact on child and family well-being, and equally share the work. In this way, child welfare agencies can move from a siloed system focused on crisis intervention to a more integrated and equitable system that empowers families and offers support to strengthen all families.

Read this if:

You want to understand the evidence that supports moving toward a more prevention-focused system and create local buy-in with community partners, legislators, staff, and stakeholders at all levels

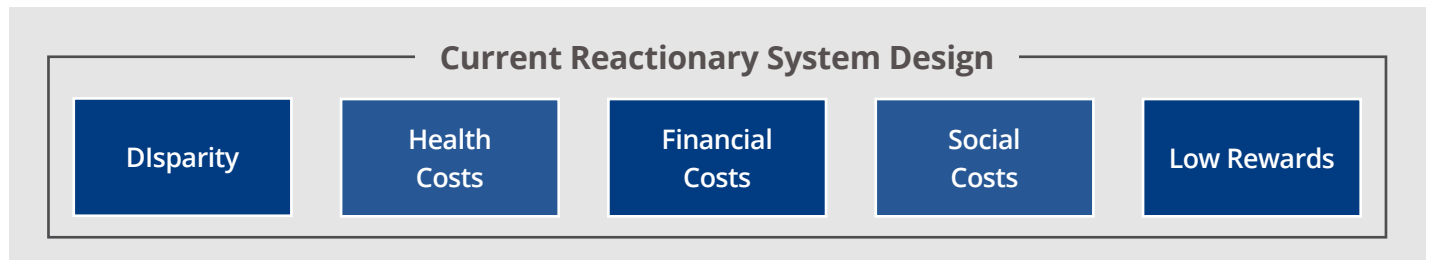**Learn more about the research, evidence, and data on:**

- ◆ Shortcomings of the current reactive child protection system
- ◆ Benefits of a prevention-oriented child welfare system
- ◆ What can be gained through a collaborative system focused on strengthening families
- ◆ What is needed for such a shift to occur

What Are the Shortcomings of the Current Reactionary System Design?

Many people are doing good work, even heroic work, across child welfare jurisdictions today. Yet despite their best intentions, they are working within the constraints of a flawed system. The current system is working as it has been designed through law and policy. Child welfare agencies rely on reports of maltreatment from mandated reporters, respond with assessments weighing risk and safety, and intervene to prevent further abuse or neglect. The changes brought about by the 2020 pandemic—like widespread school closures and increasing financial, emotional, and social stress on families—reveal the shortcomings of a system reliant on mandated reporters and short on resources to prevent family crisis. An examination of the current system's costs and outcomes highlights the need to invest in prevention to reduce inequities, lessen intrusive child welfare involvement, and improve outcomes.

Moving toward a prevention-focused child welfare system requires a collective mindset shift to integrate child serving agencies into a larger, more comprehensive system. The shift would move the system from narrowly focusing on safety and risk, with the burden solely on child welfare agencies, to a broader system with multiple organizations and expertise that supports well-being for all children and families.

The research and evidence summarized here will help child welfare leaders make the case for collaboration with other agencies, community partners, legislators, family, youth, judicial and legal communities, and stakeholders at all levels as the key to prevention, safety, and long-term stability for children and families.

Current Reactionary System Design

DIsparity	Health Costs	Financial Costs	Social Costs	Low Rewards

---

Lost Opportunities for Prevention

The current system, designed as a reactionary system that responds to reports of maltreatment that have already occurred, is poorly equipped to prevent child abuse and neglect from happening. Rising numbers of referrals indicate that intervening with the current reaction response framework after child abuse or neglect is reported is unlikely to impact child abuse and neglect in the general population (Welch, 2020).

◆ For many decades, voluntary parental assistance (like prevention and family strengthening services) and mandatory parental assistance (interventions after reported maltreatment) have operated independently, with minimal shared agenda setting and planning (Daro, 2019).

◆ Child welfare **agencies have been funded and organized to respond to reports of child neglect and abuse after the fact** and prevent recurrence (Daro, 2019). In most states, referrals to child welfare agencies must allege that abuse or neglect has occurred and meet the statutory definition to be accepted and move forward for investigation or assessment and potential services by the child welfare agency.

◆ In 2019, child protective services agencies received 4.4 million referrals involving 7.9 million children. Of those reports, 45 percent did not meet the criteria to be screened in. While most screened-out cases are due to a lack of adequate information or misreports, the screened-out reports never made it to a social worker's desk to be considered for services. **In the cases that are screened in, indicating potential need, the majority did not receive supportive services but were subjected to intrusive investigations and assessments** (U.S. Department of Health and Human Services et al., 2021).

◆ The system expends large amounts of time and resources on investigations of maltreatment that are ultimately unfounded. The **intrusive investigations cause trauma for the families and disrupt the relationship and trust bonds** that are often necessary for a family to engage in voluntary services that might help stabilize a family in crisis (Weiner et al., 2020).

◆ Child abuse and neglect **rates are highest among infants and young children**, not school-aged children. Nationally, more than a quarter (28.1 percent) of all victims are younger than 3 years old (U.S. Department of Health and Human Services et al., 2021). Responsibility for child and family well-being should be everybody's business, yet the current system relies on mandated reporting predominately from school staff and medical professionals. In 2018, only 16.6 percent of referrals made to child welfare agencies were from "nonprofessionals," with the majority coming from school staff and medical professionals (Children's Bureau, 2018). **While younger children are more often victims of maltreatment, a system that relies to a large extent on referrals from the education system misses connecting families to supports when children are most vulnerable.**

◆ Access to effective prevention resources is lacking in many communities, and **fear of stigma prevents parents from seeking support and using services**. Resource deprivation and poverty are ranked as top risk factors for child maltreatment, and research indicates that children residing in families with low socioeconomic status are five times more likely to experience abuse and neglect than children residing in families with high socioeconomic status (Fortson et al., 2016). **Using a prevention model can help shift the paradigm so that policies promote child well-being, every family has equitable access to opportunities, and parents asking for help is normalized** (Risser et al., 2020).

High Financial, Health, and Social Costs, Low Rewards

There will always be a need for services to respond to child maltreatment in some families. But a more efficient and effective use of limited time, money, human capital, and resources is to provide services to prevent child maltreatment from ever occurring. Despite the resources currently invested in child maltreatment services, maltreatment remains an insidious and expensive problem with heavy financial, health, and social costs. Investing these resources to instead strengthen families and prevent child abuse and neglect would reduce the negative long-term social and health impacts on children, families, and communities. It could also potentially help to address the disparate treatment of families of color within the child welfare and other child-serving systems.

Rising Numbers and Financial Costs

When not prevented, child maltreatment incurs enormous financial costs, including costs for medical care, long- and short-term health care, productivity losses, child welfare services, criminal justice, and special education.

◆ **The economic burden of maltreatment in the United States was estimated at $6 billion in 2018.** This figure is based on applying the same cost per victim as the 2015 lifetime cost of child maltreatment, estimated to be $830,928 per victim and $16.6 million per child fatality, to known cases of child maltreatment from the year 2018. Costs include those associated with medical care, long- and short-term health care, productivity losses, child welfare services, criminal justice, and special education (Casey Family Programs, 2019; Peterson et al., 2018). In federal fiscal year 2018, an estimated 678,000 children were found to be victims of abuse and neglect (U.S. Department of Health and Human Services et al., 2020).

> The economic burden of maltreatment in the United States was estimated at $6 billion in 2018.

◆ There is strong empirical evidence **linking prevention services with decreased maltreatment, improved outcomes, and decreased costs**. A cost analysis study found that when prevention services and support for kinship placements were increased for a cohort of children, the net lifetime costs decreased by 3 to 7 percent (Ringel et al., 2017).

◆ Maltreatment is not an isolated issue, so **siloed responses are unlikely to be effective**. Families involved in the child welfare system often face complex issues like intimate partner violence between adult caregivers, parental substance use, and mental illness, which add costs and complicate the process of matching services to need. The rising numbers of child maltreatment referrals indicate that the current reaction response framework is unlikely to reduce child maltreatment in the general population (Herrenkohl, 2016).

Disparity Across Investigations and in Foster Care

In the current child welfare system, families and children from different identity groups often are overrepresented, receive disparate treatment, are more frequently separated, and suffer poorer outcomes.

◆ **Families of color are reported for abuse and neglect in numbers disproportionate to the general population, and their cases are more likely to be substantiated at investigation** than White, non-Hispanic families (Child Welfare Information Gateway, 2016). As of 2017, American Indian/Alaska Native (AI/AN) children were approximately three times more likely than their White peers to be reported and placed in out-of-home care (Partners for Our Children, n.d.). Evidence from the most recent National Incidence Study (NIS-4) also found that the incidence of maltreatment among Black or African-American families is significantly higher (20 per thousand) than their White, non-Hispanic peers (12.6 per thousand) (Minoff, 2018; Sedlak et al., 2010).

- Twenty-five percent of children in the foster care system are Black or African American, yet they make up a mere fifteen percent of the population (Puzzanchera & Taylor, 2020; U.S. Department of Health and Human Services et al., 2020). The foster care entry rate is more than 60 percent higher for children who are Black, African American, or two or more races than for children who are White. **Children of color experience disparate treatment in the form of longer stays in out-of-home care, more placements, and significantly different discharge patterns than their White peers, regardless of age or gender** (Martin & Connelly, 2015). Black or African American males are nearly 30 percent more likely than other children in foster care to be placed in congregate care. Only 22 percent of Black or African American children were reunified with their families in 2018, compared to 56 percent of White children (Quality Improvement Center for Research-Based Infant-Toddler Court Teams, 2018).

- AI/AN children are disproportionately represented (or overrepresented) in the child welfare system nationwide, especially in foster care. In 2017, **AI/AN children were overrepresented in foster care at a rate 2.6 times greater than their proportion to the general population** (Puzzanchera & Taylor, 2020).

- Systemic barriers in education, health care, employment, and law enforcement that families of color face in everyday life can increase the probability of their involvement with the child welfare system. **The disparate treatment of these families increases the likelihood of poor outcomes, which in turn perpetuates systemic bias** (Martin & Connelly, 2015).

- **Reducing bias at the point of removal decision-making by removing identifying information from a case record may lead to a significant decrease in disproportionality.** In response to the growth of disproportionate representation of children of color in the foster care system, the Nassau County Department of Social Services implemented blind removal meetings and over time decreased the proportion of Black or African American children in foster care from 55.5 percent in 2010 to 29 percent in 2015 (Division of Child Welfare and Community Services, 2020; Pryce, 2020; Pryce et al., 2019).

Long-Term Effects on Children, Youth, and Families

When child abuse is not prevented and families are separated, children and families suffer long-term consequences to their health and well-being.

- Data from the Child and Family Services Reviews conducted between 2015 and 2018 found that more than half of states continue to struggle with providing the services that families need to be able to remain safely together in their homes, further accentuating the need to build prevention-oriented service arrays (U.S. Department of Health and Human Services et al., 2020).

- **Children who enter care have a 1.5 times higher risk of mortality between the ages of 20 and 56 than those who had experienced maltreatment but remained at home** (Sugrue, 2019).

- In recent years, several studies have compared the outcomes of maltreated children who were removed from their families with those who were maintained in their homes. The findings suggest that out-of-home placement causes an increase in the likelihood of long-term negative consequences compared to children who experienced similar childhood maltreatment but were not removed from their homes. Many of these studies also suggest **out-of-home placement should be considered an adverse childhood event itself**, given the data relative to long-term outcomes (Doyle, Jr. & Aizer, 2018; Sugrue, 2019).

Risk Factors

Child abuse and neglect are the result of the interaction of a number of individual, family, and environmental factors (Fortson et al., 2016). Families with combined risk factors need extra support.

Child
- <3 years old
- Special needs
- Large number of children

Parent
- Young age
- Single parenthood
- Low income
- Substance abuse
- Mental health issues
- History of abuse or neglect
- Social isolation
- Family disorganization
- Stress
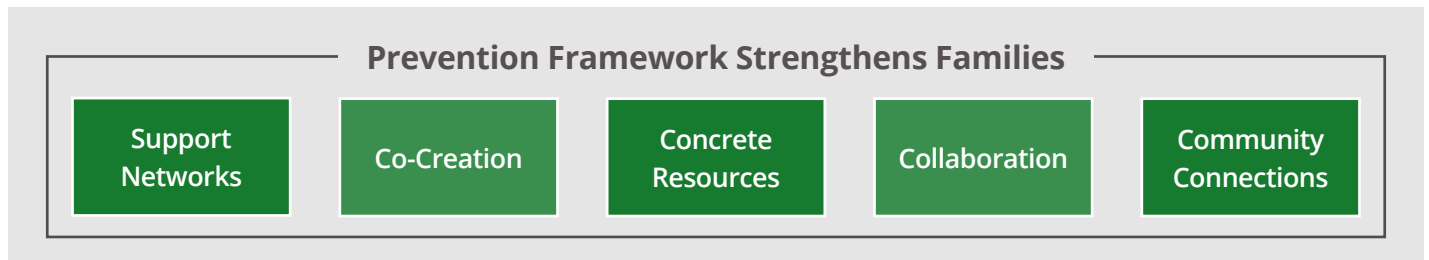- Intimate partner violence
- Poor parent-child relationships

Community
- Violence
- Concentrated neighborhood disadvantage
- High poverty and residential instability
- High unemployment rates

◆ Child abuse and neglect can affect broader health outcomes, mental health, social development, and risk-taking behavior into adolescence and adulthood. Strong evidence confirms that childhood violence increases the risks of injury, sexually transmitted infections (including HIV), mental health problems, delayed cognitive development, reproductive health problems, involvement in sex trafficking, and noncommunicable diseases, which in turn can cause damage to the nervous, endocrine, circulatory, musculo-skeletal, reproductive, respiratory, and immune systems (Fortson et al., 2016; Hughes et al., 2017).

◆ **In addition to chronic health problems, mental illness, and substance misuse, children who have multiple adverse childhood experiences are more likely to have poor job and educational prospects in adulthood and shortened lifespans** (Metzler et al., 2017; National Scientific Council on the Developing Child, 2010).

◆ **The removal and placement of children in foster care can also cause trauma for the entire family.** Mothers who were victims of intimate partner violence had increased rates of anxiety and substance use disorder diagnoses within 2 years of being separated from their children (Nixon et al., 2013).

What Is the Value of a Prevention Framework?

Prevention increases child safety and family well-being by supporting families in their communities and investing resources before problems occur or escalate. Readily available resources can be invested in areas that have high concentrations of risk factors associated with child abuse and neglect. Collaborative systems can focus on spreading strategies that build protective factors as a large-scale operation for prevention. Collective visioning and planning can align the efforts of agencies, community partners, service providers, family, youth, and constituents to fill service gaps, normalize access to support, and leverage each partner's expertise.

Prevention Framework Strengthens Families

Support Networks	Co-Creation	Concrete Resources	Collaboration	Community Connections

Investing in Concrete Resources Strengthens Families

Investing in concrete supports helps prevent neglect and creates the conditions for children, youth, and parents to thrive in supportive communities.

◆ Strengthening and stabilizing household financial security improve parents' ability to provide food, shelter, medical care, developmentally appropriate childcare, and other basic needs for their children. Nationally, most of the maltreatment investigated in 2018 (60.8 percent) was associated with physical, medical, educational, or emotional neglect rather than physical or sexual abuse (U.S. Department of Health and Human Services et al., 2020). The formation of strong partnerships amongst family-serving agencies creates the safe places to keep children from harm and for youth to thrive.

◆ Financial supports can stabilize housing and childcare arrangements and reduce risk factors for child abuse and neglect, such as parental stress and depression. Research examining state Earned Income Tax Credit (EITC) policies over a 14-year period found that the presence of a refundable state EITC predicted lower rates of reported neglect. A 10 percent increase in benefits to low- to moderate-income working families led to a 9 percent drop in statewide child neglect reports (Kovski et al., 2021). In one statewide study of 13,067 families, **increasing household income by an extra $105 to $180 per month for families in the intervention group resulted in a 10 percent decrease in child maltreatment reports** compared to the control group. Concrete supports (tax credits, nutrition assistance programs, assisted housing mobility, and subsidized childcare) are associated with lower rates of child abuse and neglect. Other supports that strengthen families and are associated with a decrease in risk factors include family-friendly work policies like livable wages, paid leave, and flexible schedules; preschool enrichment programs with family engagement; accredited childcare; early

childhood home visitation; parenting skill and family relationship approaches; and the provision of trauma-informed supports to those who have experienced and those at risk of perpetrating abuse and neglect (Cancian et al., 2013; Fortson et al., 2016).

◆ Strategies that are effective in preventing child abuse and neglect may also prevent other types of violence. Programs that address the behavior problems of young children have demonstrated effectiveness in preventing the recurrence of child abuse and neglect perpetration and reducing delinquency and crime in later adolescence and adulthood. **Home visiting programs and early care and education programs have been shown to reduce adolescent arrests and delinquency and prevent adult involvement in criminal behavior** (Fortson et al., 2016).

◆ Many studies, including a 20-year longitudinal study, suggest long-term benefits of higher quality center-type early childcare. **Quality childcare is linked to adolescents' behavioral adjustment, higher academic grades and plans to attend more selective colleges, and less risk taking and greater impulse control for females** (Vandell et al., 2016).

Protective Factors

Protective factors are conditions or attributes of individuals, families, communities, and the larger society that reduce risk and promote the healthy development and well-being of children, youth, and families (Children's Bureau et al., 2020). There are several [different protective factors approaches used in child welfare](#) (Child Welfare Information Gateway, 2020). The factors below are adapted from the [Strengthening Families™ Protective Factors Framework](#) (Center for the Study of Social Policy, n.d.):

◆ Parental resilience
◆ Social connections
◆ Concrete supports
◆ Knowledge of parenting and child development (of parent)
◆ Social and emotional competence (of child or youth)

Several Children's Bureau resources, including the annual [Prevention Month Resource Guide](#) Children's Bureau et al., 2020), also feature a sixth factor—nurturing and attachment.

Parents Need Support Networks and Connections to Community

Parents benefit from connections to community and support networks in many ways, including emotional support, access to needed resources, guidance and modeling of behaviors, and opportunities to reach out. Support networks can appear in the form of family and neighbors, formal peer support or mental health groups, or parent or recovery mentors.

◆ **Strategies to boost social connectivity as a protective factor to strengthen families link parents to needed validation, concrete help, emotional support, education, and advocacy.** A study examining perceived support by child welfare involved parents found a wide variety of informal and formal sources and types of support (Lalayants et al., 2014):

  ◆ Of the respondents, 79 percent identified **immediate and extended family** as a key source of guidance, emotional support, and concrete (instrumental) support as they navigated the child welfare system.

  ◆ Of the respondents, 79.2 percent identified **peer-led support groups** as valuable for educational, informational, emotional, affirmational, instructional, and concrete supports.

  ◆ Of the respondents, 54.2 percent identified **friends and neighbors** as sharing resources and providing affirmation, instruction, advocacy, emotional support, and concrete help.

  ◆ Of the parents interviewed, 16.7 percent identified support from their **faith and their faith community**.

  ◆ Of the respondents, 25 percent identified **caseworkers** as providing informational, educational, emotional, affirmational, and instrumental support.

  ◆ Of the respondents, 33.3 percent noted supports provided from **other professionals** such as school staff and mental health counselors, as well as services such as substance abuse classes, parenting classes, and counseling.

◆ **High levels of family support have been found to lower the risk of child maltreatment** in all communities and, in violent neighborhoods, also decrease primary caregiver depression (Martin et al., 2012). An examination of kinship care reveals that much of its potential benefits depends upon increased contact with extended family and social support. However, focusing on enhancing social support for caretakers alone is not enough in families with severe resource deficits. Global services intended to support kinship care need to be directed at the broader social system (Gleeson et al., 2016; Zinn, 2017).

◆ Using self-reported data from a multiyear Fragile Families and Child Wellbeing Study (n = 2991), researchers analyzed associations between community factors and severe maltreatment behaviors. The authors found that **mothers who are not engaged in any social groups have a 60 percent higher risk of child neglect than fully engaged mothers**. Their perception of a shared community expectation for action is associated with a reduced likelihood of physical assault and neglect by about 20 percent (Kim & Maguire-Jack, 2013).

◆ Participating in **peer support groups** boosted parents' self-esteem, empowered them to self-advocate, and helped them form friendships and expand their social network (Lalayants et al., 2015). Fatherhood support groups have shown positive effects on employment stability and well-being (Abbott et al., 2019). Evaluations of **peer support programs** serving families in the child welfare system reported **decreases in child maltreatment, improvements in well-being, reduced risk factors, and increased protective factors**. Outcomes included decreases in measures of parental distress, rigidity, psychological aggression, physical abuse, life stressors, domestic violence, and drug or alcohol abuse and increases in improved quality of life, emotional and instrumental support, general social support, and family functioning. The peer support programs studied were more successful when augmented by other supports and resources (Horn, 2014).

> Peer support programs serving families in the child welfare system reported decreases in child maltreatment, improvements in well-being, reduced risk factors, and increased protective factors.

◆ **Mental health support programs led by family or family and professional teams**, in contrast with clinician-led programs, are generally delivered in community rather than clinical settings and have fewer constraints on eligibility. These conditions **increase ease of access and reduce stigma**. A review of programs for parents of children with mental health issues showed that they helped parents address system-level barriers, such as the availability of accessible resources and services, basic information on the mental health care system and treatment options, and the nature of child mental disorders and their impact on the family. Skill development focused on caregiver coping, self-care, crisis management, problem solving, and communication skills. **Outcomes included improved mental health and well-being for families, increased self-efficacy, reduced stress, improved perceived social supports and skills, improved family functioning, increased treatment engagement, and reduced barriers to care** (January et al., 2016; Hoagwood et al., 2012).

◆ Sobriety Treatment and Recovery Teams (START), designed for **families with co-occurring substance use and child maltreatment**, pair highly trained child protective services workers with family recovery mentors to work intensively with families. An evaluation of START implementation in a rural area with severely limited addiction treatment infrastructure demonstrated the effectiveness of this approach. Compared with a matched control group, children served by START were less likely to experience recurrence of child abuse or neglect within 6 months (4.6 percent compared to 10.1 percent) or to enter state custody at any time (32 percent compared to 40 percent) (Huebner et al., 2018).

◆ **Building trusting relationships is key to successful parent mentoring**. Within the child welfare system, parents benefit from parent partner mentors through shared experiences (encouragement, trust, and hope), communication, advocacy, and support (Leake et al, 2012). For example, the Minnesota One-Stop for Communities Parent Mentor program was established outside of the formal child welfare system to enable mentors to build trust and engage parents from Black or African American and Indigenous communities more easily. Being alongside of but not within a state agency gives more flexibility to address parent needs, include parent mentors with a wider variety of life experiences, and may contribute to reducing racial disparities in child welfare (Soffer-Elnekave et al., 2020).

◆ There is growing support in child welfare agencies for **family group conferences or family group decision making (FGDM) as family-centered, strengths-based approaches to promote partnership between agencies and families**. The process of involving the larger family network at key decision points creates an environment for families to feel heard and empowered (Frost et al., 2014). A 2020 systemic review of research found that FGDM was slightly more effective for keeping families together (maintaining children in their homes or

reunifying them with families) than conventional interventions. The study did not find other statistically significant benefits of FGDM in terms of child safety, permanency, or child and family well-being outcomes. However, the authors note that "these findings should not be used to discard the approach, but rather to identify the sources of possible shortcomings in the model whilst strengthening the evidence base" (McGinn et al, 2020).

Collaboration and Co-Creation Work

Focusing on partnerships and collaboration makes it possible to get resources to strengthen families when and where they need the support and prevent child abuse and neglect.

◆ **Partnerships with the community, schools, and other public agencies can be developed to meet families' needs more effectively**. Child welfare workers can share expertise with community partners and collaborate to provide supports and resources earlier in a preventive effort, reducing later costs and the need to disrupt families. These relationships can also ensure a targeted approach that meets families' individualized needs and builds trust between the agency and the community it serves (Martin & Cintrin, 2014).

◆ **Partnerships with communities and other public agencies can empower the collective to leverage the resources, leadership, and influence of each member organization**, exponentially increasing the capacity of the entire system to meet the needs of children and families (Child Welfare Information Gateway, 2017; Fortson et al., 2016).

◆ **Authentic partnerships with parents who have previous child welfare experience can improve agency family engagement, programs, practice, and policy by representing family voice at the system level**. In addition to serving as mentors for families involved in the child welfare system, parent partner mentors in Colorado serve as advocates for family voice across the agency by serving on committees, workgroups, and community groups; staffing with families; and encouraging agency staff to engage all families in decisions (Leake et al., 2012).

◆ **Working to support and strengthen families and address major cross-cutting issues, such as poverty, can simultaneously impact multiple concerns directly linked to child maltreatment** like intimate partner violence. Availability of resources within one's community can impact the likelihood of maltreatment by itself (Child and Family Research Partnership, 2019).

◆ **Initiatives that broadly engage community residents, organizations, and institutions in prevention work is an effective way to support families and protect children**. Strong Communities for Children, a comprehensive, communitywide initiative for the promotion of family and community well-being and prevention of child abuse and neglect, used outreach workers to promote community engagement and leadership development to enable neighbors to support one another, especially families of young children. A multiyear evaluation found significant improvements in social support, residents' beliefs that collective action may improve neighborhood conditions, child safety in the home, observed parenting practices, parental stress and parenting efficacy, self-reported parenting practices, rates of child maltreatment, and rates of child injuries suggesting child maltreatment (McDonell et al., 2015).

◆ In 2009, following 2 years of having one of the highest removal rates in the country, Florida partnered with Casey Family Programs and a local university to create heat maps that allowed them to determine the areas with the highest rates of removal. **Using these data and their knowledge of protective factors known to reduce the risk of child maltreatment, they partnered with other local community providers to launch resource centers in the areas with high removal rates**. These centers provided a neutral location for citizens to access resources (clothing, food) and services (job training, parenting classes). Between 2009 and 2015, Florida successfully **decreased its rate of substantiated abuse and neglect cases by 44 percent in the identified areas while decreasing its rates of foster care placement** (Casey Family Programs, 2017).

◆ In Hampton, VA, **the child welfare agency collaborated with other child-serving entities to emphasize prevention and build a smart array of services and supports in the community**. As a result, many more of Hampton's children live with their families and are safe and thriving, reducing the need for child welfare or juvenile justice group placements. Using pooled funding and community-based prevention and intervention services, Hampton made significant strides to keep children with their families and in their communities. In 2005, Hampton had 32 children in residential treatment centers, and by 2009, none. Between 2002 and 2014, **the number of children in foster care was reduced by 85 percent, while children served in their own families by the community-based service array increased more than 50 percent** (Horne, 2014).

◆ The systems of care framework is one example of a coordinated public health prevention strategy. The framework is designed to encourage development of partnerships to create a broad, integrated process for meeting the multiple needs of vulnerable children and families and improving the efficiency of the U.S. child welfare system (Child Welfare Information Gateway, 2009; National Technical Assistance and Evaluation Center for Systems of Care, 2009). **This framework embraces aspects of a public health-based, primary prevention model and thereby represents a shift away from reactive strategies toward those that are more proactive and potentially less costly** (Herrenkohl, 2016).

◆ A national evaluation of nine **systems of care demonstration projects showed improved outcomes for children and families involved in the child welfare system**. Reviews found **improvements in child well-being indicators**, including increases in physical health assessments, medical checkups, dental checkups, Children's Health Insurance Program or Medicaid enrollment, health insurance coverage, and immunizations. Reviews also pointed to **evidence of improved child safety**, with a decline in rereferrals to the child welfare agency across communities from 22 percent of cases in 2003 to 11 percent in 2007. Substantiation of rereferrals also declined significantly from 9 percent to 5 percent across communities (National Technical Assistance and Evaluation Center for Systems of Care, 2010).

Shifting Mindsets

The goal of engaging families through prevention will require fundamentally changing the system to be more proactive and focused on early identification and risk reduction as well as positioning programs outside of child welfare agencies and into communities (Herrenkohl, 2016). Child welfare agencies have long been responsible for responding to abuse and neglect, yet historically have not been deeply involved in preventing it. As such, agencies often operate from a reactive position and may be unprepared to partner with organizations better versed in primary prevention. Starting out on the path to prevention can be uncomfortable.

It is important to step into a shared space with children, youth, parents, and communities where they are rather than expecting them to come to the table. The work in the field needs to be done with wise and kind intention. Developing a trusting, team-based relationship starts by understanding families' needs in the communities where they live.

Collective visioning is critical to creating prevention systems and reorienting current systems toward strengthening and supporting families. Intentional collaboration can bring multiple organizations and stakeholders within a community together to boost natural family supports and plan effective and coordinated resources that can ensure both child safety and family preservation. The process can identify and align competing agendas and priorities, open restricted funding streams, and bridge other barriers to partnering for prevention. Because the child welfare agency has a vested interest in preventing maltreatment and the shift to a prevention model starts with changes within child welfare, the agency must be both a strong collaborator and a leader.

> Collective visioning is critical to creating prevention systems and reorienting current systems toward strengthening and supporting families.

Agencies, collaborative partners, and policymakers can begin to make the needed mindset shift by understanding the empirical evidence demonstrating that supporting families prevents multiple negative root causes and promotes multiple positive outcomes for the health, development, and behavior of children and families. The return on investment is "likely exponential when examining the impacts on long-term outcomes and benefits that likely extend into the next generation" (Risser et al, 2020).

References

Abbott, M., Landers, P., & Pratt, E. (2019). *Peer-to-peer supports: Promoting employment and well-being*. https://aspe.hhs.gov/system/files/aspe-files/261791/promotingemploymentwellbeing.pdf

Cancian, M., Yang, M., & Slack, K. S. (2013). The effect of additional child support income on the risk of child maltreatment. *Social Service Review, 87*(3), 417–437.

Casey Family Programs. (2017). *2017 signature report: The evolution of hope: How communities across America are creating better futures for their children and families*. https://www.casey.org/hope2017/

Casey Family Programs. (2019). *Transforming child welfare systems* [Evidence brief]. https://caseyfamilypro-wpengine.netdna-ssl.com/media/TS_Research-return-on-investment-maltreatment-prevention.pdf

Center for the Study of Social Policy. (n.d.). *Strengthening Families protective factors framework*. https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf

Child and Family Research Partnership. (2019, April). *The evidence base: Child maltreatment risk factors.* University of Texas at Austin. https://childandfamilyresearch.utexas.edu/evidence-base-child-maltreatment-risk-factors

Child Welfare Information Gateway. (2009). *Systems of care*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. https://www.childwelfare.gov/pubPDFs/soc.pdf

Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare*. U.S. Department of Health and Human Services, Children's Bureau.

Child Welfare Information Gateway. (2017). *Child maltreatment prevention: Past, present, and future* [Issue brief]. Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf

Child Welfare Information Gateway. (2020). *Protective factors approaches in child welfare*. https://www.childwelfare.gov/pubPDFs/protective_factors.pdf

Children's Bureau, Office on Child Abuse and Neglect, Child Welfare Information Gateway, & FRIENDS. (2020). Chapter 3: Using protective factors as a framework for your community partnership. In *2019/2020 prevention resource guide*. https://www.childwelfare.gov/pubPDFs/guide_2020.pdf

Daro, D. (2019). A shift in perspective: A universal approach to child protection. *The Future of Children, 29*(1), 17–40. https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/foc_vol_29_no_1_0.pdf#page=19

Division of Child Welfare and Community Services. (2020). *The blind removal process* [Administrative directive]. New York State Office of Children and Family Services. https://cdn.ymaws.com/www.nysda.org/resource/resmgr/family_defense_resources/20-OCFS-ADM-19_blind_removal.pdf

Doyle, Jr., J., & Aizer, A. (2018). Economics of child protection: Maltreatment, foster care, and intimate partner violence. *American Review of Economics, 10*, 87–108. https://doi.org/10.1146/annurev-economics-080217-053237

Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

Frost, N., Abram, F., & Burgess, H. (2014). Family group conferences: Evidence, outcomes and future research. *Child & Family Social Work, 19*(4), 501–507.

Gleeson, J. P., Hsieh, C., & Cryer-Coupet, Q. (2016). Social support, family competence, and informal kinship caregiver parenting stress: The mediating and moderating effects of family resources. *Children and Youth Services Review, 67*(1), 32–42.

Hall, M. T., Huebner, R. A., Sears, J. S., Posze, L., Willauer, T., & Oliver, J. (2015). Sobriety treatment and recovery teams in rural Appalachia: Implementation and outcomes. *Child Welfare, 94*(4), 119.

Herrenkohl, T. I., Leeb, R. T., & Higgins, D. (2016). The public health model of child maltreatment prevention. *Trauma, Violence, & Abuse, 17*(4), 363–365. https://doi.org/10.1177/1524838016661034

Hoagwood, K. E., Cavaleri, M. A., Olin, S. S., Burns, B. J., Slaton, E., Gruttadaro, D., & Hughes, R. (2010). Family support in children's mental health: A review and synthesis. *Clinical Child and Family Psychology Review, 13*, 1–45. https://doi.org/10.1007/s10567-009-0060-5

Horn, J. P. (2014). *Parent peer support programs in in-home services*. National Resource Center for In-Home Services. https://clas.uiowa.edu/sites/clas.uiowa.edu.nrcfcp/files/Parent%20Peer%20Support%20Issue%20Brief%20NRCIHS.pdf

Horne, T. (2014). *A model for collaboration and results: How cross-agency collaboration helped Hampton, Va., build a broad array of child and family services*. Annie E. Casey Foundation. https://www.issuelab.org/resources/20704/20704.pdf

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017, August). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health, 2*(8), e356–e366. https://www.sciencedirect.com/science/article/pii/ S2468266717301184

January, S. A. A., Hurley, K. D., Stevens, A. L., Kutash, K., Duchnowski, A. J., & Pereda, N. (2016). Evaluation of a community-based peer-to-peer support program for parents of at-risk youth with emotional and behavioral difficulties. *Journal of Child and Family Studies, 25*(3), 836–844.

Kim, B., & Maguire-Jack, K. (2015). Community interaction and child maltreatment. *Child Abuse & Neglect, 41*, 146–157.

Kovski, N. L., Hill, H. D., Mooney, S. J., Rivara, F. P., Morgan, E. R., & Rowhani-Rahbar, A. (2021). Association of state-level earned income tax credits with rates of reported child maltreatment, 2004–2017. *Child Maltreatment*. Advance online publication. https://doi.org/10.1177/1077559520987302

Lalayants, M., Baier, M., Benedict, A., & Mera, D. (2014). Social supports in the lives of child welfare-involved families. *Child Welfare, 93*(6), 93–118.

Lalayants, M., Baier, M., Benedict, A., & Mera, D. (2015). Peer support groups for child welfare -involved families. *Journal of Family Social Work, 18*(5), 305–326. https://doi.org/10.1080/10522158.2015.1026015

Leake, R., Longworth-Reed, L., Williams, N., & Potter, C. (2012). Exploring the benefits of a parent partner mentoring program in child welfare. *Journal of Family Strengths, 12*(1), article 6.

Martin, A., Gardner, M., & Brooks-Gunn, J. (2012). The mediated and moderated effects of family support on child maltreatment. *Journal of Family Issues, 33*(7), 920.

Martin, M., & Cintrin, A. (2014). *Prevent, protect & provide: How child welfare can better support low-income families*. Center for the Study of Social Policy. http://childwelfaresparc.org/wp-content/uploads/2014/08/Prevent-Protect-Provide-Brief.pdf

Martin, M., & Connelly, D. (2015). *Achieving racial equity: Child welfare policy strategies to improve outcomes for children of color*. Center for the Study of Social Policy. https://files.eric.ed.gov/fulltext/ED582913.pdf

McDonell, J. R., Ben-Arieh, A., & Melton, G. B. (2015). Strong communities for children: Results of a multi-year community-based initiative to protect children from harm. *Child Abuse & Neglect, 41*, 79–96.

McGinn, T., Best, P., Wilson, J., Chereni, A., Kamndaya, M., & Shlonsky, A. (2020). Family group decision-making for children at risk of abuse or neglect: A systematic review. *Campbell Systematic Reviews, 16*(3).

Minoff, E. (2018). *Entangled roots: The role of race in policies that separate families*. Center for the Study of Social Policy.

National Scientific Council on the Developing Child. (2010). Persistent fear and anxiety can affect young children's learning and development [Working paper no. 9]. https://developingchild.harvard.edu/resources/persistent-fear-and-anxiety-can-affect-young-childrens-learning-and-development/

National Technical Assistance and Evaluation Center for Systems of Care. (2009). *An overview of systems of care in child welfare*. https://www.childwelfare.gov/pubPDFs/guide_2018.pdf

National Technical Assistance and Evaluation Center for Systems of Care. (2010). *Improving child welfare outcomes through systems of care: Overview of the national cross-site evaluation*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. https://www.childwelfare.gov/pubPDFs/Cross-SiteEvaluationOverviewReport.pdf

Nixon, K. L., Radtke, H. L., & Tutty, L. M. (2013). "Every day it takes a piece of you away": Experiences of grief and loss among abused mothers involved with child protective services. *Journal of Public Child Welfare, 7*(2), 172–193. https://doi.org/10.1080/15548732.2012.715268

Partners for Our Children. (n.d.). *Child welfare data at a glance*. https://partnersforourchildren.org/data/quickfacts

Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect, 86*, 178–183. https://doi.org/10.1016/j.chiabu.2018.09.018

Pryce, J. (2020). The case for race-blind foster care removal decisions. *The Imprint Youth & Family News*. https://imprintnews.org/opinion/the-case-for-race-blind-foster-care-removal-decisions

Pryce, J., Lee, W., Crowe, E., Park, D., McCarthy, M., & Owens, G. (2019). A case study in public child welfare: County-level practices that address racial disparity in foster care placement. *Journal of Public Child Welfare, 13*(1), 35–59. https://doi.org/10.1080/15548732.2018.1467354

Puzzanchera, C., & Taylor, M. (2020). *Disproportionality rates for children of color in foster care dashboard*. National Council of Juvenile and Family Court Judges. http://www.ncjj.org/AFCARS/Disproportionality_Dashboard.aspx

Quality Improvement Center for Research-Based Infant-Toddler Court Teams. (2018). *Advancing equitable outcomes for infants and toddlers involved in child welfare*. https://cssp.org/wp-content/uploads/2018/07/Quality-Improvement-Center-for-Research-Based-Infant-Toddler-Court-Teams-_-Advancing-Equitable-Outcomes-for-Infants-and-Toddlers-Involved-in-Child-Welfare-1.pdf

Ringel, J. S., Schultz, D., Mendelsohn, J., Holliday, S. B., Sieck, K., Edochie, I., & Davis, L. (2017). *Improving child welfare outcomes: Balancing investments in prevention and treatment*. Santa Monica, CA: RAND Corporation. https://www.rand.org/pubs/research_reports/RR1775-1.html

Risser, H. J., Svevo-Cianci, K., Karim, E. J., & Morford, A. E. (2020). Achieving comprehensive prevention of child abuse and neglect. *International Journal on Child Maltreatment: Research, Policy and Practice, 3*(1), 63–79.

Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress*. U.S. Department of Health and Human Services, Administration for Children and Families. http://cap.law.harvard.edu/wp-content/uploads/2015/07/sedlaknis.pdf

Soffer-Elnekave, R., Haight, W., & Jader, B. (2020). Parent mentoring relationships as a vehicle for reducing racial disparities: Experiences of child welfare-involved parents, mentors and professionals. *Children and Youth Services Review, 109*, 104682.

Sugrue, E. (2019). *Evidence base for avoiding separation in child welfare practice: An analysis of current research* [Research brief]. Alia. https://www.semanticscholar.org/paper/EVIDENCE-BASE-FOR-AVOIDING-FAMILY-SEPARATION-IN-Sugrue-Hugo/b74d8c5444777991a8a2e62aba482b3c77c1be57

Vandell, D. L., Burchinal, M., & Pierce, K. M. (2016). Early child care and adolescent functioning at the end of high school: Results from the NICHD study of early child care and youth development. *Developmental Psychology, 52*(10), 1634–1645.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau. (2020). *Child maltreatment 2018*. https://www.acf.hhs.gov/cb/report/child-maltreatment-2018

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau. (2021). *Child maltreatment 2019*. https://www.acf.hhs.gov/cb/report/child-maltreatment-2019

Weiner, D., Heaton, L., Stiehl, M., Chor, B., Kim, K., Heisler, K., Foltz, R., & Farrell, A. (2020). *COVID-19 and child welfare: Using data to understand trends in maltreatment and response* [Issue brief]. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Covid-and-Child-Welfare-brief.pdf

Welch, M., & Haskins, R. (2020, April 30). *What COVID-19 means for America's child welfare system*. Brookings Institute. https://www.brookings.edu/research/what-covid-19-means-for-americas-child-welfare-system/

Zinn, A. (2017). Kinship family relatedness, nuclear family contact, and social support among foster youth. *Journal of Public Child Welfare, 11*(1), 1–26. https://doi.org/10.1080/15548732.2016.1208134