An Annotated Bibliography of Research around Planning to Prevent Child Maltreatment

Compilation of Research that Informs Strategies to Support an Integrated Child Maltreatment Prevention Framework

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An Annotated Bibliography of Research around Planning to Prevent Child Maltreatment:
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This annotated bibliography is intended as a supplemental resource accompanying the literature review *Planning to Prevent Child Maltreatment: Strategies to Support an Integrated Child Maltreatment Prevention Framework*, produced by Cara Karter and Deborah Daro. Articles are arranged in order of appearance under the section in which they were first cited (articles cited in multiple sections are included only once). Abstracts are intended to elucidate on the specific material that was cited in the literature review, which may or may not be the main focus of the work as a whole. Due to the scope of this work, when appropriate and relevant, language was lifted from the existing abstract with minimum annotation.
Acknowledgments

We are deeply appreciative to the many individuals who provided thoughtful perspective, suggestions, and feedback that informed the topics included in this literature review. This work is part of a larger project to develop a new framework for guiding state planning efforts to enhance state and local capacity to prevent child abuse. This project, being piloted in Colorado with support from the Office of Early Childhood and in South Carolina with support from The Children’s Trust, will articulate a list of core values or pillars of practice which state leadership can use to:

- guide state and local investment decisions across multiple options to promote child safety;
- identify a common set of benchmarks to monitor the extent to which high priority interventions and policy changes substantially improve child outcomes and strengthen the ability of families to care for and protect their children; and
- outline a set of implementation strategies which state and local communities can use to move ideas into practice.

Our ability to complete this work would have been impossible without the contributions and comments of our colleagues at the Children’s Trust of South Carolina and the Colorado Office of Early Childhood. We particularly want to thank, from the Children’s Trust of South Carolina Sue Williams, Executive Director, and Joan Hoffman, Chief Strategy Officer, and those from the Colorado Office of Early Childhood, Mary Anne Snyder, Director; Kendra Dunn, Child Maltreatment Prevention Director; and Laurie Walowitz, Family Resource Center Program Manager.
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Introduction


Abstract:
This issue brief, written by Deborah Daro for the Children’s Bureau’s Child Welfare Information Gateway, underscores the importance of prevention as a critical component of the nation’s child protection system. It outlines programs and strategies that are proving beneficial in reducing the likelihood of child maltreatment. Looking ahead, the brief identifies key issues facing high-quality prevention programs as they seek to extend their reach and impacts.


Abstract:
Deborah Daro’s 1988 book, Confronting Child Abuse: Research for Effective Program Design, begins with an overview of the scope of the nation’s child abuse problem and how state and federal statutes influence the problem and response. It covers evaluations of the most effective strategies at the time with a focus on parenting enhancement services and child assault prevention instruction in light of specific population factors and types of maltreatment. The book closes with a consideration of the fiscal, program, and policy implications of the growing knowledge base around child maltreatment in order to inform future planning around effective child abuse and neglect prevention.

Deborah Daro’s contribution to volume eight of Advances in Applied Developmental Psychology, *Child Abuse, Child Development, and Social Policy* (1993), was a chapter examining the complexity surrounding child maltreatment. In her chapter on “Child Maltreatment Research: Implications for Program Design in Child Abuse,” Daro examined the existing research in order to advocate for a more comprehensive approach to child maltreatment prevention.


In its second report, the U.S. Advisory Board on Child Abuse and Neglect focused on the nature of the Federal government’s response to child maltreatment, the substantial costs of child abuse and neglect, and recommendations to the Federal government to address what the Board conceptualized as an inadequate response to child maltreatment.


The purpose of this commentary is to articulate why focusing on both program and context offers policymakers a more promising pathway for achieving meaningful and sustainable improvements in a child’s well-being and healthy development. Ecological or multidimensional theories are commonly used to explain the causal pathways that contribute to complex social problems. While it is generally understood that context matters for improving and strengthening parental capacity and positive child development, it is less well recognized that context also matters for the capacity of interventions, even those that are well specified and researched, to realize their full potential. Indeed, the attention being given to directing public investments to “evidence-based models” suggests that a program, once proven to work, can be successfully transplanted in a range of communities and that positive outcomes can be replicated at scale. However, rarely do these so-called proven programs replicate their impacts when taken to scale. Maximizing the impacts and viability of evidence-based programs, in many ways, depends upon the ability of local communities to facilitate collaboration across sectors and target investment around a shared mission and set of core outcomes.
Strengthening Individual Child and Parent Skills and Well-Being


**Abstract:**
By integrating current literature on a wide range of scientific and policy research, *From Neurons to Neighborhoods*, examines the science of early childhood development from multiple perspectives including pediatric medical care, early childhood education, and child welfare. The conclusions and recommendations of the report support increasing attention and investments in the early years of a child’s life to provide a foundation for development.

Building Protective Factors


**Abstract:**
By charting developments in the field of child maltreatment, Stagner and Lansing propose a new framework for preventing child abuse and neglect focused on preventing maltreatment from occurring at all. Rather than identifying risk factors for maltreatment and addressing the problems and deficiencies of the primary caretaker, the new framework focuses on strengthening protective factors and building family and social networks to reinforce the ability of parents to care for their children. It aims to build on the strengths children have at particular points of the life stage and enhance the social context of the child. Rather than putting families into the hands of unknown professionals who shuffle them from one program to another, including foster care, the
investment-prevention model seeks to integrate professionals and paraprofessionals from the family’s community into their everyday life, as well as to ensure an interconnected system of services. Finally, rather than seeking to minimize harm to the child, it aims to maximize potential-to strengthen the capacity of parents and communities to care for their children in ways that promote well-being.


**Abstract:**
The Center for the Study of Social Policy’s (CSSP) Strengthening Families approach aims to address child maltreatment before it occurs by promoting healthy family and child outcomes. The Strengthening Families approach includes five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. By strengthening families through an emphasis on building these protective factors, CSSP aims to affect community, policy, and systems change.

**Home Visiting Programs**


**Abstract:**
Chapter 6: Interventions and Service Delivery Systems in *New Directions in Child Abuse and Neglect Research* highlights program models and interventions with the strongest evidence of success and identifies core ingredients of successful strategies. The chapter discusses the mixed results of many studies of program models and emphasizes the need for a diverse “network of services” that are linked in an intentional and effective manner to meet the complex needs of families.


**Abstract:**
Research study examining the effectiveness of the SafeCare home visiting model on Child
Protective Services (CPS) recidivism in a statewide trial. Results indicate the SafeCare home visiting model decreased the frequency of child abuse and neglect and harsh punishment.


Abstract:
Study of a three site RCT of the Healthy Families New York (HFNY) home visiting model. Results indicate that HFNY decreased the frequency of child abuse and neglect and harsh punishment.


Abstract:
Study of a RCT of the Child FIRST (Child and Family Interagency Resource, Support, and Training) home visiting model. Results indicate that Child FIRST increased health child development and decreased parenting stress and frequency of child abuse and neglect and harsh punishment.


Abstract:
Follow up study from a RCT of the Nurse Family Partnership home visiting model. Results indicate that NFP home visiting resulted in a greater sense of mastery [resilience/self-efficacy] and decreased use of welfare benefits.

**Abstract:**
Study of SafeCare home visiting in rural high-risk populations. Results indicate that SafeCare decreased frequency of child abuse and neglect and, in the short term, harsh punishment.


**Abstract:**
Study of the Family Check-Up (FCU) model of home visiting on children between age 2 and 3. Results indicate the FCU model increased healthy child development by intervening to encourage positive parenting practices and build parental capacity.


**Abstract:**
RCT of the Family Check-Up (FCU) model of home visiting in 3 geographical regions in families with children ages 2 and 3. Results indicate FCU encourages positive parenting practices and increased parental capacity which supported some improvements in children’s early problem behavior.


**Abstract:**
Study of the Healthy Families Arizona program for home visiting based on the Healthy Families America model. Results indicate the HFA model decreased harsh punishment and increased positive parenting practices.


**Abstract:**
Study of the Home Instruction of Parents of Preschool Youngsters (HIPPY) home visiting model serving low-income, Spanish-language families. Results indicate that HIPPY encourage positive parenting practices and increased parental capacity.

Abstract:
Study of home-based Early Head Start home visiting model. Results indicate that Early Head Start encourages positive parenting practices and increased parental capacity.


Abstract:
Study of the Parents as Teachers (PAT) home visiting program model. Results indicate that PAT encouraging positive parenting practices and increased parental capacity which supports children’s healthy development and school readiness.


Abstract:
Study examined factors of models (mainly home visiting programs) that increase parenting capacity and healthy child development and also made suggestions for improvements to research design to increase the validity of the studies of these program models.


Abstract:
Study examining Family Check-Up (FCU) home visiting and the link between maternal depression and healthy child development/early problem behavior. Results indicate that FCU decreased maternal depression encouraged positive parenting practices and beyond positive parenting also mediated child problem behavior.

Abstract:
In a 15-year follow-up period, mothers who received home visitation from the Nurse Family Partnership program had fewer report of child abuse and neglect, fewer subsequent births, longer intervals between births, fewer arrests, and used welfare benefits for fewer months.


Abstract:
Study of the effects of nurse home visitation on mothers who were teenagers, unmarried, or of low socioeconomic status. Results indicate that nurse home visitation for the most high-risk women results in fewer instances of verified child abuse and neglect during the first 2 years of their children’s lives (P = .07); less frequent punishment, provision of more appropriate play materials; less frequent emergency room visits during the first year of life. During the second year of life, the babies of all nurse-visited women, regardless of the families’ risk status, were seen in the emergency room fewer times, and they were seen by physicians less frequently for accidents and poisonings than comparison group babies (P less than or equal to .05 for all findings, except where indicated.) Treatment differences for child abuse and neglect and emergency room visits were more significant among women who had a lower sense of control over their lives.


Abstract:
Two year follow up study of nurse home visitation in semi-rural New York. Study found no differences between rates of child abuse and neglect or children’s intellectual functioning. Results do indicate that nurse home visitation results in fewer home hazards, fewer visits to the emergency department, fewer injuries and ingestions, and fewer behavior and parental coping problems.


Abstract:
Seven year follow up study of nurse home visitation. Results indicate that by child age 9, the program reduced women’s rates of subsequent births, increased the intervals between the births of
first and second children, increased the stability of their relationships with partners, facilitated children’s academic adjustment to elementary school, and seems to have reduced childhood mortality from preventable causes.


**Abstract:**
Twenty-year follow-up study of nurse home visitation in Memphis, Tennessee. The study indicates that nurse home visitation results in fewer all-cause maternal deaths and fewer preventable-cause child deaths.


**Abstract:**
Two-year follow-up study of nurse and paraprofessional home visiting in Denver, Colorado. Two years after the program ended, nurse-visited women reported greater intervals between the births of their first and second children and less domestic violence and enrolled their children less frequently in preschool, Head Start, or licensed day care than did control subjects. Nurse-visited children whose mothers had low levels of psychologic resources at registration, compared with control group counterparts, demonstrated home environments that were more supportive of children’s early learning, more advanced language, superior executive functioning, and better behavioral adaptation during testing. There were no statistically significant effects of either nurse or paraprofessional visits on the number of subsequent pregnancies, women’s educational achievement, use of substances, use of welfare, or children’s externalizing behavior problems.


**Abstract:**
Three year RCT study of Hawaii Healthy Start Program (HSP), based on the Healthy Families America home visiting program. Results indicate that the HSP reduced repeated incidents of physical partner violence when families receive >75% of visits and self-reports of neglectful behavior. Results varied by site/agency.

**Abstract:**
Two year RCT study of Healthy Families New York (HFNY), based on the Healthy Families America home visiting program. Results indicate a reduction in abusive acts, minor physical aggression, and harsh parenting.


**Abstract:**
Study of families who successfully completed (>75%) the home visitation program from Healthy Families America in rural North Carolina. Results indicate that, in families who completed the program, parents show significant positive change in parenting attitudes and practices and children exhibit higher levels of performance on measures of social and emotional competence.


**Abstract:**
Study of families in the third year of a HFNY RCT trial. Results indicate that HFNY encourages positive parenting and discourages harsh parenting.


**Abstract:**
RCT of the Healthy Families America home visiting program in an adolescent, American Indian (Apache and Navajo) population. Results indicate that HFA increased parenting knowledge and maternal involvement.

Green, B. L., Tarte, J. M., Harrison, P. M., Nygren, M., & Sanders, M. B. (2014). Results from a randomized trial of the Healthy Families Oregon accredited statewide program: Early
Chapin Hall at the University of Chicago


**Abstract:**
RCT of Healthy Families Oregon (HFO) home visitation model based on the Healthy Families America model. Results indicate that HFO families read more frequently to children, provided more developmentally supportive activities, and had less parenting stress. These families were also more likely to have completed developmental screenings with their children.


**Abstract:**
RCT of Hawaii Healthy Steps Program (HSP), based on the Healthy Families America model, during the three years of the program (aged 1-3) and three years beginning at child age 7. During the RCT, mothers in HSP reported lower rates of intimate partner violence. During long-term follow-up, no significant differences were found between the groups.


**Abstract:**
Study of Healthy Families Alaska (HFAK), based on the Healthy Families America model, following families from baseline to age 2. Results indicate that HFAK improved the home environment for learning, increased the use of center-based parenting services, and contributed to more favorable developmental and behavioral outcomes for children.


**Abstract:**
Study of Missouri kindergarten children to determine the effects of the Parents as Teachers (PAT) program. Results indicate that PAT increases in frequency of reading to children, enrollment in preschool, and school readiness scores.

Abstract:
Quasi-experimental study of the effectiveness of Parent as Teachers. Results indicate increased knowledge of parenting and school readiness based on increased child intellectual development.


Abstract:
Study of the Born to Learn curriculum, used by Parents as Teachers. Use of the Born to Learn curriculum resulted in higher mastery of motivation at 36 months and both higher mastery motivation and cognitive development at 24 months.


Abstract:
Results indicate that the PAT program increased parental involvement in school activities and in home learning activities.


Abstract:
Multi-site RCT of the PAT program. Results indicate small but significant impacts of PAT on both parenting and child development outcomes.


Abstract:
Study of Missouri kindergarten children to determine the effects of the Parents as Teachers (PAT) program. Results indicate that PAT increases frequency of reading to children, enrollment in preschool, school readiness scores, and subsequent academic achievement (up to grade 3).
Parenting Education Programs


Abstract:
“The use of parent-training programs for families in the child welfare system has undergone relatively little examination. This article brings together evidence about the most promising programs from other child service sectors with information about the current parent training approaches in child welfare and generates a range of proposals about next steps to enhance the capacity of parent training and fulfill the high expectations set in law and practice.”


Abstract:
“This article synthesizes outcome data generated from 58 parenting programs with families determined to be at-risk of child maltreatment and/or abusive or neglectful. It places parent education programs within the broader context of research on effective parenting as well as the leading etiological models of child maltreatment to assess the evaluations of these programs with regard to methodological rigor as well as theoretical salience. Practical and theoretical implications are presented along with recommendations for future research.”


Abstract:
“This component analysis used meta-analytic techniques to synthesize the results of 77 published evaluations of parent training programs (i.e., programs that included the active acquisition of parenting skills) to enhance behavior and adjustment in children aged 0–7. After controlling for differences attributable to research design, program components consistently associated with larger effects included increasing positive parent–child interactions and emotional communication skills, teaching parents to use time out and the importance of parenting consistency, and requiring parents to practice new skills with their children during parent training
sessions. Program components consistently associated with smaller effects included teaching parents problem solving; teaching parents to promote children’s cognitive, academic, or social skills; and providing other, additional services. The results have implications for selection and strengthening of existing parent training programs.”


**Abstract:**
Small RCT of Korean American mothers in a 12 week Incredible Years (IY) program. Data was collected at pre-, post-, and 1-year follow-up. Results indicate that IY increased positive and appropriate discipline and decreased harsh discipline. At 1 year follow-up, the effect on positive discipline was maintained.


**Abstract:**
Study using data from two prior intervention studies including a total of 634 families across 23 Head Start centers. The intervention families received the Incredible Years (IY) Parenting Program. Results indicate IY results in more positive, less critical, more consistent, and more competent parenting and fewer behavior problems in children. Parents reported high satisfaction levels following the parenting program.


**Abstract:**
“2-year follow-up data for a sample of 159, 4- to 7-year-old children with oppositional-defiant disorder (ODD) who were randomly assigned to Incredible Years: parent training (PT), parent plus teacher training (PT + TT), child training (CT), child plus teacher training (CT + TT), parent plus child plus teacher training (PT + CT + TT). At the 2-year follow-up, approximately 75% of children were functioning in the normal range according to parent and teacher reports. Twenty-five percent of children were classified as treatment nonresponders at home and/or at school. Teacher training added significantly to long-term school outcomes for children who had
pervasive behavior problems. Baseline, post, and 1-year follow-up parenting practices distinguished between home treatment responders and nonresponders (parents of nonresponders were more critical and less positive). For children with baseline pervasive home-school problems, baseline maternal parenting and posttreatment marital discord were associated with poor treatment response at home at the 2-year follow-up. In addition, 80% of pervasive children whose mothers were highly critical immediately posttreatment were classified as school nonresponders at the 2-year follow-up.”


**Abstract:**
“Head Start centers were randomly assigned to intervention [Incredible Years] or control conditions…[results indicate] that parent engagement training was associated with improved parenting in a dose-response fashion. Mothers with mental health risk factors (i.e., depression, anger, history of abuse as a child, and substance abuse) exhibited poorer parenting than mothers without these risk factors. However, mothers with risk factors were engaged in and benefited from the parenting training program at levels that were comparable to mothers without these risk factors.”


**Abstract:**
18-month study of families participating in Incredible Years (IY) in North Wales. Results indicate that IY improves child behavior, parent behavior, parent stress and depression and maintains the gains through 18 months. IY also reduced child contact with health and social services.


**Abstract:**
12-month RCT of foster care families receiving Incredible Years (IY) in Wales. Results indicate that IY reduces child problem behavior and caregiver depression and improves parenting.

**Abstract:**
Five to Six year follow up from an RCT of the Incredible Years (IY) in children with a diagnosis of ODD/CD. At follow-up, the proportion of children no longer diagnosed as ODD/CD was the same as at the 1 year follow up.


**Abstract:**
RCT of two variants of the Triple P program and a control group in preschoolers with behavior or attention difficulties. Results indicate that Triple P decreased behavior problems and dysfunctional parenting, and increased parental competence. These gains were maintained at 1 year follow up.


**Abstract:**
RCT of Triple P in Hong Kong targeting children with early conduct problems (ages 3 to 7). Results indicated the Triple P decreased child behavior problems and dysfunctional parenting, and increased parent’s sense of competence.


**Abstract:**
RCT of Triple P delivered in the workplace (major metro university). Results indicate that Triple P reduced disruptive child behavior and dysfunctional parenting, and increased parental self-efficacy. At follow-up these gains were maintained and there were reductions in work stress and parental distress.
Parent Treatment Programs


**Abstract:**
Study of how infant children in out-of-home care differ from older children based on the Multistate Foster Care Data Archive and the National Survey of Child and Adolescent Well-Being. Found that growing numbers of infants are entering foster care systems. Using an incident rate (per 1,000 children) based on the risk set, study found that “For the year 2000, the rate of placement for infants was 7.6 per 1,000. By 2008, this number had increased to 8.9. For older children, the rate of placement was 1.8 in 2000 and stayed the same in 2008. Thus, the risk of placement for infants was four times greater than for older children in the year 2000, and this disparity actually increased by the year 2008.”


**Abstract:**
Quasi-experimental study of the outcomes of enhancing addiction treatment programs to include social services and supports such as housing assistance, parenting classes, and employment services. Results indicate that the provision of such services may result in less substance use, fewer physical and mental health problems, and better social function.


**Abstract:**
Study examining the effectiveness of a child welfare system integrating substance abuse services along with child welfare services. Results indicate that families on the integrated track more frequently utilized substance abuse services and were more likely to achieve family reunification.

2012 Issue Brief published by the National Association of Drug Court Professionals providing an update on research around the use of Drug Courts in child protective services cases. The brief provides an overview of the history of Family Drug Courts (FDCs) and their use within the child welfare system. A number of outcomes from studies of FDCs are highlighted. These include less time in out-of-home care, more efficient CPS case processing to permanency, more frequent completion of substance abuse treatment, higher family reunification rates, lower arrest rates, and cost savings. The brief also lays out some best practices for FDCs.


Abstract:
Large-scale study of the effectiveness of 3 FDCs on child welfare outcomes in contrast to traditional child welfare services. Results indicate that FDCs increased utilization, promptness, and length of substance abuse treatment, improved treatment outcomes for mothers, and increased rates of reunification.

School-Based Programs


Abstract:
Brief provided by the Center on the Developing Child at Harvard University presenting information from a larger report “Building the Brain’s ‘Air Traffic Control’ System: How Early Experiences Shape the Development of Executive Function”. Brief discusses the development of executive function during early childhood and includes school experiences and school achievement in the brief discussion.


Abstract:
Randomized controlled trial comparing the effectiveness of school psychiatric consultation, Creating a Peaceful School Learning Environment (CAPSLE – a whole school anti-bullying
intervention), and treatment as usual in reducing aggression and victimization in third to fifth graders in nine elementary schools in a Midwestern city. Results indicate that CAPSLE was effective in moderating developmental trends of increasing victimization and aggression. CAPSLE also reduced off-task and disruptive classroom behaviors.


Abstract:
Randomized controlled trial of six elementary schools in the Pacific Northwest examining the effectiveness of a whole school bullying intervention (Steps to Respect) in children in grades 3–6 (N = 1,023). Results indicate declines in bullying and argumentative behavior, increases in agreeable interactions, and a trend toward reduced destructive bystander behavior as well as enhanced bystander responsibility, greater perceived adult responsiveness, and less acceptance of bullying/aggression. Self-reported aggression did not differ between the groups.


Abstract:
Systematic review of 24 studies (RCTs, cluster RCTs, or quasi-RCTs) of school-based prevention programs targeting child sexual abuse. Results indicate the school-based education program for the prevention of child sexual abuse can effectively increase child self-protective skills and applied knowledge. Programs may also increase disclosure of abuse, but more research is needed. No differences were found in anxiety or fear.


Abstract:
Study of a child sexual abuse prevention program (Stewards of Children) delivered to childcare professionals in a multi-site evaluation. The program was delivered both in-person and on the web. Results indicate that Stewards of Children may increase knowledge of, attitudes towards, and preventative behaviors around child sexual abuse in childcare professionals.

**Abstract:**
Study of the effects of widespread dissemination of a child sexual abuse prevention program, Stewards of Children, on reporting rates. Study included three treatment counties and three control counties in South Carolina. Results indicate that in the treatment counties rates of child sexual abuse reporting increased, but further research is needed.


**Abstract:**
One-year follow up study of Stewards of Children delivered to Texas Educators. In the year following Stewards training, Texas educators increased their child sexual abuse reporting by 283% and state-wide there were more substantiated reports.

**Legal and Medical Partnership Programs**


**Abstract:**
Randomized controlled trial of the effectiveness of the Safe Environment for Every Kid (SEEK) model on parents of children (0-5 years) at a clinic in Baltimore. Results indicate that SEEK results in lower rates of child maltreatment as indicated by fewer CPS reports, fewer instances of medical neglect (treatment nonadherence), fewer child with delayed immunizations, and less harsh punishment.


**Abstract:**
Randomized controlled trial of the effectiveness of the SEEK model of enhanced primary pediatric care on mothers of children (0-5 years) at 18 pediatric practices. SEEK mothers reported less psychological aggression and fewer minor physical assaults.

**Abstract:**
Randomized controlled trial examining whether the Safe Environment for Every Kid (SEEK) model of enhanced primary care would improve the attitudes, knowledge, comfort, competence, and behavior of child health care professionals (HPs) at 18 private practices regarding addressing major risk factors for child maltreatment (CM). Results indicate that SEEK improves health professional’s ability to address depression, substance abuse, intimate partner violence, and stress. Health professionals also reported a greater comfort level and perceived competence in addressing these issues and screened more frequently for these issues.


**Abstract:**
Randomized controlled trial examining whether the Safe Environment for Every Kid (SEEK) model of enhanced primary care would improve the attitudes, knowledge, comfort, competence, and practice of pediatric residents regarding addressing major risk factors for child maltreatment (CM). Results indicate that SEEK improves pediatric residents self-assessment in 4 of 6 risk areas and increased their frequency of screening and assessment for risk factors.


**Abstract:**
Article discussing disparities in healthcare and the importance of addressing the social determinants of health. Discusses the Nurse Family Partnership and other home visiting models that target the upstream factors that affect health. In addition, the authors briefly mention the Medical-Legal Partnership model as a way to enhance the medical team’s ability to address common patient stressors.

Abstract:
Controlled clinical trial of the Health Steps for Young Children program on quality early childhood health care and parenting. Families who participated in Health Steps were more likely to be satisfied with their healthcare, receive timely well-child visits and vaccinations, and remain at the same medical practice for at least 20 months. They were also less likely to use harsh discipline and mothers were more likely to disclose feelings of sadness (among mothers at risk for depression).


Abstract:
Randomized controlled trial of the Developmental Understanding and Legal Collaboration for Everyone (DULCE) intervention, which combines Medical Legal Partnership with Healthy Steps. Results indicate that DULCE families were more likely to have completed their infant’s 6-month immunization schedule by age 7 months or age 8 months, more likely to have 5 or more routine preventative care visits by age 1, and less likely to have visited the emergency department by age 6 months. DULCE also accelerated families’ access to concrete resources.

Two-Generation Programs


Abstract:
This article describes two-generation programs and how they differ from earlier single focus approaches to serve children and families. In-depth descriptions of six premier two-generation programs are used to illustrate the variability in content and costs of these programs. The short-term results of these six programs are reviewed and indicate mixed and modest results in promoting the development of children and improving the parenting skills and economic self-sufficiency of parents. The results suggest several lessons, and the article concludes with recommendations for program improvement and future research.

Abstract:
This article examines the re-emergence of two generation programs. It opens with a discussion of the history of two generation programs in the United States – why they initially produced disappointing findings and began to fade in popularity. It also includes information about the central theories and concepts of two generation programs and the motivations of funders and developers who are propelling the approach forward.


Abstract:
1991 review of a set of five “new program models that target welfare-dependent women with young children.” The goal of these programs were to help families attain economic self-sufficiency through education and job training while also promoting child welfare through services such as parenting education and child care. Several of these models developed out of the 1988 Family Support Act (FSA) and the related Jobs Opportunities and Basic Skills (JOBS) program. In comparison to existing intervention models, Smith praises the two-generation models for combining the features of existing adult-centered programs and child-centered interventions for low-income families to not only provide support around child welfare but also to provide assistance to help move families out of poverty. She also provides a scheme for studying two-generation programs to determine their efficacy.


Abstract:
This book discusses the policy reforms of the 1990s which focused on moving people off of public assistance and a “work first” dialogue. These policy reforms are cited as one of the factors which discouraged further development of the first wave of two generation programs.


Abstract:
Report providing a comparison of five two generation frameworks supported by the Annie E.
Casey Foundation, Ascend at the Aspen Institute, the National Human Services Assembly, The Ray Marshall Center for the Study of Human Resources, and the MOMS Partnership. The report examines several different programs within each framework and also discusses some common elements, strategies, and target populations as well as other factors.


**Abstract:**
Mobility Mentoring is a platform developed by the Crittenton Women’s Union (CWU) to coach families through the CWU’s Bridge to Self-Sufficiency. This paper introduces the model and discusses the research and context on which it was developed.


**Abstract:**
This report presents preliminary findings from the Mobility Mentoring platform. Initial findings show success in helping families achieve their goals and move towards self-sufficiency, but more research is needed to assess impacts.

## Organizing Effective Programs and Interventions


**Abstract:**
Meta-analysis of 27 RCTs examining the effectiveness of 20 different intervention programs aimed at preventing child maltreatment or reducing the incidence of child maltreatment in maltreating families. Article discussed the lack of consistent findings across studies and a need for more RCTs. Moderator analyses showed that larger effect sizes were found for more recent studies, studies with smaller samples, programs that provide parent training instead of only support, programs that target maltreating instead of at-risk families, and programs with a moderate length (6–12 months) or a moderate number of sessions (16–30).


**Abstract:**
Meta-analysis of 156 studies associated with 9 different home visitation program models targeted to caregivers of children between the ages of 0 and 5. Meta-analytic techniques were used to determine the impact of 18 implementation factors (e.g., staff selection, training, supervision, fidelity monitoring, etc.) and four study characteristics (publication type, target population, study design, comparison group) in predicting program outcomes. Results from analyses revealed that several implementation factors, including training, supervision, and fidelity monitoring, had a significant effect on program outcomes, particularly child maltreatment outcomes. Study characteristics, including the program’s target population and the comparison group employed, also had a significant effect on program outcomes.


**Abstract:**
Systematic review of either systematic or comprehensive reviews evaluating the effectiveness of universal or at-risk population targeted interventions published between January 2000 and July 2008 with one of the following outcomes: physical abuse, sexual abuse, neglect, or emotional abuse perpetrated by a parent or caretaker against a child. In total, 26 reviews were included in the systematic review. The review focused on seven main types of interventions: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups. Four of the seven—home visiting, parent education, abusive head trauma prevention and multi-component interventions—show promise in preventing actual child maltreatment. Three of them—home visiting, parent education and child sexual abuse prevention—appear effective in reducing risk factors for child maltreatment, although these conclusions are tentative due to the methodological shortcomings of the reviews and outcome evaluation studies they draw on. An analysis of the geographical distribution of the evidence shows that outcome evaluations of child maltreatment prevention interventions are exceedingly rare in low- and middle-income countries and make up only 0.6% of the total evidence base.

Abstract:
2016 publication discussing the research on parenting by the Committee on Supporting the Parents of Young Children from the Board on Children, Youth, and Families in the Division of Behavioral and Social Sciences and Education at the National Academy of Sciences. The report discussed parenting knowledge, attitudes, and practices associated with positive developmental outcomes in children ages 0-8; strategies being used in a variety of settings that have been effective with parents of young children; facilitators and barriers to parents’ use of effective practices and to participation in programs and services. It also made recommendations to promote effective programs and services for parents. These include the importance of training program staff to view parents as equal partners in decision making and creating opportunities for parents to engage with peers and receive peer support to increase parent engagement and reduce the stigma of participation in parent training and education programs.
Changing Organizational Culture and Professional Practice

Applying Evidence-Based Practice


Abstract:
A textbook authored by Dorothy Scott and Fiona Arney from the Australian Centre for Child Protection at the University of South Australia. The book provides a comprehensive and evidence-based introduction to family-centered practice for health, education, and social welfare professionals. Discusses the importance of properly implementing an evidence-based program in order to avoid losing elements that may be “critical to its effectiveness”.


Abstract:
This article explores the feasibility of EBP by examining five areas that affect the feasibility of EBP: misconceptions about EBP, confusion about philosophical issues, questions about the quality of evidence needed to support EBP, substantive knowledge domains required for practice, and issues related to knowledge transfer and translation. An important theme of this analysis is the central role of clinical judgment in all aspects of EBP. It recommends that EBP must allow for adaptation based on the social service worker’s knowledge of their client’s values and the local context while still retaining the critical EBP elements.

**Abstract:**
Article examines the use of a distillation and matching model that uses a common elements approach to guide clinical decision making around evidence-based practice. The model would allow practitioners to understand what works for whom and under which conditions in order to guide their selection of services and programs in their practice.


**Abstract:**
Essay on moving research into policy through “linkage and exchange.” Issue is examined through a Canadian lens, but is applicable in the U.S. context. Lomas identified EBP as a slow, but inevitable and valuable process as seen through a policy development focus. Through partnerships and organizational linkages between practitioners and researchers, evidence can be made more accessible and contribute to increase organizational research evidence use.


**Abstract:**
An exploratory qualitative study exploring how child welfare administrators use research evidence in decision-making. Content analysis revealed that a cultural shift toward evidence-based practice (EBP) is occurring in Canadian child welfare organizations and multiple types of evidence inform policy decisions. Barriers to using evidence include individual, organizational, and environmental factors. Facilitating factors include the development of internal champions and organizational cultures that value EBP. Integrating research into practice and policy decisions requires a multifaceted approach of creating organizational cultures that support research utilization and supporting senior bureaucrats to use research evidence in policy development.

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**Establishing Differential Response in Allocating Services**

Abstract:
Issue brief defining differential response (DR) as a way of structuring child protective services to allow for more than one method of initial response to reports of child abuse and neglect. Defines the core elements in DR as use of protocols to determine the response track, ability to change tracks over time, formalization of DR in policy or protocols, and for families on the alternative assessment pathway: voluntary participation, no formal determination of maltreatment, no listing of names in a central registry. The brief also discusses the emergence of DR in state systems, variations across systems, lessons learned, and evaluation findings.


Abstract:
Mixed methods evaluation of North Carolina’s Multiple Response System. CPS administrative data indicated that the DR system resulted in a decline in rates of substantiations and re-assessments; an increase in the number of upfront services provided by families during assessment; and a temporary disruption in timeliness of response but not effect on time to case decision.


Abstract:
CAPTA was originally enacted in P.L. 93-247 and was most recently amended and reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. Additionally CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities; established the Office on Child Abuse and Neglect; and mandates Child Welfare Information Gateway. CAPTA also sets forth a minimum definition of child abuse and neglect.

**Abstract:**
Evaluation by the Institute of Applied Research of the Minnesota Alternative Response demonstration project. Study highlights include findings that families on the DR track improved the safety of children; decreased the likelihood of new child maltreatment reports; and reported positive engagement with works as part of the DR process. Findings also suggest that DR is less costly and more effective in the long term and that CPS workers liked DR and saw it as an effective way of working with families.


**Abstract:**
Evaluation by the Institute of Applied Research of the Ohio Alternative Response Pilot Project. Study highlights include findings that families on the DR track reported improved family engagement and satisfaction, increased number of contacts, increased provision of poverty-related services, increased provision of counseling and mental health services, and declined subsequent reports and removals. Other findings indicate that the DR track was slightly more expensive and cases were kept open for slightly longer. More than half of child abuse and neglect reports were determined to be appropriate for a DR track.


**Abstract:**
Randomized controlled trial of a DR implementation in five Colorado counties. Families were randomly assigned to the DR family assessment response or the traditional investigative response. Results indicate no differences between tracks on system re-involvement. Survival analysis findings indicate that DR families were 18% less likely to have a high risk assessment. The study also found no differences between the tracks on costs for caseworker contacts, services, and out-of-home placements. However, the results suggest that follow-up costs for the traditional response were significantly higher.


Abstract:
Article examining home-visiting interventions and advocating for more universal supports for families rather than solely targeted interventions. Similar to the model of DR, Daro and Dodge propose the use of universal assessment strategies to match parents with an appropriate level of need.
Fostering Service Collaboration and Community Efficacy

Implementing Integrated Care


**Abstract:**
Brief article discussing challenges and opportunities for collaborative health care as part of the pediatric medical home. Defines the medical home.


**Abstract:**
Scott Krugman’s chapter in the 2013 book *C. Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect*, focuses on the history and development of multidisciplinary teams in the field. The concept of multidisciplinary teams can be applied to the model of the medical home as a way to improve coordination and service integration.

Abstract:
CSSP’s publication *Bringing families to the table* functions as a guide to family engagement. One recommendation included is case conferences between all service providers and the family in order to explore the best options as a group.


Abstract:
Issue brief on centralized intake systems as a means to improve family navigation and access to essential early childhood services. These systems also aim to improve service coordination between providers.


Abstract:
Workshop summary around scaling family-focused interventions. Discusses the need for building networks of services in a more intentional and effective manner as a means of strengthening the supports for parents and families.


Abstract:
Meta-analysis of 31 RCTs that evaluated integrated behavioral health and primary medical care in children and adolescents compared with usual care in primary care settings. Results indicated a significant advantage for integrated care over usual care on behavioral health outcomes as well as larger effects for targeted diagnoses. The overall probability that a randomly selected youth would have a better outcome after receiving integrated care would have better outcomes than a randomly selected youth receiving usual care was 66 percent. Strongest effects were seen for treatment interventions that targeted mental health problems and those that used collaborative care models.

Abstract:
Article assessing the economic impact of integrating behavioral health services into medical healthcare. Projects annual cost savings between $26-48 billion through effective integration of behavioral and medical services. Discusses the expensive nature of co-occurring behavioral health and medical needs.


Abstract:
This article examines several intervention research studies based on alternative models for delivering behavioral health care in conjunction with comprehensive pediatric care. This review describes the diverse methods applied to different clinical problems, such as brief mental health skills, clinical guidelines, and evidence-based practices, and the empirical outcomes of this research literature.


Abstract:
Process evaluation of The Massachusetts Child Psychiatry Access Project, which created teams to support primary care clinicians through consults around mental health care for children, between July 2005 and December 2008.


Abstract:
Cross-sectional study of primary care patients at two urban academic medical practices. Patients were screened for basic resource needs and connected with community resources. Results indicated that the most commonly reported needs were difficulties affording healthcare, food, and
utilities. Patients who reported unmet needs were more likely to have depression, diabetes, hypertension, be frequent emergency department users, and have frequent “no-shows” at the clinic.


Abstract:
Workshop summary exploring how the ACA and other aspects of health care reform can support innovations to improve children’s behavioral health and sustain those innovations over time. One highlight around integrated care is the support it has received from some commercial insurance providers who advocate for the breakdown of silos of care through claims and financial incentives.


Abstract:
Study of three different primary care practice types: a solo practice; a certified patient-centered medical home; and a multiphysician, multispecialty practice connected to a local university. The study found that across the different practice types, staff functioned in separate “silos” which essentially isolated physicians from each other and/or the practice staff. Physicians are not incentivized to break down these silos, but the authors conclude that practices must break down these silos and organize teams around shared roles and responsibilities in order to succeed in effectively understanding patients’ needs.

**Utilizing Technology**

**Service Delivery**


Abstract:
John Myers’ chapter in the 2nd edition of *The APSAC handbook on child maltreatment* examines the risk of litigation and formal complaints when working with contentious child custody cases. Myers cautions that while technology can streamline processes and increase engagement, it also
poses ethical and legal issues that can increase risks. He recommends thinking carefully through issues of confidentiality, liability, and billing prior to integrating new technology into standard service delivery.


Abstract:
A review of studies that have examined the use of technology across three facets of prevention: identification of child maltreatment (CM), administration/augmentation of CM prevention programs, and broad dissemination and implementation of evidenced-based CM prevention programs.


Abstract:
Study of an adaptation of a parenting program for delivery via the Internet in order to increase participation from rural families. The internet adaptation was enhanced with participant-created videos of parent-infant interactions and weekly staff contact, which enable distal treatment providers to give feedback and make decisions informed by direct behavioral assessment.


Abstract:
Discussion of parenting research as it relates to childhood obesity prevention with a focus on conceptual, methodological, and translational issues. The authors mention the use of technology as a new measurement tool that allows for real-time collection of data without the cost or intrusion of having an investigator in the room.


Abstract:
Evaluation of the impact of using portable computers to record data from standardized screening
tools during home visits. Six home visiting agencies participating in the Early Years Home Visitation Outcomes Project of Wisconsin implemented computerized screenings with wireless uploading of data to a state public health database. Using portable computers saved agencies time and money on all four screening tools tested, with significant cost savings on three of the four tools, as compared to paper-and-pencil administration of screenings and manual data entry. The average time used per screening dropped between 9 and 63 min, saving agencies between $2 and $14 per screening administration. Screening completion was also higher when portable computers were used for data capture. There was little effect on home visitors’ perceptions of the ease of data collection or their interactions with families being served.


**Abstract:**
Study testing the feasibility of a web-based delivery model for an evidence-based behavioral parent training program, the Chicago Parent Program. Study had a low-sample size ($n = 9$), but the parents who participated in the web-based adaptation of the program reported that they were satisfied with the program.


**Abstract:**
Evaluation of a psychoeducational intervention, the Incredible Years, using a hybrid model combining computer- and web-based delivery with professional intervention via phone calls, electronic messages, and home visits. The model attempted to simulate many of the parent training methods shown to be successful in the original program. The intervention was implemented with 90 Head Start families who reported elevated levels of child behavior problems. Of the 45 families offered the intervention in the final year of the project, 37 (82%) completed at least half the program and 34 (76%) completed the entire intervention using procedures refined in light of the initial year’s experience. These participants reported high achievement of their self-determined goals and were highly satisfied with the intervention.

Abstract:
Evaluation of the development and initial testing of a parenting program, Planned Activities Training (PAT), which was enhanced through the use of cellular phones to promote the active engagement of parents. PAT is a five-session intervention aimed at improving parent-child interactions, increasing child engagement in daily activities, and reducing challenging child behaviors. The 19 parents who completed PAT and cell phone-enhanced PAT, met the 90% correct mastery criterion and demonstrated improvements in their parenting behaviors. Parents rated PAT and the text messaging and cellular phone call enhancements very positively.


Abstract:
Randomized controlled trial of a parenting program, Planned Activities Training (PAT), which was enhanced through the use of cellular phones to promote the active engagement of parents (CPAT). Mothers receiving PAT and CPAT demonstrated more frequent use of parenting strategies and engaged in more responsive parenting than mothers in the wait-list control group (WLC). Mothers receiving CPAT used more PAT parenting strategies than mothers in the other 2 groups and experienced greater reductions in depression and stress. Children of mothers receiving PAT and CPAT demonstrated higher rates of positive engagement, and children of CPAT mothers demonstrated higher levels of adaptive behaviors than children in the WLC.

Standardized Data Collection


Abstract:
This paper synthesises ideas generated from an international knowledge exchange seminar series to explore the potential and pitfalls in utilising routine administrative data and survey data for longitudinal research about children involved in public child welfare services. Methodological, technical and ethical issues are explored, including the challenges in capturing the nature, focus and intensity of intervention. It is suggested that assessing child wellbeing across a range of dimensions in the short, medium and long term may provide a better conceptual basis for research.
than defining specific outcomes. Links the desire for standardized data to technological advances in computer hardware and software and a demand for services to demonstrate differential effectiveness and efficiency across populations, communities, and service models.


**Abstract:**
Article describing the need for and the practicality and utility of longitudinal, multisector, and multilevel administrative data to address key issues in child maltreatment prevention and intervention. The goal is not to alert the reader to a new technology, but rather to clarify its potential and overview the process of creating such a database. Points out that, when linked across multiple sectors, the utility of administrative data in child welfare research and policy formulation is “geometrically greater” than the administrative data available from a single agency.


**Abstract:**
Study of the processes used to access child welfare records in six different states and the approach to combining and using the information gathered to evaluate the impact of the Early Head Start program on children’s involvement with the child welfare system from birth through age eleven.


**Abstract:**
Article discussing the strengths and weaknesses of administrative databases, issues with their implementation and data analysis, and effective presentation of their data at different levels of child welfare organizations. The authors argue that in order to contribute to evidence-based practice and organizational change, administrative databases must contain reliable data and be integrated into the decision-making process.

Abstract:
Description of the Home Visiting Data for Performance Initiative developed by The Pew Charitable Trusts beginning in 2013. The Initiative brought together representatives from states and home visiting models to inform the development of a framework for assessing home visiting using key indicators. This initiative is an example of efforts to standardize data collection.

Knowledge Transfer


Abstract:
The purpose of this paper is to propose systems thinking as a conceptual rubric for the practice of team science in public health, and transdisciplinary, translational research as a catalyst for promoting the functional efficiency of science. Without effective information exchange, partnerships that could be effective are limited in their potential to achieve a positive impact on the families they serve.


Abstract:
Article discusses barriers to knowledge transfer within the context of mandated referrals of maltreated children to Early Intervention services. Identifies the key elements that contribute to knowledge transfer among organizations as organizational culture, organizational structure and operating procedures, and fiscal, technological, and human resources.


Abstract:
This study, conducted as a part of the planning phase for a larger research and demonstration project measured frontline staff perceptions in both the public and private sectors in one state.
regarding these and other outcome-focused activities. Statistically significant differences were noted between public and private agency staff. In addition, the relationship between staff's use of data and their assessment of their own skill and the support provided by their agency for an array of out-of-home care practice activities are described. Results indicate that child welfare agencies generally lack sufficient support for using their information systems consistently and effectively.

Understanding Community-Level Impacts

Community Effects on Child Maltreatment


**Abstract:**
Study of socioeconomic, demographic, and attitudinal differences between neighborhoods and rates of child abuse and neglect. Families were interviewed to identify stresses and supports with an emphasis on sources of help, social networks, evaluation of the neighborhood, and use of formal family support systems. Results support the concept of neighborhood “risk”.


**Abstract:**
Study of two socioeconomically disadvantaged neighborhoods with an emphasis on examining the differences in social environment between the neighborhoods and correlates to rates of child abuse. Results indicate the neighborhood with the higher rate of abuse had less social connection between immediate and distant parts of the social environment. This supports the idea that social cohesion may be predictive of neighborhood child abuse and neglect rates.


**Abstract:**
This literature review approaches the question of whether the community context affects maltreatment behavior above and beyond the individual-level variables by critiquing the studies that have successfully measured maltreatment risks at both the individual and community level using multilevel modeling. The author notes that it is difficult to isolate the effects of programs and interventions at a community level above and beyond their effects at the individual level.

**Abstract:**
This study investigates the association between neighborhood social cohesion and abuse and neglect, as well as specific types of abuse and neglect. The sample for the study is comprised of 896 parents in one urban Midwestern County in the United States. Participants were recruited from Women, Infants, and Children clinics. In examining the relationship with specific types of abuse and neglect, it was found that neighborhood social cohesion may have a protective role in some acts of neglect, such as meeting a child’s basic needs, but not potentially more complex needs like parental substance abuse.

**Program Models at the Community Level**


**Abstract:**
This article describes the Durham Family Initiative (DFI), an effort to bring together child welfare and juvenile justice systems to reach DFI’s goal of reducing the child abuse rate in Durham, North Carolina, by 50% within the next 10 years (2000-2010). DFI is based on principles of a system of care (SoC), which researchers have defined as a comprehensive spectrum of mental health and other necessary services and supports organized into a coordinated network to meet the diverse and changing needs of children, youth, and families. As such, DFI is a population-wide effort to expand the consistency and scope of universal assessments designed to identify high-risk families or those needing prevention services and then to link them with appropriate community-based resources.


**Abstract:**
Randomized controlled population level trial of Triple P. 18 counties were randomly assigned to either dissemination of the Triple P—Positive Parenting Program system or to the services-as-usual control condition. Dissemination involved Triple P professional training for the existing workforce (over 600 service providers), as well as universal media and communication strategies.
Large effect sizes were found for three independently derived population indicators: substantiated child maltreatment, child out-of-home placements, and child maltreatment injuries. This study is the first to randomize geographical areas and show preventive impact on child maltreatment at a population level using evidence-based parenting interventions. Results indicate that the intervention may successfully reduce reported rates of child abuse and injury to young children at the county or community level.


**Abstract:**
Study investigating the role of the availability of child maltreatment prevention programs in individual-level risk for maltreatment. A multi-level analysis was conducted using county-level information on child maltreatment prevention program spending, census information on county characteristics, and individual-level data on individual risks for maltreatment and maltreatment behaviors. Results show that controlling for individual- and county-level risks for maltreatment, the amount a county spends on maltreatment prevention programs is associated with lower odds of maltreatment at the individual level.


**Abstract:**
This article examines five different community prevention efforts, summarizing for each both the theory of change and the empirical evidence concerning its efficacy. The authors then discuss the implications for community prevention policy.


**Abstract:**
This paper describes the theoretical and empirical basis of a unique multilevel system of parenting and family support known as the Triple P—Positive Parenting Program. The program incorporates five levels of intervention on a tiered continuum of increasing strength and narrowing population reach. Triple P includes strategies delivered universally to all parents and caretakers in the community; secondary prevention efforts designed to assist subgroups of parents...
who may face a common challenge; and tertiary prevention efforts targeting parents with significant needs or those who have already maltreated their child.


**Abstract:**
This guidebook describes CSSP’s strengthening families initiative. Strengthening Families uses focused assessments, technical assistance, and collaborative ventures to enhance the capacity of child care centers to promote five core protective factors among their program participants—parental resilience, social connections, knowledge of parenting and child development, critical support in times of need, and social and emotional competence of children.


**Abstract:**
Randomized controlled trial to determine whether Durham Connects, a population-wide effort to expand the consistency and scope of universal assessments designed to identify high-risk families or those needing prevention services and then to link them with appropriate community-based resources, can be implemented with high penetration and fidelity, prevent emergency health care services, and promote positive parenting by infant age 6 months. Results indicate that a brief universal home-visiting program implemented with high penetration and fidelity can lower costly emergency medical care and improve family outcomes.


**Abstract:**
This article provides an overview of principles and strategies used in the Strong Communities intervention. Strong Communities seeks to help the general public and local service providers within a given community understand how their individual and collective efforts can directly address the complex and often destructive web of interactions contributing to child maltreatment. The logic of the program is that once residents feel that their neighborhood is a place where
families help each other and where it is expected that individuals will ask for and offer help, public demand will drive service expansion and system improvement.


**Abstract:**
Evaluation of the Community Partnerships for Protecting Children (CPPC) initiative as implemented in four urban communities—Cedar Rapids, Iowa; Jacksonville, Florida; Louisville, Kentucky; and St. Louis, Missouri. The Community Partnerships for Protecting Children (CPPC) addresses the lack of coordination between the formal child welfare response and community-based prevention efforts by incorporating family support principles into the public child welfare system and elevating child safety concerns among those working in family support settings.


**Abstract:**
This article develops a theoretical and conceptual framework for neighborhood-based collaboration by nonprofits; analyzes the main concepts of innovation in the design and implementation of a collaboration to prevent child maltreatment in an undervalued neighborhood; and draws implications for social policy, social work practice, and social work research. Their model to approaching community and neighborhood-based prevention efforts is the overlay of collaboration, advocacy, resource development, education, and services (CARES). This model emphasizes the importance of multisector cooperation to strengthen families and neighborhoods, the reduction of social isolation by strengthening informal and formal support systems, and community planning and collaboration to influence service implementation and improve access.


**Abstract:**
This paper examines the challenges of developing meaningful and useful indicators of child well-being at the level of the neighborhood. Recent technological advances have made it more feasible for communities to develop neighborhood indicators, but there are a number of practical, conceptual and methodological challenges that are involved in this work. This work supports the idea that programs and policymakers would benefit from linked administrative databases across
the systems that serve families in order to assess community-level service provision and the neighborhood indicators relevant to children such as access to child care and early education, housing conditions, access to medical care and concrete supports, and others.

**Early Learning Communities**


**Abstract:**
This issue published by the Harvard Family Research Project explores the role of libraries in engaging families around child and youth learning and development. While the publication does not address child abuse and neglect specifically, because libraries are free community spaces, they are a safe space for families dealing with the additional stressors of poverty. These families can come together informally or formally in libraries to obtain informational, emotional, and logistical support from one another. These connections with other families help to mitigate the risk of depression and social isolation, both of which are risk factors for child maltreatment.


**Abstract:**
Survey results from the Harvard Family Research Project and Public Library Association’s national survey of family engagement, which was sent to approximately 1600 library directors. The survey found that libraries offer many services for families around early childhood literacy and early childhood development. The findings from this survey indicate that state and local planning agencies might well consider thoughtful partnerships with libraries to provide family engagement around early childhood learning and development.


**Abstract:**
This report describes CSSP’s efforts to work with stakeholders from nine early childhood systems to establish early learning communities. They classify these communities as including four key characteristics: committed community leadership; quality services; safe neighborhoods with
access to housing, food, transportation, and employment; and supportive policies around early childhood services and concrete supports for families.
Impacting Policy and Legislative Change

Impacting Policy and Agenda Setting


**Abstract:**
This paper addresses a fundamental question in evidence based policy making--can scientists and policy makers work together? It first provides a scenario outlining the different mentalities and imperatives of scientists and policy makers, and then discusses various issues and solutions relating to whether and how scientists and policy makers can work together. The author points out that policy makers often operate under tight time constraints that limit their ability to deeply study every issue. Because of this reality, policy makers rely on knowledge brokers and advocates to inform their funding and strategic decisions.


**Abstract:**
This paper discusses strategies for effective family policy advocacy with an emphasis on making research accessible to policymakers. The author recommends that information distributed to policy makers should clearly link specific policy recommendations to documented trends and real conditions.

Abstract:
This dissertation is an exploratory case study of how advocacy influences policy decisions. By interviewing six former state-level elected officials in Colorado, the study explored what policymakers believe about their ability to impact child abuse policies, how they define, and ways they have experienced, evidence-based policy, and what they know about risk factors and protective factors with regard to child abuse-related policy. This case study supports the idea that agenda setting involves much more than just the format and content of findings, but reflects the current policy context as informed by public opinion, current events, and political interests.


Abstract:
This guide, commissioned by the Annie E. Casey Foundation, aims to inform foundations and nonprofits who engage in advocacy and policy work to address public issues and effect social change. The authors set for a framework for naming outcomes associated with advocacy and policy work as well as directions for evaluation design. There menu of outcomes and strategies are arranged in six main pathways, each of which offers new opportunities for child maltreatment prevention to move beyond the replication of specific interventions that target individual families, parents, or children to address the broader institutional and social contexts.


Abstract:
This report published by the National Conference of State Legislatures discusses various state policies for addressing child abuse and neglect. Some of the policy options address the broader social context including tax-related supports, low-cost financial services, family leave, school discipline, housing vouchers, and social services enrollment. The authors recognize that a variety of policy decisions can either contribute to elevated risk of maltreatment or promote important protective factors for families.
Innovating Federal and State Funding

Flexible Use of Funds


Abstract:
In chapter 3 of the World Health Organization’s 2002 publication World Report on Violence and Death, the authors discuss child abuse and neglect across the globe. The authors discuss the different cultural, social, and systematic factors that often make detection of child maltreatment and its risk factors difficult.


Abstract:
This paper reviews the current state of health insurance for children and youth and contrasts health services with the needs of children and families. It then describes new models of health care, including ones that actively connect health care with other community services, and suggests promising trends in child health care. The authors discuss that the integration of social and educational services with pediatric medical care and support for a consistent, universal assessment of all new parents is rarely funded by private insurance despite having a robust link to children’s health outcome.


Abstract:
This brief advocates for value-based payment goals—fee-for-service payments that are linked to quality or value thus incentivizing integration and coordination of care and attention to population health.


Abstract:
This study examined the relationship between capitated payment systems and patient education
during office encounters. Results indicate that patients are more likely to receive education if their primary care providers receive primarily capitated payment. This supports the idea that movement to a capitated system of reimbursement may elevate an emphasis on preventive and early intervention care.


Abstract:
This bill would allow states to shift some of the dollars allocated to foster care to prevention investments with the goal of reducing the need for foster care.


Abstract:
This policy brief discusses the need for more flexible funding under Title IV of the Social Security Act so that states can use funding where it will be most effective at keeping at-risk children safe, ensuring that they have a permanent home, and promoting their wellbeing. Currently, States can gamble on their foster care caseload and accept a capitated flexible grant, but if caseloads unexpectedly rise the flexible spending grant may not cover the increase.


Abstract:
This report examined four states who use funds provided under Title IV-B of the Social Security Act for a variety of child welfare services and other activities. At publication, 14 states had waivers allowing them to use these funds more flexibly to improve child and family outcomes. As evidence for the effects of prevention efforts on subsequent maltreatment grows, changes in child welfare streams may become more common and acceptable.

Medicaid and Accountable Care Organizations


Abstract:
This report describes Medicaid and Children’s Health Insurance Program (CHIP) eligibility levels for all 50 states and DC over time. Their data reflects that, while eligibility has increased over
time, eligibility levels vary significantly across states and eligibility groups. Results indicate that for children, parents, and other adults, states with the lowest health rankings have the lowest median eligibility limits over time, while states with the highest health rankings have the highest median eligibility limits.


Abstract:
This 1998 report for the Institute of Medicine and National Research Council focused on the relationship between health insurance and access to care for children. Their findings suggest that uninsured children are less likely to receive timely preventative and acute care, which leads to additional negative effects such as children missing school due to treatable conditions.


Abstract:
This brief summarizes core ACO characteristics and profiles how nine states – Colorado, Illinois, Iowa, Maine, Minnesota, New Jersey, Oregon, Utah, and Vermont – have incorporated these elements into their Medicaid ACOs. For each state, it outlines key ACO infrastructure; details unique payment, quality, and data approaches; and spotlights one of the state’s Medicaid ACOs.


Abstract:
White paper published by Leavitt Partners discussing the reasons for the rise of Medicaid ACOs. The report mentions that in a number of states ACOs have incentivized practice innovations such as care coordination, behavioral health integration and chronic care management.


Abstract:
This study assessed the association between the length of consistent primary care (length of attribution) as part of an ACO and the use and cost of health care resources in a pediatric Medicaid population. Results suggest significant and durable reductions of inpatient use and cost
of health care resources associated with longer attribution to the ACO, with attribution as a proxy for exposure to the ACO’s consistent primary care. Consistent primary care among the pediatric Medicaid population is challenging, but these findings suggest substantial benefits if consistency can be improved.


Abstract:
This study measured the historical cost of care for Partners for Kids (PFK), a pediatric ACO serving an Ohio Medicaid population and gathered comparison statewide Ohio Medicaid fee-for-service (FFS) and managed care (MC) cost histories. Findings suggest that PFK reduced the growth in costs compared with FFS Medicaid and averages less than MC Medicaid. This slowing in cost growth was achieved without diminishing the overall quality or outcomes of care. PFK thus improved the value of care for Medicaid children.


Abstract:
This study discusses the implications of ACOs for high-risk, high-cost care management. Their findings support the idea that the strategies implemented by ACOs have worked well for specific populations that have traditionally used large amounts of healthcare services, achieving modest quality improvements and lower expenses in a period of 18-36 months.

Providing Concrete Supports


Abstract:
This study uses a multiple case study design at the state level, analyzing administrative child maltreatment and economic data for seven U.S. states to investigate the effects of the recent economic recession on child maltreatment rates. The seven states generally experienced higher unemployment rates, lower labor force participation (except no change in AZ), and higher food stamp usage indicating recession at the state level. On the other hand, child maltreatment rates,
The study authors discuss some shortcomings of their model and the complex nature of the relationship between poverty and child maltreatment.

**Pelton, L. H. (2015). The continuing role of material factors in child maltreatment and placement.**  
**Abstract:**  
This article examines evidence that indicates that poverty is a reliable and substantial predictor of child maltreatment, particularly child neglect. There is also further evidence that decreases in child maltreatment follow increases in material supports, and that job loss bears a complex relationship to child maltreatment. Pelton reports that emergency cash assistance as well as the provision of concrete supplies such as clothing and furniture are associated with reduced risk of child foster care placement.

**Abstract:**  
This report to Congress based on the *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4)*, includes the finding that children of unemployed parents experience two to three times higher rates of abuse and neglect.

**Golden, O. (2016). Building on successful anti-poverty policies and avoiding what doesn’t work:**  
**Abstract:**  
This brief article published by Olivia Golden as a follow up after her testimony to Congress on anti-poverty policies presents an overview of anti-poverty policies and their effects on families and communities. Golden reports that the nation’s core economic security programs are highly effective in reducing poverty, especially for children. Refundable tax credits reduce overall poverty by 3.1 percentage points and child poverty by 7.1. The Supplemental Nutrition Assistance Program (SNAP) reduced overall poverty by 1.5 percentage points and child poverty by 2.8.

**Abstract:**
This article advocates for the implementation of parent support programs in low- and middle-income countries as a way to buffer the detrimental effects of poverty. The authors note that state-level studies show that child maltreatment investigations and foster care caseloads increase when welfare benefits are reduced.


**Abstract:**
This paper assesses the consequences of poverty between a child’s prenatal year and fifth birthday for a host of adult achievement, health, and behavior outcomes, measured as late as age 37. The authors found that even a modest increase in household income during a child’s first five years of life can have measurable impacts on later school performance and life time earnings.


**Abstract:**
Study found that among children reported for maltreatment, poor children have worse outcomes, both within child welfare (e.g., recurrence) and outside of child welfare (e.g. juvenile court, hospitalization for violence) than non-poor children. These data suggest that the overrepresentation of poor children is driven largely by the presence of increased risk among the poor children that come to the attention of child welfare rather than high levels of systemic class bias.
Conclusion


Abstract:
Research update on battered child syndrome through a nation-wide survey of hospitals. This study was included as part of the 2013 book C. Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect, which looked back on the field of child abuse and neglect since Henry Kempe’s publication of his landmark article on the “battered child” in 1962.