Creating Community Responsibility for Child Protection: Findings and Implications from the Evaluation of the Community Partnerships for Protecting Children Initiative

DEBORAH DARO
STEPHEN BUDDE
STEPHEN BAKER
ANDE NESMITH
ALLEN HARDEN

NOVEMBER 2005
Creating Community Responsibility for Child Protection: 
Findings and Implications from the Evaluation of the 
Community Partnerships for Protecting Children Initiative

Authors
Deborah Daro, Stephen Budde, Stephen Baker, Ande Nesmith, Allen Harden
Chapin Hall Center for Children at the University of Chicago

Prepared for:
Center for the Study of Social Policy
Center for Community Partnerships in Child Welfare
Edna McConnell Clark Foundation

Prepared by:
Chapin Hall Center for Children
at the University of Chicago
1313 East 60th Street
Chicago, IL 60637

November 2005

© 2005 by Chapin Hall Center for Children
A complete list of Chapin Hall publications is available at our Web site
CS-122 - ISSN: 1097-3125
Acknowledgements

Successful evaluations of complex reforms require the cooperation and thoughtful contributions of all those involved in planning and implementing such initiatives. Chapin Hall has been very fortunate in the conduct of this study to have enjoyed this type of collaboration. We are deeply appreciative of the financial support provided by the Edna McConnell Clark Foundation both in implementing the Community Partnerships for Protecting Children initiative in the four pilot sites and in supporting our evaluation. Susan Notkin, who developed and launched the initiative during her tenure as Children's Program Director at the foundation and continued in this role as the director of the Center for Community Partnerships for Protecting Children, offered invaluable assistance in sustaining interest in the concept. She has demonstrated a tireless commitment to advancing the premise that communities, not child welfare agencies, are ultimately responsible for child protection. We also wish to thank Michael Bailin, the foundation's former President, and David Hunter, the foundation's Director of Research, for working with us to shape the evaluation design and for their critical interpretation of our methods and findings.

The Center for the Study of Social Policy provided ongoing leadership and consultation to the pilot sites and the Chapin Hall study team throughout the evaluation period. Specifically, we would like to thank Sarah Morrison, Marno Batterson, Myra Rosenbaum, Clare Anderson, Aman D'Mello, Susan Kelly, Kristen Weber, George Taylor, and Carla Robinson for their assistance in facilitating the evaluation's implementation and for educating us regarding key site accomplishments and challenges. We are deeply grateful for their willingness to review the findings with an open mind and an eye toward service improvements. We want to offer particular thanks to Judy Meltzer and Frank Farrow, whose comments were always thoughtful and reflective of the initiative's complexity.

The leadership teams at all four CPPC sites shared with us their lessons learned and frustrations in implementing a multifaceted theory of change. Their consistent
cooperation with our data collection efforts and frank comments on our findings sharpened our interpretations and helped us place them within the context of local fiscal and policy realities. We always felt welcomed when we visited the sites and stimulated by our conversations.

We also would like to express appreciation for the contributions of several colleagues within and outside Chapin Hall who offered critical advice throughout the project period. Mark Courtney, Bong Joo Lee, Robert Goerge, Harold Richman, John Schuerman, and Ada Skyles served on Chapin Hall’s Internal Advisory Board, overseeing the study’s methodology at all stages. They always found time to read drafts, provide critical reviews, and identify creative compromises to thorny methodological problems. The study also benefited from the thoughtful insights of our External Advisory Committee members – Claudia Coulton, Diane DePanfilis, Michael Wald, Patricia Schene, Carol Wilson Spigner, and Ying-Ying Yuan.

We want to convey our thanks to Diane Houdek, Chapin Hall’s Information Systems Manager, for structuring the data collection forms and facilitating data entry and management. We also want to express our appreciation to Chapin Hall Public Affairs Director Flora Lazar, Publications Manager Anne Clary, and Administrative Assistant Patricia Franklin for editorial assistance in producing the final report and related documents.

Finally, we want to thank the hundreds of parents, direct service providers and supervisors, volunteers, and agency managers across the four sites that took care in responding to our questions and completing our surveys. Without their cooperation and willingness to share their stories, we would have no findings to present. We sincerely hope that our efforts and conclusions will in some small way repay them for their time by contributing to higher-quality interventions and more responsive systems of care.
CREATING COMMUNITY RESPONSIBILITY FOR
CHILD PROTECTION: Findings and Implications
from the Evaluation of the Community Partnerships
for Protecting Children Initiative

Overview

The Community Partnerships for Protecting Children (CPPC) initiative draws
together several reform strategies from the child welfare, family support, and
community-building fields. Through a system of practice reforms within the
child welfare system, collaborative strategies among public service providers and
community-based service agencies, and efforts to build a collective commitment
on the part of community residents to support children and their parents, CPPC
seeks to reduce the likelihood children will experience child abuse and neglect and,
for those children who have been abused, to reduce the likelihood of subsequent
maltreatment and serious injury.

For purposes of assessing the model’s feasibility and potential impacts, the Edna
McConnell Clark Foundation supported efforts in four urban localities, each of
which was selected, in part, for its predisposition and commitment to reforms
consistent with the CPPC concept. Since 1996, the foundation has awarded
approximately $41 million in grants to support and evaluate this effort. Designed
and implemented by foundation staff, the initiative also was supported by the
ongoing advice and counsel of an external advisory group and high levels of
technical assistance by staff from the Center for the Study of Social Policy (CSSP),
among others.

Chapin Hall Center for Children at the University of Chicago has served as
the primary evaluator of this effort, beginning with an assessment of early
implementation efforts in the four pilot sites conducted between 1996 and
2000. The current effort, implemented between 2000 and 2004, focused on two
objectives: to determine the initiative’s impacts with respect to child safety and
other key outcomes and to garner from this experience information useful in
shaping ongoing reform efforts.

The purpose of this paper is to summarize the initiative’s impacts on child safety
and related outcomes. In addition, the paper summarizes lessons learned from
the evaluation with respect to improving child welfare practice and refining the
initiative’s underlying assumptions and theoretical framework. A more detailed presentation of these findings, including the variation observed across the four sites, can be found in the evaluation’s full report — *CPPC Phase II Outcome Evaluation: Final Report*.

**The Context for Change**

Since passage of the Child Abuse Prevention and Treatment Act (PL 93-247) in 1974, public child welfare agencies have struggled with the appropriate scope of their mission. Although voluntary reporting mechanisms were well established by the late 1960s, the federal legislation outlined model reporting standards that mandated key professional groups to report suspected maltreatment and institutionalized a child welfare service system that was triggered by an investigation of these allegations (Daro, 1988; Nelson, 1984). Early child welfare interventions and the scope of this legislation were constrained by a legal and social tradition that granted parents broad discretion in how they rear their children (Gelles, 2000). Thus, public child welfare’s legal and, some would argue, moral mandate should begin only when a child has been mistreated or is at imminent risk of physical harm (Besharov, 1986; Pelton, 1981).

Despite this tradition of family privacy and parental autonomy, the first two decades following passage of CAPTA found many states expanding the definition of maltreatment beyond the proposed federal guidelines. These eventual broad and inclusive reporting systems led to a growing number of identified cases. The reporting rate – 10.1 per 1,000 children in 1976 – climbed to 45.0 per 1,000 children in 1992. More than 2 million reports were documented in 1987, representing a 225-percent increase over the 1976 numbers. By the mid-1990s, the number of reports exceeded 3 million annually and has declined only slightly in recent years (USDHHS, 2002). In an effort to manage the growing number of reports, many states adopted more restrictive definitions for forwarding a report on for formal investigation, and those investigations that were conducted took on a more adversarial tone. Although this increased rigor has afforded some children better protection and provided prosecutors stronger evidence, it also has made it more difficult for parents and communities to view child welfare services as offering a therapeutic or supportive intervention.

A growing separation between those agencies working with identified victims and community-based service providers who embraced a strength-based, family-focused service philosophy further reinforced the image of child welfare services as more intrusion than support. Rather than viewing child welfare agencies as partners
in protecting children, prevention advocates explicitly identified themselves as an alternative to the mandatory interventions associated with child abuse investigations (Daro & Cohn-Donnelly, 2002). In an attempt to better balance the public child welfare response in light of competing visions and expectations, a series of federal legislative reforms over the past 20 years have directed states to make “reasonable efforts” to prevent out-of-home placement and to promote family reunification or find permanent homes for children who had to be placed. Although the primary emphasis of these reforms has vacillated among a number of alternatives (e.g., prevention, family preservation, permanency, and adoption), fiscal incentives have consistently favored alternative placement options. These trends have produced a response system many see as more punitive than therapeutic and one that has disproportionate impacts on the lives of poor families and children of color (Brown & Bailey-Etta, 1997; Courtney, Barth, Duerr-Berrick, Brooks, Needell & Park, 1996; and Goerge, Wulczyn & Harden, 1994).

Linking Treatment and Prevention

Both public child welfare agencies and community-based prevention efforts are exploring better ways to structure linkages between the two service systems in order to provide a level of care commensurate with level of need and improve the ability of families to access services. Within public child welfare agencies, common structural reforms have included differential response systems, co-locating child welfare workers with other key health and income maintenance staff in community settings, geographic assignment of cases, and establishing greater interagency collaboration and service partnerships (BASSC, 2002; Farrow, 1997; Schene, 1998; Waldfogel, 1998). Direct practice-level reforms also have been promoted within some agencies to improve the responsiveness of child welfare workers to the needs of families and children involved with these systems (CSSP, 2002; Merkel-Holguin, 1998). Beyond the formal child welfare system, early intervention proponents and child abuse prevention advocates have sought ways to better integrate a broad array of services to foster child well-being and strengthen a family’s natural protective factors. Particular attention has been placed on engaging families through the use of universal outreach and directing those families facing the greatest challenges into home visitation services and other intensive family support programs (Daro & Cohn-Donnelly, 2002; Daro, 2000). Although these two reform paths begin at different ends of the risk continuum and have been uneven in both magnitude and sustainability, they share a common emphasis on the use of formal and informal supports in meeting the diverse needs of families and on offering local service providers and administrators flexibility in allocating resources to better match services to participant needs (Schorr, 1997).
Several policy and contextual factors have fueled these reform engines. At the center of both reforms is a general dissatisfaction with many therapeutic interventions, particularly with the ability of services to alter the trajectory of families with extensive histories of serious physical abuse and neglect. Extensive reviews of a wide range of treatment modalities find very few with strong, empirical evidence of effectiveness (Saunders, Berliner & Hanso, 2003). Those interventions that have demonstrated the greatest promise are generally embedded in ecological theories of human development and cognitive learning theories, offer intensive services, and have been subject to rigorous evaluations (Henggeler, Melton, Brondino, Scherer & Hanley, 1997; Kolko, 2002; Lutzker, 2000). In addition, a child’s first 3 years of life have become a major focus among those seeking better outcomes for children in numerous cognitive, emotional, and social domains (Carnegie Task Force, 1994; Shonkoff & Phillips, 2000). Given that the fastest-growing population within child welfare is infants under the age of 1, the importance of early and thoughtful intervention for the 0-to-3 population has become even more salient.

In addition to improving the response of child welfare agencies to cases entering the system, reform efforts have increasingly embraced a framework that would embed responsibility for child protection within the fabric of community life, calling for a transformation from a single child welfare response agency to a system of shared responsibility and mutual support. Child protection is not about how any one agency operates, but about how a community operates both formally and informally to protect children. The reform is directed not at a single agency but at a community and culture. As Melton and Thompson have noted, achieving child protection becomes a shared, moral responsibility “not merely to prevent wrongdoing, but to achieve positive obligations as well” (Melton & Thompson, 2002: 11). When this moral responsibility is jointly shared by every resident and every agency, a community can begin building the type of reciprocity and mutual support viewed by many as essential to achieving a higher standard of care for children (Melton & Berry, 1994; U.S. Advisory Board, 1991).

The community partnership concept reflects a decision-making process that brings together local government, state agencies, elected officials, community agency directors, and local residents in collectively identifying and implementing a set of strategies perceived as being most effective in supporting children and their families. In some cases, these partnerships operate under the leadership of local child protective service agencies (Farrow, 1997). In other cases, they have been promoted by county- and state-level administrators as a way to effectively make funding streams and eligibility criteria more reflective of the “non-categorical” way families need and use services (Schorr, 1997; CSSP, 2001). These types of
collaborative models appear to work best when the lead agency is already part of a wider agency network and collaborative opportunities exist both across agencies (e.g., shared case management, co-location of workers, joint membership in community organization, and a culturally grounded shared vision) as well as within each agency (e.g., clear lines of communication up and down the chain of authority) (Harrell, Cavanahy & Sirdharan, 1999).

**The Role of Community**

The emphasis on developing shared responsibilities for child protection is rooted in a number of practical and theoretical considerations. The most obvious practical reason for expanding responsibility for child safety is the inability of the current child welfare agency to meet the service needs of all families at risk. Rigorous national incidence studies funded by the federal government indicate that many cases involving acts that meet the child abuse reporting standards do not result in formal reports. Indeed, fewer than half of cases identified by mandated reporters (with the exception of police, where the investigation rate was 52%) resulted in a formal child abuse investigation, and only about one-third of these cases are provided any type of formal child welfare intervention (Chalk & King, 1998; Sedlak & Broadhurst, 1996). Among the failings of the current response system are the inability to provide adequate assessments for all reports, inappropriate and insufficient therapeutic resources, high reoccurrence rates among those children remaining with their families, and foster care options that perpetuate mistreatment and poor child outcomes (Bartholet, 1999). These and similar problems underscore the simple fact that “fixing” a broken parent-child relationship is neither a self-evident nor routine procedure. The complications and interdependence of various factors conspire to foil the best intentions.

Beyond these practical considerations, however, is the belief that child outcomes are a function of both parental capacity and the context in which parents exercise these responsibilities. Community values and neighborhood resources have long been considered key factors in determining a family’s relative risk for maltreatment. The beliefs and attitudes of neighbors and family members as well as the availability and quality of local health care and family support services can serve either as powerful protective factors or potent risk factors, particularly for families with limited financial resources or child care skills (Melton & Berry, 1994; Korbin & Coulton, 1997). Residents of poor communities with the highest rates of reported maltreatment have fewer positive interactions with their neighbors and more stressful day-to-day interactions than residents in poor communities that have fewer maltreatment reports (Garbarino & Sherman, 1980; Deccio, Horner & Wilson, 1991).
The CPPC Response

The Community Partnerships for Protecting Children (CPPC) is an 8-year child welfare initiative that draws together several of these reform strategies. As outlined in several publications on the CPPC method (CSSP, 1996, 1997), four core elements make up the initiative’s theory of change.

- **Developing an Individualized Course of Action (ICA)** for all families where children are identified as being at substantial risk of child abuse and neglect.
- **Creating a Neighborhood Network** that includes both formal services and informal supports resources.
- **Changing policies, practices, and culture within the public Child Protective Services (CPS) agency** to better connect child welfare workers with the neighborhoods and residents they serve, increase service effectiveness, and improve accountability.
- **Establishing a local decision-making body of agency representatives and community members** to develop program priorities, review the effectiveness of their strategies, and mobilize citizens and other resources to enhance child safety.

Implementing one or two of these strategies would represent a significant level of change in any community. However, the CPPC concept explicitly emphasizes that all four elements are necessary to achieve measurable and sustained improvement in child protection so that fewer children experience initial or repeated maltreatment. For communities to succeed in this effort, change is required on multiple fronts, including the following:

- how traditional child welfare services are conceptualized and delivered
- how local service agencies interact with both the public child welfare system and each other
- how local residents view their responsibility toward protecting children and supporting families
- how decisions are made governing what is offered to families and children in need and how the community is organized to address these needs

CPPC proponents argue that this type of fundamental, conceptual shift across multiple domains, if sustained, can result in improved child safety and community ownership of child protection.
Early Implementation

For purposes of assessing the model’s feasibility and potential impacts, the Edna McConnell Clark Foundation supported efforts in four urban localities with relatively high rates of reported maltreatment and other indicators of social distress (e.g., poverty, single-parent families, mobility, crime, etc.). These four pilot communities included neighborhoods within Cedar Rapids, Iowa; Jacksonville, Florida; Louisville, Kentucky; and St. Louis, Missouri. Although each site struggled with common child welfare challenges such as high caseloads and tentative funding, all had a history of child welfare reform efforts and were perceived as promising locations in which to launch the initiative.

Building on the sites’ existing efforts, leadership teams involving public child welfare administrators, community agency staff, and local residents in each community were provided 1-year planning grants in 1995 to begin outlining how they would implement all key CPPC activities. In addition to the planning grants, each site was provided technical assistance to strengthen its ability to implement both the practice reform and policy recommendations embedded within CPPC’s theory of change. Following this planning period, the sites received funding for a Phase I implementation period (1996 to 2000) during which time sites were expected to achieve a specific set of benchmarks or performance thresholds. In addition, these early implementation efforts offered the opportunity to refine the initiative’s theory of change and better specify its core strategies. Throughout Phase I, sites received continued consultation and support from experts at the Center for the Study of Social Policy (CSSP), as well as technical assistance from some of the country’s leading experts in case assessment and child welfare service planning.

The foundation also funded Chapin Hall Center for Children during this period to monitor implementation levels at each site. As summarized in Chapin Hall’s Phase I evaluation report, many of the initial performance thresholds established at the time of the original grant award had been achieved with respect to ICA practice, collaborative relationships among diverse service providers, interest and involvement of CPS managers and staff in community-based and strength-based methods of service delivery, and resident engagement in governance and community-based activities. Many of these thresholds were very modest (e.g., completing 25 ICAs over the course of a year, hiring at least one person to manage and coordinate ICAs, etc.). Others, such as establishing broad-based partnerships and formalizing a system to monitor ICA quality, represented more significant and potentially powerful change. Although this report also raised important questions
about the need to articulate more precise strategies for expanding and solidifying the initiative within the target communities, the report found implementation levels in 2000 to be adequate, and in many instances, excellent (Budde, Daro, Baker, et al., 2000).

Given the sites' initial progress during Phase I and the growing interest in the CPPC concept within the four states as well as among child welfare reform advocates across the country, all four programs received funding for an additional 4 years to expand their implementation efforts. In contrast to the modest expectations established during Phase I, expectations for Phase II were more demanding. In all four domains, sites were encouraged to deepen, institutionalize, and expand their efforts. Between 2000 and 2004, it was hoped that activities in the individual sites would be increasingly robust and consistent, thereby resulting in measurable change in child safety at both the individual and community levels. To help the sites achieve the best possible levels of implementation, the foundation continued to fund high levels of technical assistance and consultation to the sites. Overall, the foundation invested approximately $41 million in grants to support and evaluate the CPPC effort.

The sites’ initial strengths, coupled with the extensive ongoing training and consultation being provided the sites through the initiative, led the foundation to conclude that any replication beyond the four original sites should be undertaken with due attention to what was being learned through the original sites’ progress and with the understanding that in the end this initiative might not demonstrate positive outcomes on child safety. Based on this belief, the foundation commissioned Chapin Hall's Phase II evaluation to determine the initiative's impacts with respect to child safety and other key outcomes.

In addition, the evaluation sought to garner from this experience information that might have application for ongoing efforts in relationship to CPPC and other child welfare reform and community capacity-building efforts. In contrast to the Phase I evaluation, however, primary emphasis during this phase of the evaluation was placed on documenting impacts and not on documenting all of the specific procedures sites underwent to refine and implement individual strategies.

This report includes detailed descriptions of the implementation process and performance thresholds achieved by all four sites during this initial funding period. The report also summarizes the specific challenges outlined by the sites’ leadership in expanding their efforts. As such, this report is useful for those readers interested in more fully understanding the early implementation process.
Chapin Hall’s Evaluation Framework

The primary emphasis of Chapin Hall’s Phase II evaluation was to determine the impacts of the overall CPPC model and its related strategies. In order to better understand the relative merits of various CPPC strategies in strengthening parental capacity and altering child welfare culture and community context, specific attention was placed on assessing the quality, scope, and impacts of Individualized Course of Actions (ICAs). The focus on ICAs and their use of family team conferences (FTCs) represented the initiative’s core practice reform and primary pathway for altering the way public child welfare and community service providers interacted with families. In addition, ICA participants constituted a subset of residents within the target areas that received the most direct and measurable assistance from the initiative. Given the centrality of this concept to the overall CPPC approach, it is difficult to imagine how the initiative could achieve its objectives unless ICA practice was widespread, implemented with consistent quality, and successful in altering parental behavior and reducing maltreatment levels.

To that end, the evaluation identified several constructs related to improved child safety such as strengthening parental efficacy, decreasing depression, and expanding the formal and informal supports available to parents. We also developed a broader set of indicators to capture the types of systemic and community changes promoted through CPPC (e.g., increased agency collaboration, improved service capacity and quality, changes in CPS culture and interactions with community resources, etc.). Collectively, we sought a body of findings that would allow one to make a reasoned judgment as to the validity of the premise that this approach, if sustained over time, would result in effective community-wide systems of child protection.

Core Outcomes

Sufficient evidence was gathered from multiple sources on multiple indicators to provide us confidence in our ability to address performance in four agreed-upon outcome areas:

- **Child safety**, as measured by a reduction in subsequent reports of maltreatment and placement among ICA recipients as well as within the target area. As a more proximal assessment of child safety, we also examined change within a sample of ICA participants in self-report measures of overall progress and change in specific problem areas as well as standardized assessments of changes in depression, parental stress, and parental empowerment.
- **Parental capacity to access necessary formal and informal supports** among
ICA recipients as measured by the extent to which this case planning process involved critical formal and informal supports, responded to key problem areas identified by the family, linked families to needed services, and improved a participant's perception of their pool of available supports.

- **Agency and network efficiency** as measured by agency managers and frontline staffs’ increased familiarity with CPS and other local service providers, perception of improved service quality and capacity, and increased linkages among local agencies at both the individual participant and systemic levels.

- **Community responsibility** for child protection as measured by the number of new informal supports identified for families receiving an ICA; documenting changes in public child welfare practices that foster greater interactions between CPS workers and community resources; documenting site volunteer recruitment and training activities; and documenting the number and attitudes of residents in each site involved in providing direct support to families or planning CPPC activities.\(^2\)

The table on the following pages summarizes the objectives, scope, and timing of the evaluation's individual components. This diverse set of methodological approaches generated a database capable of detecting measurable change within each outcome area. Equally important, these data provided the rich contextual information essential for interpreting such changes.

Although the absence of a true experimental design limits our ability to make definitive causal statements as to the impacts of CPPC on key outcome areas, our combination of methods and the use of carefully crafted comparison samples enhance our confidence in our ability to assess impacts in key areas related to improved child safety and child welfare practice.

\(^2\) This concept proved the most difficult to address within the context of our evaluation in that we were not in a position to systematically observe interactions among each site's general population over time. Although we had originally planned to conduct repeated telephone surveys of a random sample of residents within each CPPC target community, this strategy was not successful. During our baseline study, significant difficulties emerged in our ability to identify appropriate samples in several sites. Also, potential respondents were more reluctant to participate in a telephone interview than we had anticipated, leading to low response rates. Although a second survey was completed in two of the sites, possible sample bias and ceiling effects did not produce usable findings.
## Evaluation Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Primary Objectives</th>
<th>Sample and Time Frame</th>
<th>Methods</th>
</tr>
</thead>
</table>
| ICA Participant Study                 | To examine ICA quality and consistency<br>To assess ICA impacts on case plan responsiveness and service levels<br>To assess ICA impacts on caregivers in terms of: ■ Overall progress ■ Progress in specific problem areas ■ Depression ■ Parental stress ■ Parental empowerment ■ Access to informal and formal supports | Time 1: Following initial FTC (February to December 2002)<br>In-person interviews with 380 caregivers and 370 of their lead workers.  
Time 2: Six months after initial assessment.<br>In-person interviews with 331 caregivers and 316 of their lead workers | Descriptive and multivariate analyses of change over time                                   |
| Administrative Data Review: ICA Cases | To compare outcomes on key child safety indicators for children in ICA cases with outcomes for a sample of cases not exposed to an ICA in terms of: ■ subsequent maltreatment reports ■ subsequent placement in foster care | 663 children represented in the ICA sample outlined above who could be linked to the child welfare database  
Comparison sample drawn from among all cases reported within the target area in 2002 that were not placed within 30 days. (N ranged from 1,045 to 1,994 across four sites) | Cox Proportional Hazard Models to determine the likelihood of key outcomes controlling for the impacts of various demographic and case characteristics for children that were not in placement at the beginning of the intervention |
| Administrative Data Review: Community-Wide Trends | To compare trends in the CPPC target areas on key child safety indicators with trends in comparison communities in terms of: ■ child maltreatment reporting rates ■ rate of subsequent maltreatment reports ■ placement rates | All cases with an initial report for child maltreatment filed with child protective services between 1998 and through the first quarter of 2002 | For purposes of examining child abuse reporting rates, comparisons were made in the number of reports per 1,000 children in the area for each year across the observation period.  
For purposes of subsequent reports and placement, we examined trends in multiple 6-month cohorts. |
### Evaluation Components (cont.)

<table>
<thead>
<tr>
<th>Component</th>
<th>Primary Objectives</th>
<th>Sample and Time Frame</th>
<th>Methods</th>
</tr>
</thead>
</table>
| **Agency Manager Survey**  | To assess changes in the size and composition of the local CPPC partnerships  
To assess CPPC impacts on the levels of familiarity and interactions among partnership members with CPS and with each other  
To assess CPPC impacts on local service availability and quality                                                                                                                                                                                                 | **Time 1** (1999): Mail survey of 91 agency managers identified by CPPC site leadership as active in their network. 81 managers (88%) responded.  
**Time 2** (2003): Mail survey of 112 agency managers identified by CPPC as active in their network. 86 managers (71%) responded.  
Examined change over time on key outcomes for both the full sample of respondents as well as a subset of agencies in each site represented in both surveys. This percentage of “repeat agencies” averaged 67% across the four sites. |                                                                                                                                                                                                                   |
| **Child Welfare Worker Survey** | To assess the extent to which CPS workers embraced core CPPC practices, including ICAs.  
To assess CPPC impacts on CPS supervisory team culture, organizational climate, and job satisfaction.  
To assess CPPC impacts on local service availability, quality, and interagency collaboration.                                                                                                                                                                                                 | **Time 1** (2001): Self-administered survey completed during on-site meetings with 474 CPS workers and supervisors and 32 other direct service staff serving the CPPC target area and other areas within the city or county.  
**Time 2** (2003): Self-administered survey completed during on-site meetings with 556 CPS workers and supervisors serving the CPPC target area and other areas within the city county.  
Examined change over time on key outcomes for both the full sample of CPS respondents as well as a subset of CPS workers primarily serving families in the CPPC target areas. This percentage of workers focusing on the target area averaged around 15% of all CPS workers surveyed at Time 1 and Time 2. |                                                                                                                                                                                                                   |
## Evaluation Components (cont.)

| Component         | Primary Objectives                                                                                                                                                                                                 | Sample and Time Frame                                                                                                                                                  | Methods                                                                                                                                                                                                 |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Informal Partner Survey | To assess the extent to which CPPC developed and sustained an active pool of resident volunteers and the role these residents played in the initiative.  
To better understand the role informal support plays in addressing the needs of families and the potential concerns or challenges volunteers face in providing assistance to high-risk families. | **Time 1** (2001): Site personnel developed a list of 231 volunteers active in CPPC functions. Self-administered surveys completed by 141 volunteers (61%) who attended on-site meetings.  
**Time 2** (2003): Chapin Hall staff conducted on-site focus groups with 23 volunteers providing direct assistance to families. | Descriptive analysis of volunteer characteristics and attitudes at Time 1.  
Qualitative analysis of comments provided by volunteers as part of the focus group discussions |
| Implementation Study       | To obtain the local site leadership's perspectives and those of the national CPPC planning team on:  
**■** overall implementation levels  
**■** internal and external factors impacting implementation levels  
**■** the role of child protective services in the CPPC partnership  
**■** key lessons learned from implementing the initiative | Telephone interviews with site program directors in 2003.  
In-person discussions between July and October 2003 with the CPPC leadership team at each site.  
In-person discussions in March 2004 with the CPPC national planning staff and consultants. Reviews of site semi-annual reports and quarterly progress reports. | Qualitative analysis of interview data |
Standards of Evidence

In assessing progress, we have employed different standards of evidence depending upon the characteristics of the specific indicators, sample size, and scope of our inquiry. Because of the relationship between sample size and the likelihood of detecting significant effects, we used a combination of formal statistical testing and the absolute magnitude of the change in evaluating the relevance of a specific finding (e.g., the differences between a score or rating provided during an initial data collection point and one provided at a subsequent data collection point or differences between intervention and comparison groups).

In the cases of small to moderate samples (i.e., the ICA participant study, administrative data analysis of ICA participants, and the worker survey), significant changes were identified as those differences that were greater than what might be anticipated due to random error ($p < .20$). In cases of large samples, such as the agency manager survey where the number of relationships ranged from 210 to 1,080, we identified as substantive any change that represented absolute changes of .10 or greater to avoid labeling relatively minor, but statistically significant, differences as representing meaningful change.

In other cases, our indicators reflect an individual’s perception of change at the time of our second data collection or documented the presence of specific service characteristics (e.g., the proportion of FTCs involving informal supports, the extent to which participant concerns were reflected in the case plan, etc.). Determining the appropriate threshold for meaningful achievement in these instances drew on several standards. Building on the CPPC theory of change and stated objectives, we approached many of the indicators from the perspective that a preponderance (50% or greater) of the participants would have positive outcomes in a given area, such as the proportion of a participant’s needs reflected in the case plan, proportion of needed services provided, the number of subsequent FTCs, engagement of appropriate formal and informal supports within the context of the initial FTC, and the proportion of agencies engaged in collaborative activities with other local providers. Although the use of a preponderancy standard is not as precise as applying statistical standards of change, we believe this approach is in keeping with the broad objectives outlined by the initiative and moves toward establishing more specific benchmarks against which future efforts might be assessed.

In addition to our formal indicators of change or performance levels, the evaluation also draws on descriptive information provided through interviews with site leadership and members of the national planning team, observations of site-level
activities and cross-site coordination meetings, and reviews of site funding proposals and progress reports. These qualitative or descriptive data provide important insights into the scope of selected CPPC activities, such as community engagement efforts, volunteer recruitment and training, and service capacity building, that were not fully captured through one of our other evaluation components. Such information also provided a more detailed context for interpreting implementation levels and changes over time.

Although the evaluation focused considerable effort on documenting the scope, quality, and impacts within a given CPPC site, our overall emphasis is the extent to which the initiative as a whole achieved its objectives. The success of one or even two sites in reaching levels of significant or substantial change on a given indicator cannot be considered evidence of the initiative's success. This is particularly true for those indicators in which we were not able to develop an appropriate counterfactual either through the application of multiple surveys or the construct of a comparison site or sample. It is possible that significant change within one or more sites reflects a real and substantive impact of local CPPC efforts and, therefore, supports the initiative's overall efficacy. However, it is also possible that such isolated examples of progress are more random, reflecting local conditions or non-CPPC policy or practice reforms. In presenting our findings, therefore, we have identified the variation we observed across sites on all of our indicators but have been cautious in labeling such findings as unique CPPC impacts unless a comparable pattern was observed in three or more sites.
The Findings

CPPC Impacts on Child Safety

The CPPC initiative, as designed and implemented in the four pilot sites, did not demonstrate consistent impacts on subsequent maltreatment reports during the evaluation’s Phase II observation period. Among those child welfare cases that received the most direct CPPC intervention (e.g., an Individualized Course of Action or ICA), modest but significant improvements were observed among participants in their self-perception of progress and in standardized measures of depression and parental stress. In addition, over 90 percent of the families’ lead workers considered the ICA process helpful in improving child safety. However, these individual improvements were not positively correlated with a reduction in the likelihood of subsequent maltreatment reports or placement. Further, the frequency of these events among ICA recipients was generally consistent with the outcomes of a comparable group of child welfare cases not exposed to an ICA, although more positive outcomes with respect to subsequent maltreatment reports were observed among ICA cases in one of the four sites and ICA cases at another site experienced fewer placements than the comparison sample.

Trends in the number of child abuse reports, subsequent reports, and placement rates within the four target communities do not suggest consistent, community-wide improvements on these indicators as a result of CPPC activities, although positive change in a reduction in child abuse reporting and placement rates were observed over time in one service area.

CPPC Impacts on Parental Access to Support

Approximately half of the needs identified by caretakers provided an ICA were reportedly addressed in their case plans following the initial FTC. Among the top three needs identified by parents, case plans were responsive to issues of homelessness, substance abuse, child mental health and behavior problems, child truancy, and cleanliness of the home in about 70 percent of the cases presenting with these issues. Case plans were responsive to about half of parents’ top three needs in areas such as job training (56%), depression (54%), child medical disability needs (52%), inadequate supervision of children (50%), and child care (40%). Workers were least responsive to parents’ top three needs in the areas of child delinquent behaviors (36%), lack of support from friends/neighbors (33%), relatives (32%), and food and clothing (27%).
Across the four sites, 55 percent of the initial FTCs included all relevant formal supports or service providers and 40 percent of the initial FTCs included the caretaker’s spouse, partner, or parent. During the 6 months following the initial FTC, participants received an average of 2.5 to 4.9 services. Of the services provided, 40-60 percent represented new service resources for the family. Although the ICA process called for repeated FTCs to monitor family progress and increase the provision of ongoing support, only 20 percent of the families in our ICA participant sample participated in a subsequent FTC within our 6-month observation period.

In the absence of firm benchmarks, it is difficult to know if this level of service provision and number of FTCs constitute a meaningful increase in a family’s formal and informal service systems. The ICA process seeks to reduce service duplications or inefficiencies and, therefore, may result in families interacting with fewer individual providers but receiving more consistent support. Moreover, the absolute number of FTCs required to successfully monitor a family’s progress is not well specified. However, our multivariate analysis of the full sample found the number of new services provided ICA participants to be a significant predictor of a reduction in caretaker depression, an increase in a parent’s sense of empowerment, and greater improvement in the family’s self-assessment of their overall situation 6 months following the initial FTC. In addition, families receiving a greater number of services and having more frequent FTCs were more likely to report progress in their ability to identify and access needed supports. Within this context, low service levels would appear to work against the likelihood of achieving stronger impacts with families.

**CPPC Impacts on Agency and Network Efficiency**

Although ICA practice did demonstrate the ability to marshal additional service resources for some families, survey data from both local agency managers and child welfare workers showed minimal evidence of increased collaboration and no evidence of improved service availability or service quality. Agency managers across all four sites reported greater familiarity with both the public child welfare agency and other local service providers. During our observation period, the average number of shared activities among the agency managers surveyed increased in two of the sites and decreased in two of the sites. However, shared activities between individual agencies at all four sites remained modest at the end of the observation period in several areas central to the CPPS theory of change, such as joint case planning and agency-level coordination. Generally, half or fewer of the pairs of
agencies captured in our agency network survey reported any joint activities at the end of our observation period.

Limited levels of collaboration also were confirmed in our survey of CPS workers and supervisors. Over 75 percent of the indicators we tracked in this domain showed no change between our initial and follow-up survey. Those changes that were observed were twice as likely to suggest less, as opposed to more, service collaboration over time. Reflecting potential CPPC impacts, the two sites that reported gains in this area also reported increased use of FTCs, suggesting that this practice reform might have played a unique role in influencing levels of interagency collaboration.

With respect to service quality, no changes in service quality were reported by those participating in our worker and supervisor surveys. Of the indicators we tracked in this area, 75 percent demonstrated no change in service quality over time, 25 percent indicated significant improvements, and 25 percent indicated significant declines.

**CPPC Impacts on Community Responsibility for Child Protection**

The evaluation monitored the extent to which CPPC efforts extended several structural changes in the delivery of child welfare services and participant engagement strategies that are theoretically linked to creating a broader responsibility for child protection. In these areas, we observed minimal change across the four sites. Our repeated surveys of CPS workers and supervisors did not identify steady increases in the application of CPPC strategies to better integrate child welfare workers and other community resources. Of the twenty-two indicators tracked in this area through repeated surveys with CPS workers and supervisors, only three indicated a significant change in the proportion of workers who had experience with such strategies as placement in community settings, geographic assignment of their cases, co-location with other human service providers, community support agreements to engage other family members or residents in supporting a family at risk of initial or subsequent maltreatment, or planning joint activities with community-based providers or resources. Of the significant changes observed across the four sites in these areas, CPS workers in two sites reported significant declines in the use of geographic assignment of cases while one site reported a significant increase in the co-location of CPS workers with other human service professionals.
At the individual case level, none of our ICA sample cases were provided new informal supports in the course of our observation period. However, approximately 40 percent of these cases did have spouses, other relatives, and friends involved in assessing and meeting their needs within the context of the initial FTC, a pattern that may reflect the primary emphasis placed on solidifying a family’s support from those individuals already included in their informal network. Beyond engaging informal supports for families through the ICA process, CPPC efforts developed a wide range of opportunities to link families in need with community volunteers (e.g., the Neighborhood Partner’s programs in Cedar Rapids and Louisville, the StarR program in Jacksonville, and Block Links and Volunteer Resource Parents in St. Louis). Such efforts, while reflective of the type of “resident to resident” support central to the CPPC mission of community protection, were limited in their scope and inconsistent in their implementation. Only one site successfully sustained a structured volunteer training program, primarily through partnership with the local University Extension Service.

**Other Related Findings**

Although the evaluation found that the initiative did not demonstrate strong and consistent positive findings in its four core outcome domains, significant improvements were observed in job satisfaction, role clarity, and commitment to ICA practice principles among public child welfare workers. ICA practice, when implemented as designed, contributed to greater declines in depression and to a family’s overall sense of progress. And the CPPC partnerships created a context in which local public agencies, community-based service organizations, and residents participated in shared decision making. Such findings offer instructive guidelines for improving child welfare practice, as outlined below. However, they do not refute the fact that the CPPC concept, as implemented by the four pilot sites, did not achieve impact levels commensurate with the model’s stated objectives around the issue of child safety and local capacity building.
Practice Implications

As a community-wide initiative, CPPC is particularly vulnerable to an array of broader social and political dynamics. These external forces have simultaneously influenced the scope, scale, and ongoing implementation of the initiative’s strategies and have impacted the families and children it is designed to serve. During CPPC implementation, each site experienced moderate to major changes in its public child welfare agency mission and budget, fluctuations in its local economy, and uncertainty in the state dollars available for social services in general. Such changes were particularly acute in Jacksonville where major child welfare functions were privatized to local non-profit providers. In periods of such upheaval, the ability of child welfare workers to embrace practice reforms or of community service providers to forge strong collaborative efforts is most certainly compromised.

On the other hand, current trends within the federal policy context underscore the importance of several CPPC principles. For example, the federal Child and Family Services Reviews (CFSR) encourage child welfare agencies to conform their work practices to a more collaborative, community-based and family-driven approach. In addition, the sites themselves were selected partly because contextual conditions favored implementation, including a core of local professionals committed to reform efforts and collaboration. Such strengths may have contributed to the ability of sites to make progress in ICA implementation and partnership development even in the face of significant challenges.

We have no doubt that the context in which CPPC operated in each of the four sites placed formidable challenges on implementation efforts. However, we are not certain that adverse contextual issues can be cited as the sole reason for the absence of effects in any domain, just as positive contextual issues cannot assume credit for all of the improvements we noted in participant outcomes, CPS culture, or local service capacity. Change and uncertainty are permanent fixtures in the political and social landscape, and a key design feature of any reform initiative needs to be the capacity to anticipate and adjust to emerging trends. The presence or absence of effects of any broadly defined initiative may best be understood as the by-product of continuous interactions between an initiative’s goals and its operational context. An appreciation for this dynamic process is, we believe, essential in interpreting evaluative findings. It is also essential for highlighting areas where the conceptual framework guiding the initiative failed to provide sufficient support to those implementing these efforts.

Change and uncertainty are permanent fixtures in the political and social landscape, and a key design feature of any reform initiative needs to be the capacity to anticipate and adjust to emerging trends.
The evaluation illuminated a number of positive findings that are useful for shaping a more respectful and responsive set of interactions between workers and participants, between public and private service providers, and between formal and informal systems of support. Beyond these initial practice lessons, the evaluation also identified at least four areas in which the current CPPC theory might benefit from additional conceptual clarity and reframing if the concept is to improve child safety outcomes. These findings and related implications are outlined below.

**Improving Child Welfare Practice**

The implementation of ICAs and community partnerships, among other CPPC strategies, established important foundations for strengthening child welfare practice. Although not consistently correlated with participant outcomes, these emerging trends may be useful and important avenues to pursue in improving the overall performance of public child welfare agencies and for moving closer toward the stated goal of community child protection.

**Case assessment and service planning:** The ICA process provides an effective vehicle for altering the decision-making environment for families involved in the child welfare system. Maximizing the impacts of this opportunity rests, in part, on family team conferences (FTCs) that are implemented with careful attention to several core practice guidelines including:

- Developing case plans that reflect a family's core concerns
- Identifying and securing a pool of both formal and informal supports able to address core concerns
- Providing consistent follow up through repeated FTCs and other means to ensure implementation of the case plan

Although our evaluation results did not demonstrate a direct link between ICA practice and a reduction in subsequent reports of maltreatment or placement, participants who received a higher-quality FTC did show reduced depression and parental stress over time, and they reported more positive changes in the specific problems they had identified at intake. These and related findings suggest that ICA consistency and quality may be a prerequisite for enhanced clinical outcomes. Additional research is needed to better understand how to achieve more consistent ICA implementation such that key practice standards are found in all cases.

**CPS agency culture and worker satisfaction:** The evaluation found that consistent training of frontline staff in a well-specified practice reform can improve
workers’ confidence in implementing the reform and contribute to higher job satisfaction and greater staff stability. Although child welfare workers in all four CPPC sites faced budget cutbacks and continued high caseloads, the reform efforts promoted by CPPC may have contributed to developing a potentially important protective factor that can assist child welfare managers in confronting these systemic and economic challenges and in improving worker-participant relationships. Building on these initial findings, child welfare agencies may want to examine the types of training being provided frontline staff and build in a set of incentives for both workers and supervisors to engage in promising practice reforms.

**Shared decision making around child protection:** The evaluation found that the FTC created a more collaborative decision-making process among families, child welfare workers, and other community service providers with respect to individual case planning. At a community level, the CPPC partnerships contributed to a similar sense of shared decision making. Although not universal across sites, the evaluation found some evidence that the partnerships contributed to the following trends:

- Greater familiarity with local CPS practice and service options
- Greater familiarity among local community-based service providers with each other’s work
- More direct links between formal social services and community residents, resulting in the more effective use of informal support networks by child welfare workers
- Community-based service providers altering their service portfolios to compensate for structural limitations or budgetary shortfalls within the local child welfare agency

These and similar findings suggest that the concept of local partnerships has utility in creating a context in which the contribution of many players can be more effectively recognized and utilized in supporting families involved in the child welfare system. Additional understanding is needed in how to effectively build on these ideas to expand service availability and improve service quality.

**Public perceptions of child welfare agencies:** Creating stronger linkages between public child welfare agencies and local community service systems and residents is essential if one hopes to create a more collective sense of responsibility for child well-being. From the perspective of local residents, continued misperceptions of
available child welfare services create a sense that the agency’s sole mission is to take children away from their parents with little regard for the parent’s personal struggles or circumstances. When child welfare workers are unfamiliar with local cultural norms, available service options, or sources of informal support, they may miss critical opportunities to link families with appropriate services or find placement options that might allow children to remain in more familiar surroundings if separation from their parents is required to ensure their safety.

CPPC leadership at all four sites repeatedly noted that the placement of child welfare workers in community settings offered an important vehicle for reducing the negative perception residents often had of the agency and served to better educate their workers on local services and informal resources. In several instances, this out-basing of workers was facilitated by earlier reforms that created neighborhood or family resource centers or expanded the services available at local schools. These physical locations provide a rich context in which to house child welfare workers and place child protection issues within a more normalized or strength-based context. Thus, the creation of these types of community settings may be a pre-condition for supporting community-centered child protection.

**Strengthening Theory**

Lessons such as these are useful and important in improving the overall performance of public child welfare agencies and for moving closer toward the stated goal of community child protection. As stated in CPPC’s theory of change, however, community child protection involves more than a reformed child welfare system. The initiative explicitly sought to change the fabric of community life and instill in residents a specific responsibility for reaching out and helping families before abuse occurred and establishing a collective sense of decision making around the issue of child protection. It established as benchmarks of its success measurable improvements in the areas of child safety, access to formal and informal supports, agency and network efficiency, and community ownership of child protection.

In terms of these identified impacts, the evaluation findings suggest a fundamental mismatch existed between CPPC expectations and the tools provided sites to do the job.

One of the major tools in this work is conceptual clarity. As documented in our initial implementation study, we believe the lack of theoretical clarity in many aspects of the initiative may have contributed to the inability of the four sites to effectively address systemic challenges and craft strategies sufficiently robust
to achieve consistent change. Supporting this interpretation is the fact that ICA practice, the CPPC element with the clearest theoretical link to the initiative’s core values and the most specific guidelines and training program, was fully implemented at all four sites and viewed by the leadership of these sites as offering a very positive foundation on which to build practice and systemic reform.

Less consistent and sustained implementation occurred in other key CPPC strategic areas. For example, volunteer identification, recruitment, and training, as well as strategies for improving service capacity and integration, were largely left up to the sites to define. Although sites were provided training on how to nurture informal supports within the target communities (e.g., the Front Porch training), interest in this training diminished over time. The absences of specific plans on how to normalize and sustain personal outreach among residents or to establish a consistent service response when residents confronted families with significant challenges may well have contributed to the minimal change in these areas reported by site leadership. Similarly, no systematic guidelines or pathways were articulated for expanding service capacity in communities facing large budget shortfalls and economic uncertainty. If the theory and operating frameworks in these areas can be more fully developed and standardized, it is possible greater impacts in these core outcome areas can be achieved even within inhospitable environments.

Protecting children from abuse and neglect is a complex task and one that most certainly involves efforts at the individual, community, and system levels. If the concept of community partnerships is to move beyond the isolated examples we observed with respect to changes in child welfare practice, we believe additional conceptual work is needed in several areas. Achieving the type of systemic and community change CPPC seeks will require more careful consideration of what changes and investments will be required from public institutions, community-based agencies, and local residents.

The evaluation identified at least four areas in which the current CPPC theory fails to provide sufficient direction to ensure strong and consistent implementation. These areas include:

- how to create a supportive context that will assist all families in recognizing and addressing their parenting challenges
- how to integrate informal supports into overall efforts with high-risk families
- how to sustain interagency collaborations and community service networks in times of fiscal uncertainty
- how to alter a community’s normative values and capacity to protect children
Beyond this, the experiences of these initial CPPC sites underscore the importance of establishing an explicit link between learning and practice and structuring implementation in a manner that maximizes the ability to determine the efficacy of individual elements as well as the collective merits of broad-scale, multi-component theories of change.

**Create a supportive context for all parents:** A central component of CPPC is the belief that the majority of parents will be able to meet the needs of children if they are provided a context in which they can safely identify and secure necessary support to address personal and contextual challenges. To achieve this objective with high-risk families, CPPC promoted an individualized service response in which a family team conference (FTC) was used to foster shared decision making among the family, formal service providers, other community resources, and informal supports. Early in the initiative’s development, the CPPC leadership struggled with the utility of this method in all cases, particularly in instances of domestic violence.

Beyond this concern, the evaluation also found the FTC concept limited in its ability to address various mental health concerns, such as caretaker depression. These examples suggest that the FTCs may not always be viewed by families or workers as an appropriate or effective forum for discussing sensitive emotional or mental health needs.

Additional research is needed to determine those families most receptive to the FTC concept and the ones most likely to benefit from this type of collective decision making. In addition, strategies are needed that will provide child welfare workers with access to the types of economic and tangible supports frequently requested by parents as they struggle to ensure their child’s safety and basic care.

Independent of who might benefit from the strategy, additional questions exist around access and outreach. Ensuring that all parents have the opportunity to reflect on their parenting needs and to feel encouraged and empowered to seek assistance before abusive behaviors occur requires more focused and deliberate planning. Over the past 10 years, child abuse prevention research has consistently underscored the importance of adopting a developmental approach to program planning, initiating outreach at the time a woman becomes pregnant or gives birth. Given the growing interest and investment in services for newborns and their parents at both the federal and state levels, consistent outreach to all new parents should be a logical component of the CPPC approach. Although this
developmental approach may not offer specific assistance to families already engaged in the child welfare system, the method is showing promise in reducing abuse potential and improving healthy child development among the at-risk population.

**Identify, train, and appropriately target informal supports:** Strengthening or developing a family’s informal supports can reduce stress and the risk for maltreatment. However, identification and effective use of informal supports are not self-evident, particularly when parents have limited experience in forming and relying upon strong, positive personal relationships. Even when such supports are identified and effectively incorporated into the case plan, they often are not viable substitutes for intensive, professional care.

Although nothing in the CPPC approach suggested that full responsibility for any family shift from formal to informal mechanisms of support, neither did the initiative carefully articulate the conditions under which informal supports and community volunteers could be incorporated into a family case plan or how to generate such supports when a family lacks any semblance of a social network. Evidence from one CPPC pilot site (Cedar Rapids) and other prominent community-based child abuse prevention initiatives underscores the importance of high levels of professional expertise and commitment in building and sustaining viable volunteer programs. If informal supports are to provide a consistent and positive complement to formal resources, greater care is needed in terms of the criteria used to identify and support members of a family’s informal support system or community volunteers; the training and ongoing supervision provided these individuals; and the way in which these resources are formally integrated in the overall case planning process. In addition, more systematic thinking is needed as to how case managers or community agencies can generate a sense of informal support for families who lack such resources or the skills to effectively draw on personal relationships.

**Sustain collaborative service networks:** Recruiting an array of formal and informal service providers and support resources for membership in local partnerships is an important element of the CPPC design. In light of the limited ability of the current CPPC partnerships to generate substantial new services or community resources or to increase collaboration activities among network members, it would appear that additional thinking is needed in both the conceptualization of these networks and their overall implementation. At a minimum, explicit guidelines are needed in a number of areas to assist local...
planning teams in determining the most efficient partnership structure including size, breadth (i.e., the diversity of service resources represented in the network), guidelines for decision making, and guidelines for implementing decisions. It may be particularly important, as was done in Louisville, for network participants to include senior management across all core agencies who are willing to work toward a shared vision as to how services need to be structured and how public institutions and community-based service organizations can reinforce each other’s individual agendas. In addition, it may be beneficial to establish unique groups for mid-level managers, supervisors, and direct service staff working within each of the member agencies to complement the discussions occurring among agency administrators. Each of these groups may face different operational concerns and performance challenges that would benefit from an interdisciplinary discussion within a peer context. Such discussions also may identify greater opportunities for a range of joint planning activities at both the individual case and systemic levels. In addition to clarifying the composition and activities of these partnerships, it is equally important to craft a plan for providing adequate staff support to facilitate ongoing communication across this layered set of networks and to ensure consistent implementation and follow-through on group decisions both within and across network members.

*Alter normative behaviors:* Although other agencies will partner or work with public child welfare providers, the CPPC experience found that, in the end, cases of serious maltreatment remain largely, if not solely, the responsibility of public child welfare. The CPPC theory implicitly recognizes this dilemma by calling for the establishment of broad networks of formal and informal supports and a community-based governance system to manage these child protection systems.

Another interpretation is that what needs to occur is the establishment of mechanisms within a variety of agencies (e.g., health care systems, public health, mental health, income support, education, etc.) to assist them in aligning their individual missions and resources with an explicit recognition of how their service delivery systems and policies could promote child protection and well-being. To be successful, such effort need not be explicitly linked to public child welfare reform. Under this revised framework, those agencies with the broadest outreach assume responsibility for altering the normative context. In some cases, such as health care systems and education, the reach of these institutions is universal. In other cases, such as public welfare and mental health, the reach is more limited but focused on those segments of the population that face significant challenges in meeting their children’s needs.
In the absence of such realignment and institutional commitment within these broad service systems, it seems unlikely that a reformed child welfare system would have much success in establishing a community-wide, collective responsibility for child protection. Until community partnerships can make a clear distinction between strengthening child protective services and altering community context, it may be difficult to develop a better fit between a community’s capacity to support families and protect children and a child welfare system’s ability to reduce subsequent reports and ensure positive developmental outcomes for children in their care.

**Build effective learning models:** Reform initiatives, particularly those that are complex, multifaceted, and intended to test new ideas, need to be structured and implemented in a manner that recognizes the importance of both learning and practice. If the interest is in determining a concept’s efficacy, selection bias in communities and individual participants needs to be reduced by creating research designs that allow for some type of randomization to varying conditions. If the interest is in determining a concept’s feasibility, then it may be best to focus on implementing the idea within a community or institutional context that offers the most favorable environment for its incubation. In either case, a reform initiative needs to be guided by a strong theoretical model that links program strategies to specific outcomes and be subjected to an evaluation method appropriate for its specific complexity and reach.

When initiatives are multifaceted, it is important to introduce elements in a sequential manner, allowing one to assess the added value generated by successive iterations of the plan or by each additional element. When interventions are targeting broad-scale community change, some type of population-based assessment of baseline values and parent-child interactions also is essential. Such surveys allow for a careful monitoring of normative changes in behaviors toward children and attitudes toward local service systems and community resources. In addition, they can contribute to our basic understanding of how community values and normative standards shape parental choices and the willingness on the part of residents to engage in acts of mutual reciprocity regarding child-rearing responsibilities. Such methods provide a much needed alternative to the use of child abuse reporting data as the sole method for determining change in a community’s level of maltreatment.
Conclusion

A full-scale implementation of CPPC or any major reform initiative would seem prudent only if the effort fully addresses the following questions:

- Is there enough validity and strength in the ideas underpinning the initiative to accomplish its goals and meet its objectives?

- Does the initiative articulate a clear pathway for achieving objectives and milestones for documenting progress? In other words, is there a roadmap guiding the implementation?

- Does the initiative provide criteria for strategically prioritizing objectives in order to maximize impact?

- Does the initiative have clearly defined requirements for gathering information about the effectiveness of the strategies chosen and a well-articulated plan for using what is learned to improve implementation?

If a proposed theory or initiative does not explicitly address these questions, the odds of achieving full implementation and robust outcomes are severely compromised.

Efforts to prevent child abuse and improve child welfare interventions represent important policy objectives. Thus, it is critical that efforts embracing these objectives undergo careful review and remain open to revisions based upon the results of these reviews. The current evaluation of CPPC was undertaken with the dual objective of assessing the initiative’s impacts and providing guidance to the field on how the concept of community child protection might be advanced. Over the past several years, notable expansion of the CPPC concept has occurred without the benefit of independent evaluative data. All of the pilot sites have continued to implement various CPPC strategies including ICAs, service networks, and community outreach and to extend the reform to other communities within their states. It is our hope that the evaluation findings will be used to inform these continuing efforts and to stimulate new thinking on how to better embed issues of child protection within a community’s service systems and normative values.
References


Chapin Hall Center for Children

Chapin Hall Center for Children at the University of Chicago was established in 1985 as a research and development center dedicated to bringing sound information, rigorous analyses, innovative ideas, and an independent perspective to the ongoing public debate about the needs of children and the ways in which those needs can best be met.

The Center focuses its work on all children, while devoting special attention to children facing special risks or challenges, such as poverty, abuse and neglect, and mental and physical illness. The contexts in which children are supported — primarily their families and communities — are of particular interest.

Chapin Hall’s work is shaped by a dual commitment to the worlds of research and policy. This requires that our work meet both the exacting standards of university research and the practical needs of policy and program development, and that we work to advance knowledge and to disseminate it.

Chapin Hall is committed to diversity not only of experience, discipline, and viewpoint, but also of race, ethnicity, gender, sexual orientation, and physical ability. Chapin Hall’s commitment to all children, with special attention to those experiencing or at risk of serious problems, is reflected in the range of the Center’s research projects and publications. The following represent the Center’s major areas of endeavor:

- **Children’s services**, covering the problems that threaten children and the systems designed to address them, including child welfare, mental health, public assistance, education, and juvenile justice.

- **Community building**, focusing on the development, documentation, and evaluating of community-building initiatives designed to make communities more supportive of children and families, and the resources in communities that support the development and well-being of all children.

- **International projects**, covering Chapin Hall’s collaboration with children’s policy researchers and research centers in other countries.