

**CHILD
PROTECTION:
BUILDING
COMMUNITY
PARTNERSHIPS**

Getting from Here to There

**Frank Farrow
with
The Executive Session
on
Child Protection**

**JOHN F. KENNEDY
SCHOOL OF GOVERNMENT
HARVARD UNIVERSITY**

**Funded by
the Edna McConnell Clark Foundation and
the Annie E. Casey Foundation**

MEMBERS OF THE EXECUTIVE SESSION ON CHILD PROTECTION

Marylee Allen

Director
Child Welfare and Mental Health
Children's Defense Fund
Washington, DC

Ira Barbell

Senior Associate
State Level Systems Reform
The Annie E. Casey Foundation
Baltimore, MD

Richard Barnum

Director, Boston Juvenile Court Clinic
Director, Juvenile Forensic Services
Department of Mental Health
Commonwealth of Massachusetts
Boston, MA

Michael Breslin

Vice President
Northwestern Human Services of
Pennsylvania
Harrisburg, PA
(formerly Executive Deputy Secretary,
Pennsylvania Department of Public
Welfare)

Karl Dennis

Executive Director
Kaleidoscope, Inc.
Chicago, IL

Frank Farrow

Director
Children's Services Policy
Center for the Study of Social Policy
Washington, DC

Sidney Gardner

Director
Center for Collaboration for Children
California State University at Fullerton
Fullerton, CA

Neil Gilbert

Chernin Professor of Social Welfare
School of Social Welfare
University of California at Berkeley
Berkeley, CA

Francis X. Hartmann

Executive Director and
Senior Research Fellow
Program in Criminal Justice Policy
and Management and the
Malcolm Wiener Center for Social Policy
John F. Kennedy School of Government
Harvard University
Cambridge, MA

Beverly W. Jones

Director
Division of Children and Family Services
State of Arkansas
Little Rock, AK

Mark H. Moore

Daniel and Florence Guggenheim
Professor of Criminal Justice Policy
and Management
John F. Kennedy School of Government
Harvard University
Cambridge, MA

Susan Notkin

Director, Program for Children
Edna McConnell Clark Foundation
New York, NY

The Honorable Frances Pitts

Judge
Wayne County Probate Court
Juvenile Division
Detroit, MI

Bill Purcell

Director, Center for Child
and Family Policy
Vanderbilt Institute for
Public Policy Studies
Vanderbilt University
Nashville, TN
(formerly Majority Leader, Tennessee
House of Representatives)

Linda Radigan

Assistant Secretary for Family
Safety and Preservation
Department of Children and Families
State of Florida
Tallahassee, FL

Susan Schechter

Clinical Professor of Social Work
School of Social Work
University of Iowa
Iowa City, IA

Patricia Schene

Consultant in Children
and Family Services
Littleton, CO
(formerly Director, Children's Division
American Humane Association)

Lisbeth Schorr

Lecturer in Social Medicine
Director,
Harvard Project on Effective Interventions
Washington, DC

Carlos Sosa

Los Angeles, CA
(formerly Deputy Director, Los Angeles
County Department of Children's Services)

Gary Stangler

Director
Missouri Department of Social Services
State of Missouri
Jefferson City, MO

Joyce Thomas

President
Center for Child Protection and Family Support
Washington, DC

Stewart Wakeling

Senior Program Associate
Program in Criminal Justice Policy
and Management
John F. Kennedy School of Government
Harvard University
Cambridge, MA

Michael Wald

Professor of Law
Stanford University
Palo Alto, CA
(formerly Deputy General Counsel,
United States Department of
Health and Human Services)

Jane Waldfoegel

Assistant Professor
Columbia School of Social Work
Columbia University
New York, NY

Michael Weber

Associate Director
National Committee to Prevent Child Abuse
Chicago, IL

Carol Williams

Associate Commissioner for the
Children's Bureau
Administration on Children,
Youth and Families
Administration for Children and Families
United States Department of
Health and Human Services
Washington, DC

Julie Boatright Wilson

Director
Malcolm Wiener Center for Social Policy
and Harry Kahn Lecturer in Social Policy
John F. Kennedy School of Government
Harvard University
Cambridge, MA

ACKNOWLEDGEMENTS

The Executive Session thanks—and celebrates the accomplishments of—the many people whose work is described in this paper. In particular, we would like to acknowledge the pioneering work being done in the states of Florida, Hawaii, Iowa, Michigan, Missouri, and Washington, and in the communities of Cedar Rapids, Iowa; Jacksonville, Florida; Los Angeles and Sacramento, California; Louisville, Kentucky; and St. Louis, Missouri.

All of us are learning through their efforts.

Contents

EXECUTIVE SUMMARY	<i>vii</i>
1. INTRODUCTION	1
2. TOWARDS A NEW VISION FOR PROTECTING CHILDREN	4
3. GETTING FROM HERE TO THERE	11
STAGE ONE	
Creating consensus on the direction for change	13
STAGE TWO	
Enrolling new partners for child protection	16
STAGE THREE	
Creating differential responses by the CPS agency	26
STAGE FOUR	
Developing comprehensive neighborhood-based supports and services	28
STAGE FIVE	
Transforming public child protection agency services	34
STAGE SIX	
Shifting intake and follow-on services for lower-risk cases to a community-based system	38
STAGE SEVEN	
Instituting community governance and accountability for protecting children	40
4. THE NEW VISION: COMMUNITY PARTNERSHIPS FOR CHILD PROTECTION	43
5. CONCLUSION	49

EXECUTIVE SUMMARY

Child Protection: Building Community Partnerships

“Getting From Here to There”

Across the country, there is a growing consensus that states and communities need to change the way that they protect children. Alarmed by steady increases in child abuse and neglect reports and by a child protective services (CPS) system that is struggling to safeguard children, professionals, politicians, and the public alike are calling for changes in child protection.

In an effort to craft a more effective approach for keeping children safe from maltreatment, the John F. Kennedy School of Government at Harvard University convened a working group of leading public and private child welfare administrators, elected officials, judges, advocates, academics, and other experts in the field. Funded by the Edna McConnell Clark and the Annie E. Casey Foundations, this group, the Executive Session on Child Protection, met regularly over the past three years in a series of intensive three-day meetings to share and examine new work in the field, and the experience of its members. The group's efforts are captured in a series of working papers that describe a comprehensive new approach for protecting children. The lead paper, written by Frank Farrow with the Executive Session, is *Child Protection: Building Community Partnerships*.

The working group proposes that rather than one agency—the public child protective services agency—bearing sole responsibility for protecting children, a broader array of parents, public and private agencies, organizations, and individuals should join together to carry out this fundamental public responsibility. The heart of this improved system is a community partnership for child protection.

A community partnership is a way of extending “who’s responsible” for child safety as well as a way of providing more rapid, intensive, and effective responses when a child is in danger of being abused or neglected.

This vision is not utopian. Cities and counties as diverse as Cedar Rapids, Louisville, Jacksonville, and Los Angeles are developing community partnerships now. They are investing in new neighborhood-based services to identify risks of abuse and neglect early on. States such as Missouri, Michigan, and Florida are changing laws, practice, and policies to encourage these new efforts. The ingredients for a more effective system—from better frontline practices to new statutes—are already being developed and demonstrated around the country.

“Getting From Here to There”

Drawing on the experience of these communities and states, the Executive Session has mapped out a series of “do-able” steps for building community partnerships. This process of change begins with the CPS agency and new partners joining together in the mission of child safety. Once this partnership is established, states and communities create neighborhood-based services that reach families earlier, offer a wider range of help, and keep a keener eye on children’s safety than the current system can. This well-organized partnership ensures that many people—parents, neighbors, schools, public and private agencies, police, churches, synagogues, mosques, boys and girls clubs, and others—work together to promote child safety.

Starting points and the degree of change will vary across states and communities. There are, however, seven stages through which states and communities may progress:

- 1. Agreeing on the direction for change.** Reaching out to the public makes it more likely that the partnership will be accepted and sustained. An essential first step for CPS administrators, legislators, and other policy makers is to recognize that the CPS agency alone cannot successfully protect children.

-
- 2. Starting the partnerships.** Partners should include all the people and organizations in a community that are required to keep children safe. Chief among these are parents. And while all partners are important, protecting children requires that schools, substance abuse prevention and treatment providers, the police, domestic violence service providers, and welfare services be part of this new agency from the start.

 - 3. Creating differential responses to the varied needs of families for child protection.** CPS agencies must be able to respond to children's safety needs in a way that makes sense for each situation. When abuse and neglect are severe, and coercive services and an investigation are essential, cases are assigned to an "investigative" track. However, when children are not at immediate risk and families will benefit from voluntary services, needs can be met through a second track that emphasizes a comprehensive assessment of family strengths and needs.

 - 4. Developing comprehensive neighborhood-based supports and services.** Effective neighborhood-based services requires the use of family networks, friends and other informal supports, the commitment of a wider array of formal services, and a willingness to change the way public services are now organized.

Drawing on family networks and other informal resources is as important as expanding formal services. These networks, often including friends, relatives, and neighbors, are closer to and more trusted by struggling families than are most traditional formal services. Equally important is the need to reorganize service delivery. Moving services into neighborhoods and creating teams of public agencies and community resources makes services more accessible. Having a community partnership for child protection that focuses on each specific community builds bonds of accountability, trust, and knowledge between service providers and community residents.

-
- 5. Transforming public child protection agency services.** CPS agencies must change their internal policies and practices while playing a leadership role in creating and sustaining the community partnership. The mainstays of practice become (1) using more comprehensive assessments, (2) engaging families and natural networks of support, (3) understanding the dynamics of substance abuse, domestic violence, and other risks to children, and (4) teaming with colleagues in other systems and the community.

 - 6. Shifting intake and follow-on services for lower-risk cases to a community-based system.** A well-established community partnership for child protection creates the possibility that some of the families now served by the CPS agency may be served by other members of the community partnership, without formal CPS involvement. This reduces the workload that is now overwhelming CPS agencies.

 - 7. Instituting community governance and accountability for protecting children.** Even as communities begin to build partnerships, they must ensure crystal clear responsibility for the safety of children, for the effectiveness of the system as a whole, and for generating and acting on data produced for the purposes of accountability. As partnerships mature, they may organize formal boards that assume responsibility for keeping children safe.

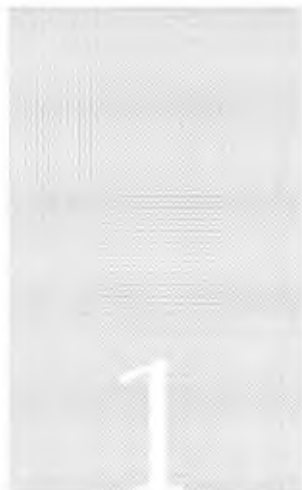
Who provides leadership for the partnership? Many agencies can, but CPS agencies remain particularly important. They will now act as the catalysts, organizers, and leaders in the development of community partnerships. Moreover, they will directly oversee the initial response to maltreatment reports (even though they may not provide that response itself); they will provide protective supervision for highest-risk cases; and they will supervise foster care and adoption services for families for whom voluntary services are not sufficient, and for whom the oversight and/or custody of the CPS agency is required.

The Executive Session recognizes that change will be difficult; current child protection approaches are mandated in federal and state law and are deeply ingrained in policy and practice, tens of thousands of caseworkers have been trained in this approach, millions of dollars are spent annually to support CPS, and the political stakes are high.

This should not discourage communities from embarking on this cause. The cold reality is that if states and communities do not re-engineer their CPS systems now, they may find themselves hopelessly behind as they try to meet the needs of endangered children and struggling families. Even cautious forecasters predict welfare reform will have a significant impact on the welfare of children.

Moreover, the reward for those who do embark on this course will be the capacity to move promptly and aggressively when children's safety is threatened and, eventually, to reduce the incidence of maltreatment. Furthermore, these steps need not be completed all at once; communities can tackle parts of this work and still improve child safety and agency performance. In the view of the working group, what is most important is to get started now.

Introduction



"Our children must be safer—that is what drives us. It is the fuel that drives new partnerships between government and communities—because we cannot do it alone. The encouraging news from Missouri is that our engagement with communities is working. The results when communities take ownership accrue directly to the children."

Gary Stangler

There is growing consensus about the need to change how states and communities protect children. Alarmed by steady increases in child abuse and neglect reports, and a child protective services (CPS) system that is only intermittently successful in safeguarding children, professionals and politicians alike are calling for a new approach.

The outlines of this approach are taking shape. To promote children's safety, a child protection system should broaden the responsibility for child protection beyond the public child welfare agency. Architects of the new system must enlist parents, neighbors, schools, health providers, child care facilities, law enforcement agencies, substance abuse treatment providers, businesses, and many other community stakeholders as partners, and must make available an array of in-home and out-of-home interventions. Such a system is able to safeguard children in many ways: to prevent maltreatment before it occurs; to identify and respond to the diverse causes of child abuse and neglect; to respond to the risk of maltreatment flexibly and comprehensively; and to effectively prosecute child maltreatment.¹

As this vision emerges, states and communities face the challenge of "getting from here to there" (i.e., translating these general principles into effective practices at the state and local levels). Current child protection approaches are mandated in federal and state law and are deeply ingrained in policy and practice. Tens of thousands of caseworkers have been trained in this approach. Millions of dollars are spent annually to support CPS. All of this suggests that change will be difficult.

Most importantly, the political stakes associated with changing child protective services are high. The public, media, and politicians all find it easier to talk tough about child abusers than to join

¹ Some or all of these attributes are contained in the recent recommendations of the U.S. Advisory Board on Child Abuse and Neglect, as well as in vision statements put forward as part of child protection reform efforts in Florida, Missouri, and Hawaii.

"Developing a community partnership requires leadership and courage. It requires that someone in the community—be it someone from business, health, education, child welfare, the voluntary sector, or ideally some combination of these—step up and say, 'We can and must do better by our children.' What's heartening is that, in the community partnerships being assisted by the Clark Foundation, many on-the-scene leaders are keen on such change."

Susan Notkin

together in the hard work of implementing genuinely new approaches to child protection. "Getting from here to there" will thus require not only sound programmatic knowledge, but sure-handed political skills as well.

Despite these challenges, the cold reality is that if states and communities do not begin to re-engineer their systems for child protection now, they may be forced to do so in reaction to federal changes in welfare and other supports for poor families. Even cautious forecasts predict some impact on child welfare caseloads, and some experts fear a massive influx of newly stressed families (and/or their children) to public child welfare systems. Thus, states and communities are likely to be far better prepared to use their scarce public resources well if they seize the opportunity to design the type of system that meets their needs, rather than allow events to overtake them and have the system "designed by crisis."

The vision we present here is not utopian; some states and communities are already moving in this direction. Local areas as diverse as Cedar Rapids, Iowa; Louisville, Kentucky; and Los Angeles County, California, are creating neighborhood networks of child safety and family support that engage new community resources in the mission of protecting children. States such as Missouri, Michigan, Florida, and Iowa are changing child protection laws, practice, and policies in ways that make new approaches possible. The separate ingredients necessary for a more effective system to emerge—from better frontline practices to new statutes—are being developed and demonstrated around the country.

This paper suggests how these ingredients can be integrated and sustained in a new approach. It is organized as follows:

- Section I briefly describes how the serious shortcomings of the current CPS system necessitate a new vision for protecting children.
- Section II suggests how states and communities can begin moving toward this new vision. This section outlines steps that could lead states and communities "from here to there." Recognizing the considerable change involved in this approach, we describe activities that can help states and communities get started.

- Section III describes what a new system of child protection might look like after states and communities have moved through the steps in Section II.
- The conclusion reflects on the feasibility of this approach, given the changing landscape of human services.



Towards a New Vision for Protecting Children

"Let's not forget: child protection agencies already protect a lot of children. We're not saying the system is a total failure. But look across the country. Child welfare staff everywhere are overwhelmed! Our only hope for keeping children safe, day in and day out, is to reach out beyond the walls of our agencies and help parents and communities to take more responsibility for protecting children."

Beverly Jones

Our child protection system is surprisingly young. It was only in 1963 that Henry Kempe's identification of the battered child syndrome placed child protection on the national agenda. His work and the ensuing publicity led to the passage of mandatory reporting laws by all 50 states by 1968 and the first national child protection legislation in 1974.

Once begun, public CPS programs across the country evolved rapidly and followed a remarkably uniform outline. In all states, CPS now involves mandated reporting of suspected incidents of child abuse or child neglect to public CPS agencies² (usually via a centralized "hotline"); telephone screening to determine whether these reports meet statutory definitions of abuse and neglect; investigation of reports by protective services staff or police (or both), initiated within 24 to 48 hours; an official "finding" of whether abuse/neglect has, or has not, occurred; either follow-up services based on the risk of future maltreatment, or dismissal or referral elsewhere of cases in which maltreatment has not occurred or is not considered serious enough for intervention; placement of children in out-of-home care when safety can not be assured in their homes; and prosecution of abusers on criminal charges in very few cases (presumably the most severe).

This evolution in policy and procedure was accompanied by tremendous growth in the CPS system. The number of cases coming to CPS increased as states expanded their statutory definitions of child abuse and neglect. Thousands of workers, even those with little professional background, were quickly trained in the basics of CPS. Indeed, in just 30 years, CPS has become the largest component of child welfare services, with an estimated 30,000 workers nationwide by 1990.

² Throughout this paper, the term "CPS agency" is used to mean the public child welfare agency that has responsibility for accepting reports of abuse and neglect, and ensuring that a plan of care is developed and implemented as appropriate (including in-home services and out-of-home care and adoption as necessary).

One result of the rapid development of the CPS system was unprecedented progress in protecting children from abuse and neglect. But it came at a price. To maintain some semblance of quality control, CPS became highly centralized. Hotline switchboards were often hundreds of miles from mandated reporters. CPS caseworkers were grouped as specialty units within central offices, often far from the communities they served, and rarely teamed with other child welfare staff. Administrative and legal pressures on the system meant that every action and decision had to be documented; paperwork accounted for an increasing amount of time for everyone in the system.

As CPS practice became more standardized and legalistic, other changes complicated the child protection mission. Beginning in the mid-1980s, more severe and complex cases flooded the system. The spread of drugs (especially crack/cocaine), the increase in family poverty, the cutbacks in social services, and the deterioration of inner-city neighborhoods meant that large urban CPS programs were inundated with types of child maltreatment not previously encountered. This rise in the numbers and severity of cases overwhelmed many CPS agencies. Increasingly, less serious cases of abuse and neglect went unserved.

As these factors converged, the paradox of today's CPS system emerged. The well-intentioned efforts of the system's architects resulted in a bureaucratic, centralized model ill-equipped to respond to an incredibly diverse range of children's and families' needs. The many dedicated staff and administrators working in the system became increasingly frustrated by their inability to ensure the safety of children. Among the problems most frequently cited with the system are:

- CPS agencies and staff are so overwhelmed that they inevitably overlook some dangers to children, *and some endangered children entirely.*
- System services are rarely flexible, intensive, or comprehensive, and serious needs are not addressed. Too many families return to the system because the problems and stresses leading to maltreatment are not resolved.
- The current system is inefficient; in many states and communities, agencies investigate far too many cases that are determined not to warrant further response.

“Strong families and supportive communities are the key to keeping children safe. The problem of child protection can’t be solved only by reforms within the child protection system. That is why promising reform efforts are building a new neighborhood base through partnerships with formal and informal neighborhood organizations to protect children, prevent abuse, and strengthen families and communities.”

Lisbeth Schorr

- CPS workers find their jobs frustrating, harrowing, and ultimately impossible to perform. Staff turnover is high and the skill levels of new workers are rudimentary. Many CPS agencies are losing their best professional capacity just when they need it the most.

In summary, despite the considerable recent progress made in protecting children, there is a remarkable consensus among those with first-hand knowledge of CPS that major changes in the way we keep children safe from maltreatment are necessary. The urgency of undertaking these major changes is underscored by the 1990 National Incidence Study, which suggests that much abuse and neglect remains unreported. Pressures on the system are likely to increase rather than decrease. In this paper, we suggest broad pathways that public agencies and local communities can follow to construct a new system for more effectively protecting children.

We propose that the heart of an improved system must be a *community partnership for child protection*. This is a confederation of parents, other members of the family and community, and public and private agencies that over time assumes a far-reaching role in the design and implementation of a service delivery system that protects children. Rather than one agency—the public child protective services agency—bearing sole responsibility for protecting children from maltreatment, a broader array of parents, public and private agencies, organizations, and individuals should join together to carry out this fundamental public responsibility. Multiple partners—mobilized within a specific geographic area, acting together, and sharing responsibilities in new ways—are better able to assure that the four core functions of a child protection system—case finding and system entry, assessment, service provision, and substitute care and adoption—are well performed. The concept of “community partnership” explored in this paper is both a new way of *ensuring effective service delivery* to families in which maltreatment has occurred, as well as a way of *extending public responsibility for child safety*.

Creating community partnerships for child protection requires a new role for the public CPS agency. Over time, the CPS agency must shift from viewing itself as the provider of all child protective services, and instead begin to *catalyze, organize, and in a variety of ways provide leadership to the development of community partnerships for child protection and neighborhood-based systems of service delivery that achieve the result of child safety*. Under this approach, the CPS agency

"In Florida, communities asked us to allow them broader involvement in protecting children. We haven't resolved all the issues about how we share responsibility, but parents and community leaders want to join us and help."

Linda Radigan

provides leadership to assure that the core functions of a child protection system are carried out in a community, but actual implementation of some of these functions may be done by other partners. The CPS agency develops and maintains standards for community partners; serves as a "safety consultant" to community partners who are less familiar with the dynamics of child abuse and neglect; contracts with neighborhood networks of supportive services; and provides initial assessments, protective supervision, foster care, and/or adoption services in cases where families cannot or will not assure a child's safety.

The paper assumes that simply creating community partnerships for child protection is not enough to reduce the incidence of child abuse and neglect in the long run. Child maltreatment is closely associated with forces that erode parental capacity, and particularly with poverty, substance abuse, domestic violence, parental isolation, and a general lack of family and community supports. If communities are to reduce child maltreatment, their efforts must be part of a more comprehensive commitment to improving child and family well-being. While this paper cannot explore in depth how this broader commitment can be mobilized, *we assert that communities will greatly increase their chances of success if child protection improvements are linked to or embedded within even more comprehensive efforts to improve child health, increase children's success in school, and assure that parents are employed, economically self-sufficient, and supported in their parenting role.*

Figure I on pages 9-10 summarizes the most important differences between the new vision of child protection and the current approach.

Creating community partnerships for child protection will take time. *Building them requires years of work as communities determine for themselves how to engage more citizens in child safety and organize their resources more effectively.* These partnerships will emerge step-by-step, as partners come to understand, accept, and act on their new roles. State legislatures can encourage partnerships and state agencies can promote them, but ultimately stakeholders in each community must decide that this is the most effective strategy to keep their children safe. This pace will frustrate anyone who wants easy answers or quick fixes.

This paper provides general, introductory recommendations about how to approach the task of building this new system. Some issues will arise only as partnerships mature, while other already identified issues require more thorough discussion than we are able to provide

“Our vision of community partnerships for child protection has to be reinforced at all levels. We can’t just sit back and hope that communities can do this. Federal and state policy must promote, support, and share the responsibility for this approach.”

Carol Williams

in this paper. Financing the new approach, developing productive working relationships with a wide range of new partners, providing frontline workers with the training and support they need to work effectively with these new partners, understanding the dynamics of case- and workload issues in the new system, and linking this approach to communities’ new welfare reform initiatives—these topics head the list of important challenges requiring further discussion. We explore these key issues in a series of supporting papers.


Despite these challenges, communities should not be discouraged from embarking on this cause. *The reward for communities that persevere will be the capacity to move promptly and aggressively when children’s safety is threatened and, in the long run, to reduce the likelihood that children will be maltreated at all.* Furthermore, this course of action need not be completed all at once. The many examples in the paper show that communities can tackle parts of this work and improve child safety. *Administrators of public CPS agencies are likely, for example, to find that undertaking even the intermediate steps we describe will significantly improve agency performance.* These successes may then encourage them to proceed further. □

**FIGURE I:
CHARACTERISTICS OF THE CURRENT
AND PROPOSED APPROACHES TO CHILD PROTECTION**

	Current Approach	Community Partnership Approach
CHILD PROTECTION 1. Case entry/case finding	<ul style="list-style-type: none"> • Mandated reports mix cases that are appropriate and inappropriate for CPS agency attention (roughly 50% of cases coming to CPS now are unsubstantiated) • Little or no preventive assistance is offered, so reporting is often the only option 	<ul style="list-style-type: none"> • Mandated reports to the CPS agency are more appropriate because community alternatives exist to which many families can be referred • Targeted interventions for families likely to become CPS referrals are available before families are referred or reported
2. Assessment/investigation	<ul style="list-style-type: none"> • "One-size-fits-all" investigation of a specific incident • Investigations do not include comprehensive family assessment • Law enforcement haphazardly involved, with little likelihood of eventual prosecution of even serious offenders 	<ul style="list-style-type: none"> • CPS agencies can respond in several ways, based on needs and the severity of reported abuse/neglect • All cases receive comprehensive family assessment, after initial screening • Law enforcement systematically involved in all investigations of serious physical and sexual abuse; more frequent prosecution for serious offenders
3. Service provision	<ul style="list-style-type: none"> • Few services available, even when the investigation is complete; capacity to customize services to a family's individualized needs is limited • Control of services is highly centralized • Natural helping networks (friends, neighbors, etc.) have little role with CPS, and are often hostile to it 	<ul style="list-style-type: none"> • The community partnership ensures families have access to a customized array of services, supports, and opportunities; health care providers, child care resources, schools, and other community institutions are sentinels to detect risk • Substance abuse, domestic violence, and other key services are expanded and better coordinated • The community partnership involves community supports and natural helping networks extensively, including family, extended family, neighbors, and other helpers

	Current Approach	Community Partnership Approach
3. Service provision (cont.)	<ul style="list-style-type: none"> • Links to substance abuse, domestic violence, and other key services are rarely made 	<ul style="list-style-type: none"> • The community partnership promotes and implements neighborhood-based service delivery
4. Substitute parental care	<ul style="list-style-type: none"> • Placements too often are made without the option first for in-home services • Children often linger in substitute care while family's appropriateness for providing on-going parenting is determined 	<ul style="list-style-type: none"> • Triggered only after intensive in-home services have been tried or considered • Emphasis is on timely, fair, and safety-oriented decisions about reunification or movement toward adoption or other permanent placement; criterion is child safety
RESPONSIBILITY AND ACCOUNTABILITY	<ul style="list-style-type: none"> • The public CPS agency is the only agency responsible and accountable for child protection 	<ul style="list-style-type: none"> • The community partnership is responsible for engaging parents and many community agencies in child protection, developing a community-wide plan for child safety, and performing many service delivery responsibilities formerly done solely by the public CPS agency; the CPS agency retains legal responsibility for protective interventions for specific children • The community partnership reports on child protection outcomes to the community, and links with other community governance entities to ensure overall accountability
HEALTHY DEVELOPMENT OF ALL CHILDREN	<ul style="list-style-type: none"> • Few communities have explicit community goals and strategies to promote children's and families' well-being • Many communities have too few services; services are inequitably distributed across communities • Jobs/employment strategies are fragmented, sporadic, and rarely linked to child welfare and CPS • Categorical financing interferes with service provision 	<ul style="list-style-type: none"> • Communities adopt clear goals to improve outcomes for children and families • Communities have a comprehensive array of community supports, particularly early family supports • Employment and economic development strategies are a top priority in neighborhoods • Financing is more flexibly available to meet individualized needs, and is tied to achieving outcomes

Getting From Here To There



"Getting from here to there will take time, maybe a long time. What all of us—and not just funders—must think about is how we can sustain these efforts over the long haul."

Ira Barbell

Implementing an improved *system* of child protection is a complex task. States and communities choosing to move in this direction will do so in stages, allowing community capacity to develop and CPS agency practice to change. For the full approach described here to emerge, statutes must be revised, community expectations altered, and a host of new skills acquired by people in the public and private sectors.

States and communities will have different "starting points." For example, several states have started on this course through legislative action, due to legislators' acute dissatisfaction with current practice. Florida's child protection reforms began in 1993 with legislation authorizing a "family service response" to replace traditional CPS investigations. Missouri's and Iowa's child protection reforms also started with legislation (not coincidentally, since these states' legislation grew in part from knowledge of Florida's actions).

For other states and localities, change in child protection starts at the local level and focuses on service delivery rather than statute. For example, leaders in Louisville, Kentucky, decided to create a community partnership for child protection after they had already embarked on an overall human service redesign known as Neighborhood Place—a major decentralization of school support services and human services to neighborhoods. Louisville's strategy created more preventive and flexible services at the grassroots level first; now, local leaders are working with state officials to decide how to embody the new approach in policy and legislation.

The point is, each state (and communities within states) must develop its strategy in a different way, taking advantage of unique opportunities and resources. *Starting points, emphases, and the degree of change will all vary across states and communities.*

Recognizing this—that within this broad approach each state and community must chart its own course—are there generic path-

ways through which states and communities are likely to progress as they move toward the vision we have introduced?

We suggest a process of change at the local/community level that begins with the *CPS agency and new partners joining together in the mission of child safety*, and agreeing on a vision of child protection as a community responsibility. *Once this partnership is established, states and communities create neighborhood-based service systems that can share service delivery responsibilities* so that plans for the safety of individual children and families are no longer just the CPS agency's responsibility. Many entities (formal and informal) become part of the community system that ensures child safety. Over time, as elected officials, child welfare administrators, and the public believe that more of children's safety needs can be met outside of the CPS agency, *substantial formal responsibility for child protection can be shifted to community entities*. The result of these efforts is a well-organized partnership that productively engages parents, public and private agencies, and informal community resources and natural helping networks in promoting child safety. As a partner in this effort, the role of the *CPS agency is narrowed in the service of a community-wide child protection system whose ability to reach and assist children at risk is greatly increased*.

Because some of the tasks we describe necessarily precede others, we often refer to them as stages. Note, however, that the work involved in one stage often (and for substantial periods) extends into other stages throughout the change process. This section outlines one possible sequence in the process of change, though many variations are possible. Seven developmental stages for the transformation are described below. The hope is that this broad-brush description can at least sketch the general terrain over which change must advance.

The seven stages are as follows:

1. *Creating consensus on the direction for change*
2. *Enrolling new partners*
3. *Creating differential responses to the varied needs of families for child protection*
4. *Developing comprehensive neighborhood-based supports and services that*
 - *provide services to current caseloads,*
 - *intervene earlier with targeted families,*
 - *make initial contact with some families reported to CPS, and*
 - *provide broad-based family support.*
5. *Transforming public child protection agency services*
6. *Shifting intake and follow-on services for lower-risk cases to a community-based system*
7. *Instituting community governance and accountability for protecting children*

STAGE ONE

"When public agencies and communities come together to develop a common vision for the future of our children and families, then services thrive. If either party is left out of this process, the vision is lost and our youth suffer the consequences."

Karl Dennis

1. Creating consensus on the direction for change

Strategically, the first step toward a new system for child protection is generating momentum for change that recognizes that the CPS agency alone cannot successfully protect children. This is more complicated than it at first sounds. While many people agree that the current system is not working, they hold varying views about how to improve it.

For some, the focus of change is on "getting government out of families' lives." In this view, the important changes in child protection are elimination of registries of child abusers, constraints on CPS agencies' ability to investigate families, and narrower definitions of abuse and neglect. For other people, the needed changes are earlier and more frequent interventions to assure safety, e.g., spotting risks to children before they become severe and making help available to families. For some, the motivation for change is to create better partnerships with families to ensure the safe and healthy development of their children. For still others, the focus is on agency change, e.g., improving CPS agency operations so that when child abuse occurs, actions to protect children are prompt, appropriate, and effective.

The challenge is to reconcile these motivations for change into a coherent, consistent direction. This balancing act is best accomplished through public debate—at the state level and within communities—about how the goal of child safety can best be met. Several states have started this debate through their legislatures, as summarized in Figure II, and have emerged with sufficient agreement to allow a new approach to be tested.

Once begun, the debate about child protection should continue, and initial directions may need to be checked and reaffirmed. At least one state's subsequent experience indicates the importance of allowing many stakeholders to be part of the ongoing changes to child protection. Iowa's legislation authorizing pilot projects in a new "assessment approach" was passed unanimously in 1994-95, but one year later county attorneys and key advocates questioned this approach, and legislative sponsors divided sharply about whether these pilots should even be continued, let alone expanded statewide. After protracted debate during the 1995-96 legislative session, the pilots were continued with the understanding that a fact-finding effort to examine their impact would be conducted prior to the next legislative session. A fragile consensus about change was restored, but the lesson for other states and communities is clear: initial consensus must be nurtured and strengthened if it is to be maintained.

STAGE ONE

**FIGURE II:
LEGISLATIVE DIRECTIONS FOR CHANGE**

The Missouri, Iowa, and Hawaii legislatures have all crafted new approaches to child protection after extensive public debate about the flaws in the current system and the options for change.

Missouri adopted its differential response legislation after close collaboration between the state CPS agency and a key Democratic legislator. The legislator initially advanced the plan, based on recommendations from a Task Force, convened by the Department, to study the CPS system. The Department also studied alternatives, particularly the-then recent Florida statute. Extensive negotiation occurred among child advocates, the Department, and other key legislators before a bill finally emerged at the end of that legislative session, authorizing five demonstration projects to test the new approach.

Iowa's legislation emerged from even more visible legislative debate. After hearing countless complaints about the CPS system, legislators convened a task force to review the child protection system, and to consider alternatives. While the resulting legislation had strong bipartisan support, careful negotiations among the CPS agency, private providers, and advocates with diverse views about child protection were necessary to sustain the new approach during subsequent legislative sessions. As in Missouri, the fact that the new approach was only being piloted—not introduced statewide—was key to the agreement of all these parties.

Hawaii's approach was initiated through a legislatively-driven effort involving hundreds of people and included legislators, CPS administration and staff, private providers, CPS parents, foster parents, reporters, foundation leaders, and civic groups. This large-scale community effort resulted in the "Blueprint for Change," a framework for reform. Based on this framework, legislation was passed in 1996 establishing a Governor-appointed public-private Child Protective Services Reform Coordinating Committee. Like Missouri's and Iowa's, Hawaii's legislation established pilot projects to test the Blueprint reform model.

STAGE ONE

Gaining statewide consensus about the need for change is a beginning, not an end. Each locality will have to conduct a similar debate, with an even wider range of stakeholders included. The more that the public is engaged in setting new directions, the more likely that the new approach will be accepted and sustained.

States' and localities' experiences to date suggest several lessons with regard to building consensus:

- ***Start by analyzing the current CPS system.*** A new approach to child protection must be based on detailed knowledge of the strengths and weaknesses of the current system. Local leaders should understand how current reports are investigated; the repetitive nature of reports for some families (indicating that the system is often unable to intervene effectively); the pattern of reports (which categories are increasing, for which families); and the likelihood that abuse/neglect can be prevented before it occurs. This information is a powerful tool for convincing people that important elements of child protection must be strengthened.
- ***Allow key stakeholders, particularly those who have experienced CPS directly, to tell their stories.*** Parents who have experienced the system, workers who struggle daily within it, mandated reporters who seek greater responsiveness—these people are effective advocates, and their views were among the most compelling in launching Hawaii's, Missouri's, and Florida's initiatives.
- ***Take the time to reconcile opposing viewpoints.*** Even with a common goal—child safety—stakeholders will advocate for different strategies and compromise will be necessary. For example, people favoring preventive family services as “the answer” to child abuse and neglect may have to support stronger punishment for convicted child abusers in order to achieve a strategy that includes both approaches. Given the lack of conclusive evidence about any one “right” approach, all child protection reform is likely to require a political and programmatic balancing act.

STAGE TWO

- *Cultivate legislative and judicial constituencies from the beginning.* Child protection reform involves change in government's fundamental responsibilities to children and families. While social service advocates may think of it as "their" turf, ultimately it is not. Without support and agreement of elected officials and the judiciary, any change effort is easily reversed. Securing this support should be an early step in the change process.

"Community partnerships for child protection should reassure judges that there are more 'eyes and ears' looking out for a child's safety—as long as accountability isn't lost. Judges need to be able to hold someone accountable."

Judge Frances Pitts

2. Enrolling new partners for child protection

For the approach envisioned here, the necessary new partners in child protection include all the people and organizations in a community that are required to keep children safe. Chief among these are parents themselves, who must be the backbone of any partnership for child safety. Parents can participate in the partnership in many ways, from helping to identify community assets and resources (for example, through door-to-door surveys), to helping assist other families in need, to participating as members of the partnership's decisionmaking bodies. Community partnerships are likely to flourish most when they see parents as leaders in any local effort to improve child safety, rather than as outsiders who must be "invited" to the table.

Community agencies and institutions are also key partners because they are in a position to spot threats to children's safety early on and respond to children's and families' needs for support. Thus, hospitals and health care providers, child care providers, home visiting programs, schools, housing authorities, law enforcement agencies, community action agencies, courts, mental health and substance abuse resources, employment and training agencies, and the variety of family resource and youth development agencies in a community can play protective roles. Sources of support other than agencies and formal providers must also be included in the partnership: faith communities (e.g., churches, synagogues, mosques), neighborhood organizations, boys and girls clubs, recreation centers, and the many other sources of help in families' day-to-day lives.

While all stakeholders in these emerging partnerships are important, *experience suggests that localities will have trouble protecting children more effectively without dramatically expanding the participation of five key partners in a safety agenda: schools, substance abuse prevention*

STAGE TWO

"Substance abuse and child abuse and neglect are closely intertwined, but this still isn't recognized enough. Sure, workers know it, and families know it, but our policies don't recognize it and appropriate services aren't out there. Community partnerships need to have the people who are savviest about substance abuse 'at the table' from the very first conversation."

Sidney Gardner

and treatment providers, the police, domestic violence service providers, and economic/welfare services. Along with parents and the public CPS agency, they are critical to the success of any partnership, and must become active in both the design and implementation of the partnership. In the remainder of this section, we first discuss the steps necessary to enroll all of the partners, then focus on the role of three in particular: substance abuse treatment providers, domestic violence agencies, and the police.

Casual "reaching out" by the CPS agency is not enough to engage these entities in more than a superficial way. *The partnership envisioned here requires that participants commit their energies and resources to child safety and assume new, clearly defined roles in the emerging community system for child protection.* The enrollment process can be promoted by state government, or it can begin at the local level. Figure III describes how two states started this process by encouraging collaborative work among local agencies, but the process can also be generated locally.

FIGURE III: ENROLLING PARTNERS FOR CHILD PROTECTION

Florida recognized from the beginning the need for new partners if its new "family service response" approach was to work. The legislation as well as the Department of Children and Families' (DCF) implementation plan stressed that a wide range of private sector and public sector partners needed to be involved. Each DCF region that adopted the new approach was required to develop its plan in conjunction with a committee that included all of the major public sector agencies as well as private providers. The aim was that these entities would become operational partners in a new approach, not just casual advisors.

Missouri also emphasized new partners as it implemented its "dual track" legislation. In establishing the seven pilot projects, the state agency allowed local communities to establish their own interagency committees, but encouraged participation of schools, health, mental health, and law enforcement agencies, as well as judges. Parents were also included in the planning and implementation process.

STAGE TWO

However it begins, the process of enrolling new partners requires time, and typically involves several stages:

- ***Understanding the current system.*** Parents, schools, health providers, churches, child care centers, and other partners generally start by exploring the contribution they can make to a community system of child protection. They must learn what endangers children in their community; what keeps children safe; what parents' role in safety can be; and how the current public CPS system functions, so that they are in a position to understand how they can work with it to better support families.
- ***Creating a common vision for child safety.*** As knowledge grows, so will participants' ability to establish a new vision for child protection. An important product of each emerging partnership should be a jointly developed written plan about how the partners want their child protection system to function.
- ***Assigning clear roles and taking action.*** Once a common vision is established, partners have many options about how they can help. Everyone can be the "eyes and ears" of the new system, using new knowledge about child safety to be even more vigilant about identifying risks to children. Entities such as family support centers, child care centers, health clinics, and health parents' groups can work with families identified as at risk of abuse and neglect to ensure that it does not occur. Other partners (schools, child care centers) can help the CPS agency with initial assessments; the police can help ensure that criminal acts are prosecuted promptly and aggressively. *Every participant in the emerging partnership can commit to playing an expanded role in protecting children.*

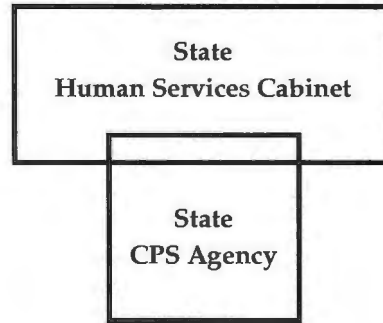
At this point, what has been a loose collaboration begins moving toward a purposeful set of activities to which member agencies and other partners commit themselves. This begins with developing clear commitments from all the parties, including some form of written contract expressing their goals, common vision, and roles and responsibilities; securing recognition and sanction from the appropriate state agencies; and planning for funding. This written agreement formalizes the structure and responsibilities of the partnership, clarifying the types of relationships illustrated in Figure IV on page 19.

**FIGURE IV
COMMUNITY PARTNERS: EVENTUAL ROLES AND RESPONSIBILITIES**

STATE LEVEL

State Agencies

- Health
- Education
- Mental Health/Substance Abuse
- Employment
- Social Services/Welfare
- Law Enforcement/Courts



Responsibilities

- Statewide standards
- Provide adequate funding to local systems, statewide
- Provide technical assistance
- Oversee protective interventions statewide
- Hold local systems accountable for outcomes

LOCAL LEVEL

Members

- Community Agencies
- Faith Communities
- Parents
- Health Providers
- Child Care Providers
- Schools
- Police
- Courts
- Civic Leaders
- Substance Abuse Providers
- Employment and Training Agencies



Responsibilities

- Establish community goals for child protection
- Administer differential response system and assessment
- Develop neighborhood-based delivery system
- Assure adequate funding
- Engage community and disseminate information
- Link to broader governance entities

NEIGHBORHOOD LEVEL

Members

- Community Agencies
- Faith Communities
- Parents
- Health Providers
- Child Care Providers
- Schools
- Police
- Courts
- Civic Leaders
- Substance Abuse Providers
- Employment and Training Agencies



Responsibilities

- Provide prevention, early intervention and intensive services

STAGE TWO

**FIGURE V:
ST. LOUIS'S EMERGING COMMUNITY PARTNERSHIP**

St. Louis's effort to change child protective services began as part of Missouri's implementation of "dual track" legislation. The Sigel Elementary School (in the Sigel neighborhood) is building on that starting point to engage parents, child care providers, community agencies, and neighborhood organizations to form a community partnership for child protection (CPCP).

After nine months of work together, the partnership is still growing. A small core group consisting of the CPS agency director, the school principal, and several additional agency directors has expanded month by month, and every meeting of the partnership brings new members. Parents have been present since the second meeting and now play a central role in planning and decision making.

This growth has many implications for the partnership's development. New participants must constantly be brought "up to speed." People accustomed to making decisions by themselves must modify their behavior. Most of all, however, this ever-widening circle means that the partnership's representation and engagement of the community becomes steadily stronger.

Starting the partnership, even informally, is a labor-intensive task and each community's experience will be different. One community's experience—not yet complete—is described in Figure V.

As St. Louis's experience indicates, enrolling new partners in child protection is not a "phase." It is ongoing and must be sustained as more people, agencies, and organizations become engaged.

The task of enrolling new partners is particularly important with regard to agencies and organizations that must play a more prominent role in child protection than they did in the past. We highlight the role played by three partners—substance abuse service providers, domestic violence service providers, and law enforcement—to illustrate the new responsibilities that partners can assume in order to contribute to children's safety.

In most communities, linkages between CPS agencies and substance abuse providers are tenuous at best. But the evidence in a

STAGE TWO

growing number of studies, which suggests that alcohol and drug abuse may be present in up to 80 percent of the families in the CPS system, indicates a need for much closer ties. Given the prevalence of substance abuse in families where child maltreatment occurs, *ensuring that the partnership has extensive knowledge about the causes and dynamics of substance abuse and has adequate prevention and treatment resources available is critical.*³

The first step is just recognizing how intertwined the issues of child safety and substance abuse really are. The State of Washington has focused on documenting the overlap between these problems as a way of convincing service providers, the state legislature, and other stakeholders that closer connections are necessary. Their findings are dramatic, as shown in Figure VI.

To be effective, community partnerships will have to use the type of information generated by Washington State to assure that

**FIGURE VI:
DOCUMENTING THE PROBLEM OF SUBSTANCE ABUSE**

The State of Washington's Department of Alcohol and Drug Abuse has collected data on the links between alcohol and other drug abuse and child safety and child welfare. Surveys have found that babies born to the small number of pregnant substance-abusing women (2.8 percent of all births) account for a very large share of child protective service referrals and out-of-home placements (41 percent). In addition, 36 percent of the children eligible for group care or foster care and 30 percent of those in group or foster care have a substance abuse problem. The state has also documented that 68 percent of the parents or caretakers of children placed in group foster care have a substance abuse problem.

In response to this, two state agencies—the Department of Alcohol and Drug Abuse and the Division of Child and Family Services—are focusing on cross-training their respective personnel. In addition, the Department of Alcohol and Drug Abuse provides counselors to group homes funded by the Division of Child and Family Services. Since these homes already provide food and shelter to children at risk (children removed from substance abuse environments), the addition of full-time counselors places professional help where it is most needed, thus reducing duplication of effort.

³ The prevalence of substance abuse in this population is discussed in more detail in a forthcoming supporting paper by Sidney Gardner and Nancy K. Young. The examples in this section are also drawn from that paper.

STAGE TWO

knowledge of, and resources for treating, alcohol and other drug abuse pervade their service delivery systems. Experience in Sacramento County, California (described in Figure VII), illustrates the dramatic difference that can result when a human service system focuses appropriate attention on developing these skills and resources.

**FIGURE VII:
A NEW APPROACH TO SUBSTANCE ABUSE TRAINING**

In Sacramento, California, in 1993, with alcohol and other drug abuse cases flooding social service and public health caseloads, the County Department of Health and Human Services enacted a new initiative to incorporate substance abuse services as an integral part of its service delivery systems. The program received full endorsement from the Sacramento County Board of Supervisors, the Human Services Cabinet, and the Criminal Justice Cabinet. The program has three components: 1) three levels of training to develop the ability of social workers, public health nurses, eligibility workers and neighborhood-based service staff to provide treatment services to substance abusing clients; 2) the expansion of department and community resources, including the development of an automated service requisition and client tracking system; and 3) program evaluation including both short- and long-term outcomes related to family functioning (measured by reduction in Child Protection Services referrals, and successes in completion of either voluntary or court-ordered treatment plans).

By early 1996, more than 500 health and human service staff members had participated in Level I and II training. Forty staff received additional training in the delivery of alcohol and drug treatment group services and 46 participated in training to expand group service capacity (Level III). The net effect for Sacramento County has been an increase in alcohol and drug treatment slots, reducing waiting lists significantly. In fall 1996, a training curriculum for criminal justice personnel will be test-piloted. This plan includes the development of new service protocols for specific target populations. And, believing its approach can be replicated, Sacramento County is offering to provide its training package as well as technical assistance to other counties in California for \$50,000 per county.

STAGE TWO

"Children can't really be safe until their mothers are safe. The community partnership approach may at long last help the child protection and domestic violence communities to work together—and to create a more unified system for child and family protection."

Susan Schechter

A second set of key partners are the providers of domestic violence services. In most communities, child protection and domestic violence providers and advocates have had little interaction. They are divided by different histories, and a different focus for service delivery (e.g., protecting the child versus protecting the mother). However, as evidence grows about the high degree of overlap in their target populations, the distance between these two service sectors makes less and less sense. Several studies have indicated that domestic violence is present in approximately 50 percent of child abuse cases.

As members of a community partnership, domestic violence advocates and providers can play multiple roles. At the least, their presence will raise the awareness of all partners about the phenomena surrounding domestic abuse. Staff carrying out CPS assessments and/or investigators should be trained to recognize the signs of domestic violence, address it comprehensively as part of the family's case plan, and assure that the mother's needs in such a situation are fully met, as well as the child's. Domestic violence staff can also be part of staff teams in neighborhood settings, partnering on a day-to-day, "block-by-block" basis with CPS staff and others within the team to meet the needs of neighborhood families comprehensively. Local communities and states (notable examples are Cedar Rapids, Iowa, and Michigan) now recognize that closer partnerships with domestic violence service providers are essential for protecting children.⁴ Close partnering in this way—and the consequent focus on the safety of all family members, not just the safety of children—raises the possibility that eventually the entire community partnership's focus could be on *family safety and the protection of all family members*, not just the protection of children.

Just as we have undervalued the contribution that substance abuse and domestic violence treatment providers can make to child safety, so have we undervalued the potential contribution of law enforcement. Its role in protecting children can be equally critical; police are often at the frontline in identifying potential and actual maltreatment, and they can also be part of the community team that responds to abuse and neglect. Close coordination between law enforcement and CPS agencies occurs now in some jurisdictions but not in others. In the community partnership approach, police are essential partners and can play multiple roles. Particularly in localities where "community policing" is the norm, police officers are effective observers of the day-in, day-out lives of neighborhoods, and can identify isolated families or families under great stress. As members of "teams" of frontline personnel, police

⁴ For a more detailed description of such efforts, see Anne L. Ganley and Susan Schechter, *Domestic Violence: A National Curriculum for Child Protective Services*, Family Violence Prevention Fund, San Francisco, CA, 1996.

STAGE TWO

can join with social service staff to respond to reports of abuse and neglect, as indicated by the experience of several Florida communities, summarized in Figure VIII. And these roles should not detract from the essential role of law enforcement: where appropriate, to gather evidence of criminal maltreatment so that prosecution of abusers can be aggressive, thorough, and effective in averting recurrence of abuse.

While this section has highlighted three partners, similar emphasis could be given to almost every important community institution. *The fact is that all of these can and should turn their attention more directly and consistently to child safety, and if they do so, children in communities will be safer.*

Localities' and states' experiences to date suggest several lessons:

- ***Include all of the major partners from the beginning.*** The tendency to involve some partners early on and others later always creates problems. It creates a sense of "second class" partnership among the late arrivals. This tactic also risks losing the knowledge and contributions of all partners from the beginning, when these are most needed.

**FIGURE VIII:
LAW ENFORCEMENT AS PARTNERS**

Florida's statutes call for law enforcement agencies to assume the lead in conducting criminal investigations of serious cases of child abuse and neglect. Florida's Department of Children and Families and its Department of Law Enforcement have created several pilot programs that require shared responsibility for receiving, disseminating, and investigating reports of serious abuse and neglect. One such project, in Daytona Beach, houses Children and Family Services' staff and police officers in a local agency as a team to respond to serious cases of abuse and neglect, with CFS staff assuming responsibility for assessments, child safety, and intervention planning, and with law enforcement personnel assuming responsibility for criminal evidence gathering and possible prosecution.

STAGE TWO

- ***Include parents as informed partners in all aspects of the work.*** Children cannot be kept safe unless parents own this task. Parents and parent interests must be integral to creating the partnership or it will be seen as one more effort being imposed on parents. Agencies' uneasiness with including parents and working with them as equals must not be allowed to block or delay parents' participation. *It is important that the partnership include parents from its inception.* The tendency of most agencies is to want to involve parents "at the next meeting," but this is a serious mistake. Without parents' voices, the partnership is liable to reflect agency views, but not those of residents or consumers.
- ***Stress the mutual benefit of partnerships.*** All members of the partnership get something from it. Schools, for example, are willing to stay in these partnerships only when they realize that not only do they contribute to protecting children (e.g., through early identification), but they will achieve *their* goal (student success) more readily when all children are safe.
- ***Defining common outcomes can be the "glue" for new partnerships, and can provide a language that everyone can agree upon.*** Among agency partners, and especially between parents and agencies, there is often a severe language barrier. The bureaucratic and professional jargon of interagency partnerships does not work when parents and neighborhood interests are full partners. One step toward a fully useful language is to keep the focus on the results that *everyone* wants. When people agree on what they mean by "safety," for example, they are on their way to having a vocabulary that everyone understands.
- ***Use the emerging partnership to defend the new approach.*** As a change strategy, engaging partners is both a programmatic and a political act: multiple partners working together can help achieve programmatic goals, but they are even more essential to building the political support needed to keep child protection reform on course and obtain the resources children need.

STAGE THREE

"Based on the experience of the several states which are experimenting with new ways to respond to child abuse and neglect reports, I'm more convinced than ever that the capacity for 'multiple responses' is essential. A 'one size fits all' approach is not adequate. A comprehensive family assessment can promote children's safety, and for many children will be the most effective means of preventing future abuse. For the children at greatest risk, an investigative approach with an authoritative intervention must be readily available."

Michael Weber

3. Creating differential responses by the CPS agency

With the initial building blocks for a community partnership in place, and at least a first generation of goals for change established, it is time for the first major alteration in CPS agency practice: implementing differential responses to families reported to CPS.⁵ This permits CPS agencies to respond differentially to children's need for safety, the degree of risk present, and the family's needs for support or services. Where abuse and neglect are severe, and coercive services and an investigation are essential first steps, cases can be assigned to an "investigative" track. However, those cases in which the child is not at immediate risk and families will benefit from voluntary services may be assigned to a second track that not only establishes the facts about "what happened" but also emphasizes a comprehensive assessment of family strengths and needs.

Broadening the initial CPS contact with a family to include a comprehensive assessment will help to produce a "sea change in practice" in the entire child protection system. As comprehensive assessments become the norm, the system's orientation shifts from just determining whether a specific incident of maltreatment occurred to *ensuring child safety through services. Finally, a comprehensive assessment increases awareness of factors threatening children's safety. Thus, community partnerships and CPS agencies can respond more thoroughly on issues of safety, not less.* And because assessments reveal each family's unique situation, the likelihood of customized service increases.

To date, the major examples of differential response have been the "dual track" designs being tested in Florida and Missouri and the assessment approach being piloted in Iowa. All three expand initial CPS contact beyond investigation to include a comprehensive "assessment" of families' needs, assets, and resources, as well as a broad picture of the risks to children (with variations, as summarized in Figure IX). These states are showing that a majority of cases now coming to CPS can be safely handled through an approach that emphasizes service delivery and voluntary family participation as well as the bare-bone fact-finding of usual CPS investigations. For example, Missouri's seven pilot efforts are handling 80 percent of hotline reports through their assessment track.

Establishing a differential response plays an important strategic role in building the community system. By proving that most families can be dealt with safely through an assessment/service response *within* the CPS agency, the precedent is set for eventually using

⁵ Legislation authorizing a differential response by the CPS agency can also be the initial step in changing child protection. Missouri and Florida used their dual track legislation to start a process of change from the state level, challenging communities to start creating the comprehensive strategies that could deliver services consistent with the dual track CPS response.

STAGE THREE

"How we assess families in response to reports of abuse or neglect is fundamental to what community partnerships can go on to do in keeping children safe. We need to be clearer about what we are assessing—whether it is risk, harm, or general parent capacity—and we need ways to go about it that will both minimize errors and foster alliances with families."

Richard Barnum

**FIGURE IX:
CREATING DIFFERENTIAL RESPONSE CAPACITY**

Florida's system has evolved since its initial implementation as a dual track system to become what Florida officials call again a "one track" system: in most areas of the state, every family receives a "family service response" as part of the initial response to a report of abuse or neglect. If law enforcement involvement is warranted, police are asked to partner with the CPS agency to conduct a criminal investigation.

Missouri's system is similar to Florida's initial legislation in many ways, but Missouri officials believe it is important to retain a clear investigative response for some reports of child abuse and neglect. After a report is received, it is assigned as either an investigation or for family assessment. In practice this means that about 25 percent of the reports are initially identified as having significant safety risks or are criminal violations and are targeted for an investigation immediately. The assessment approach is used for all others.

Iowa's procedure is yet a third approach to "differential response." Iowa requires an initial screening of all cases for safety issues, but then uses an assessment approach.

other community partners (not the CPS agency) to provide this same response. Initially, CPS can conduct thorough assessments on behalf of the partners and connect families immediately to both formal and informal resources within the partnership. Over time, however, other community agencies could conduct this assessment in tandem with CPS or, eventually, could be designated to provide this assessment for some categories of families. (For example, for families of drug-addicted newborns, the first comprehensive assessment might be done by health care personnel.) Meanwhile, the partnership should be keeping detailed records about the pattern of care that families receive, so that they can later make the case for handling certain categories of cases *without* direct CPS agency involvement at all, but within protocols and procedures established by the CPS agency and the full partnership.

As states and communities implement differential response, they should keep in mind the following:

STAGE FOUR

"Parents should be at the center of community partnerships. The whole point of bringing services directly into the community is to increase the accessibility for families and to improve the communication with the family."

Joyce Thomas

- *Pilot the differential response first, before expanding it to scale, in order to reassure all stakeholders that this approach does not endanger children.* Part of the political calculus of CPS change is testing each step as it unfolds. For those who worry that using a comprehensive family assessment means giving less attention to safety, a closely monitored pilot test such as Missouri has underway can prove that this is not true.
- *Use the pilot phase to document who is being served and the interventions that work with each group of families.* Knowing that a longer range goal is to find ways to serve families and children safely through community agencies, use the pilot-test process to build evidence for this shift. This could involve documenting "what works" with certain subgroups of families—for example, those where overly severe discipline is the issue. By identifying successful strategies for these families, the case is built for continuing those interventions but with less direct involvement of the CPS agency.
- *Accompany the implementation of differential response with extensive professional development.* This new assessment approach can be the beginning of major culture change within agencies, helping workers and supervisors to understand the benefits they reap from partnering with community agencies and informal supports, and from partnering with families. *Extensive training about the principles of family assessment and family-centered practice is necessary to promote understanding that this approach can work for all partners.*

4. Developing comprehensive neighborhood-based supports and services

Organizing and strengthening a neighborhood-based delivery system, an essential and major piece of any community partnership, should be undertaken simultaneously with implementing the differential response. It is likely to be the most ambitious of the changes community partnerships will undertake. However, using an assessment approach as the first response to reports of abuse and neglect is of little value unless the community partnership is prepared to offer help to families.

STAGE FOUR

"The most difficult part of what lies ahead is reconfiguring public systems so that they 'fit' in and with neighborhoods. This is not just a matter of reorganizing offices and redeploying staff. It involves a 'culture change' in which public agency staff become integrated with the neighborhood and its resources."

Michael Breslin

The long-term aim is to have the neighborhood-based delivery system be a viable alternative to direct provision of CPS agency services for many (not all) families. Over several years' time, the neighborhood-based system should assume a progressively greater share of service delivery responsibilities—to a point at which those families not requiring day-to-day protective oversight in order to assure safety can be handled without any formal CPS agency involvement.

The key ingredients of a neighborhood-based delivery system are *safety plans, an increased commitment of formal services, the use of natural helping networks and informal supports, and the reorganization of service delivery.* Safety plans are the "cells" from which all other parts of a community system for child protection are built. Each child and each family coming into the community's system for child protection should have a "safety plan" that identifies: (1) *how parents will be engaged in the process of assuring child safety and healthy development;* (2) *what formal resources will do to keep a child safe;* and (3) *how informal services (other family members, friends, and neighbors) will contribute to this specific child's safety.* If each child at risk of maltreatment is identified and has such a plan, children's safety will increase dramatically.⁶

In most communities, reliably implementing safety plans for each child will require additional formal services. Substance abuse treatment, domestic violence services, mental health services, employment assistance and jobs, housing assistance, transportation, and ongoing supports for chronically neglecting families (because of disability of the parent, for example) are the supports most frequently mentioned as scarce or missing in communities.

More formal services alone are not the answer, however. *Utilizing natural helping networks and informal supports* is as important as expanding formal services. These networks and supports, often drawn from friends, relatives, and neighbors, are closer to, more trusted by, and more frequently available to struggling families than most traditional formal services. Communities that are experimenting with ways to engage these networks are finding them to be a significant resource in meeting families' needs. Simply reducing the isolation of troubled families may be more important than providing "formal" services.

Equally as important as increasing the formal and informal services present in neighborhoods and communities is the need to *organize service delivery differently.* Decentralizing services to neighborhoods and creating teams that combine public agencies and both formal and informal community resources are just two ways of making services more accessible and comprehensive. Just as impor-

⁶ We reiterate that engaging families in this process is central to the success of safety planning. This, in turn, requires careful attention to ensuring high-quality, family-centered frontline practice throughout the partnership and the CPS agency.

STAGE FOUR

tantly, developing a *clear* focus on a *specific* community helps build bonds of accountability, trust, and knowledge between service providers and community residents.

The neighborhood-based service system plays several important roles in child protection. Each is quite different, and each reflects a different blend of CPS agency/neighborhood service responsibilities:

- a. *Assisting the CPS agency in the provision of services to current caseloads, especially those regarded as lesser risks (e.g., families in the assessment track).* Community resources often make the difference between a successful and unsuccessful plan of action for these families. Service partnerships between the CPS agency and neighborhood agencies also help to build trust, respect, and mutual understanding between these parts of the service system.

- b. *Creating an effective "early warning/early response system" that identifies and responds to families at risk of abuse and neglect before maltreatment actually occurs.* If carefully targeted, these early interventions can meet the needs of families under stress before problems are so severe that they trigger reports to the CPS hotline. While the CPS agency would of course be involved in planning these services (as a key partner in the community-wide system), the CPS agency might not directly provide them. Hospitals (for newborns), child care agencies (for young children), schools (for older children), and family resource centers (for all families) could be the neighborhood sentinels to make sure that no cases of incipient child maltreatment go unnoticed. (The difficulty and complexity of identifying risks for abuse and neglect within any population are noted. However, it is also clear that all communities can do more in this direction simply by reaching out to isolated families who have the most common "profile" of severe cases of abuse and neglect: for example, single mothers with three or four children under age six, who had their first child as a young teenager and who have a severe substance abuse problem in the home.)

- c. *Sharing responsibility with the CPS agency for initial contact with (and assessment of) families.* This involves the CPS agency and a community agency or institution agreeing on detailed protocols under which the community agency, with

STAGE FOUR

or instead of CPS staff, has initial contact with a family. In St. Louis, the CPS agency is developing this type of arrangement with a day care center: for children attending that center for whom a report of abuse or neglect is received (that does not allege serious physical injury), center staff will make the first home visit to families to assess child safety and to determine the family's needs. CPS agency staff are available to accompany the day care staff or to pick up the case should it be necessary. (Day care staff need not perform this role if the alleged abuse or neglect report involved the center's care.)

This type of *shared or delegated initial contact* could be envisioned as being done by schools (for educational neglect reports), by health care personnel (for failure-to-thrive infants), and by other community partners when abuse and neglect reports are not about life-threatening situations.

- d. Building broad-based family supports.** It is through the neighborhood network that the community partnership can begin creating a system of family supports. Developing a comprehensive neighborhood system that includes economic development, adequate housing opportunities, and a range of other family supports is a long-term venture, but its presence is critical to the full success of the new system. Tremendous improvement can be made in addressing child maltreatment just by assisting children and families already affected by abuse, but long-term prevention requires this more comprehensive support system.

Together, these activities improve the CPS system's case-finding ability. The early warning system, for example, enables communities to develop targeted diversion strategies aimed at serving families who might otherwise come to CPS. Such strategies ensure that families who are having crises (but are not yet maltreating their children) are connected promptly to community services. As these diversion strategies take hold, mandated reporters will know enough about reliable community services to which they can report/refer families and know that the family will be offered help—and at that point, referrals to the CPS agency should either decline or increase at a lesser rate. (This decline, however, might be preceded by an increase in reporting rates as reporters become more confident in the ability of the system to keep children safe and support families in this activity.)

STAGE FOUR

Developing these capacities is a major undertaking; it involves reconfiguring roles and responsibilities among all the partners described above. *But partnerships that successfully develop these capacities will have made substantial progress toward ensuring that the four core functions of a child protection system—case finding and system entry, assessment, service provision, and substitute care and adoption—are well performed.* While the task is daunting, it is not impossible. Several communities have in fact begun to restructure their service delivery systems at the neighborhood level in ways that simultaneously create new “neighborhood teams” for child protection and develop more comprehensive family supports.

- ***Louisville's Neighborhood Place*** locates a large number of public sector workers, including CPS workers, in a Neighborhood Place. The facility, usually a school, is designed to serve as a family resource center and “one-stop-shopping” point for human service delivery. As in Cedar Rapids, the aim is to organize staff in teams so that, together, they have a better chance to meet a neighborhood's needs.
- ***Los Angeles Family Preservation and Family Support*** networks are confederations of formal and nonformal resources that act together (under contract to the CPS agency) to serve high-risk families where abuse or neglect has occurred. Lead agencies accept payment for families on a capitated basis (varied by service needs of the family) and then distribute the funds among the network providers to support a wide array of needed services, from substance abuse treatment to informal recreation programs.
- ***Cedar Rapids'*** approach teams CPS agency workers in neighborhoods with other public and private resources, all located at a family resource center. All workers use a common practice model—community social work, adopted from the British PATCH approach. By being a familiar part of a neighborhood-based team, CPS agency workers are viewed as a resource, not an intrusion, by local residents. (See Figure X for more detail.)

These examples illustrate how different communities can adopt different approaches to neighborhood service delivery. Other considerations for states and communities as they move forward with the task of building neighborhood support services include the following:

STAGE FOUR

**FIGURE X:
A NEIGHBORHOOD SYSTEM FOR CHILD PROTECTION**

Cedar Rapids' (IA) approach to child protection at the neighborhood level unites a citywide network of family resource centers with a new approach to teaming CPS agency staff, other professionals, and community members so that they can provide more comprehensive and customized services. The result combines the efforts of many agencies into a unified delivery system at the neighborhood level.

The more intensive and specialized services are provided through Cedar Rapids' use of the PATCH model of service delivery. Developed initially in Great Britain (hence the term "patch," which is a British term for neighborhood), the PATCH approach brings child protection workers and representatives from other local organizations (from social service organizations to housing inspection to community police) together in a team located in a neighborhood center. Together, team members are responsible for serving families in that neighborhood and for working out, among them, the most effective use of their combined skills. While each worker maintains his/her core professional role, there is also flexibility in team members' ability to stand in for one another, to switch roles when that makes sense, and to work with families together. Workers report that they begin thinking of the team as the important resource for the family and the neighborhood, rather than its individual members.

The PATCH approach brings specialized services to neighborhood residents. Cedar Rapids' public and private agencies also have worked together to create family supports that they knew were necessary in order for many families to succeed. They established a Family Resource Development Association (FRDA) whose goal is to implement family resource centers in all parts of Cedar Rapids. By combining their resources, and especially using dollars "saved" through the local Decategorization Board's success in reducing expensive out-of-home placements, FRDA's plan calls for strategically located family resource centers in all Cedar Rapids neighborhoods as well as throughout the county (Linn County). Five have been started to date (four in Cedar Rapids and one in a rural area).

These two approaches come together. PATCH teams (including CPS workers) are located at the family resource centers, and the family support and more intensive services are seen as one system, blending the public sector agencies and private sector resources.

STAGE FIVE

- *The populations targeted for less CPS involvement and greater response from community resources should be selected on the basis of real need, not on generalized assumptions about risk.* For example, it is important not to assume that because a case first appears as “educational neglect” it may not be a serious case needing expert attention and intensive resources. Any wholesale decision that certain cases are *always* “less serious” is risky, given that fuller assessment often identifies previously unknown problems. In other words, while educational neglect cases are *on the whole* likely to pose less severe child protection issues, some of these cases will reveal very serious problems, and the partnership’s plan must adjust for that.
- *Determining responsibilities between the public CPS agency and neighborhood partners must reflect each community’s needs and capacities.* The pace at which neighborhood-based providers are ready to take on new responsibilities will vary by community. Statewide assumptions that “all communities will shift responsibility for X category of abuse and neglect by Y date” invite failure. The strategy for developing new relationships between the public CPS agency and neighborhood-based providers must allow flexibility, community by community.
- *“Cross systems” training for participants in the community’s partnership can accelerate a common understanding of child safety and a general sense of teamwork.* An effective way to promote the new delivery system at the frontline is to provide common training for all the frontline staff and supervisors who are involved. Especially if frontline staff help to design the training, it can be a powerful force in building knowledge and motivating change.

5. Transforming public child protection agency services

Building a community partnership for the protection of children requires major changes of public CPS agencies. CPS agencies must transform their internal policies and practices while playing a leadership role in creating and sustaining the broader community system for child protection. Several key changes in CPS agency

STAGE FIVE

"The motivation for change doesn't have to come from blaming the public agency. No one wants an effective system for child protection more than current CPS workers. What we need to do is reward and support staff who partner with communities. And we need to make sure that community partnerships, from the very beginning, help workers do their jobs more effectively."

Carlos Sosa

practice have been described earlier in the paper. *Instituting a differential response system*, for example, is a major policy and practice change, and for many CPS agencies will be their first significant step toward the new system.

Beyond that, however, the approach described here requires a *reorientation of CPS workers' skills in many dimensions*. Skills in more comprehensive assessments, engaging and "partnering" with families, understanding the dynamics of substance abuse and other risks to children, engaging natural networks of support, understanding communities, teaming with colleagues in other systems—these must become mainstays of CPS practice (see Figure XI). The necessary skills must be acquired through training and reinforced by supervision and job performance evaluations that value and reward these skills.

Not only can CPS workers acquire these skills, but they often find their practice enriched when they do. The CPS agency in Jacksonville, Florida, developed an approach to engaging neighbors, relatives, and friends as part of a family's "safety plan," and workers have found their work with these resources to be intensely rewarding, as described in Figure XI.

Beyond practice changes, conducting CPS agency services in the context of a community partnership will require organizational and administrative changes as well. For example, out-stationing CPS workers in schools or teaming them with other community staff (including police officers, mental health workers, and "community moms"), as is now the case in some communities in Florida, Missouri, and Iowa, generates a number of questions about supervision, job responsibilities, and caseloads. For example, how do you determine "caseload" when responsibility for cases is shared across a large team? How do you provide supervision and support to "outposted" workers? Should this be done by a team leader working onsite, a supervisor working out of a downtown office, or by both? These kinds of questions are just beginning to be addressed by CPS administrators.

Perhaps most importantly, the CPS agency's ability to protect children involved in repeated and/or severe cases of maltreatment will be critical to the credibility—and thus the viability—of the emerging community system. This internal revitalization requires that CPS agencies review and analyze the factors that cause child fatalities in their community; focus on cases with multiple reports to ensure that they are not overlooking the cumulative effect of multiple incidents of maltreatment (i.e., when no one incident is horrific, but the long-term effect on the child is nonetheless damaging); and ensure that quality

STAGE FIVE

FIGURE XI:
NEW WAYS OF WORKING

As part of its Partnership for Safety, Michigan has begun retraining all of its CPS workers and supervisors. Michigan's goal is to provide CPS workers with the skills they need to better engage parents (and other key resources) in protecting children. The program's designers began by spending substantial time in the field with workers and families. They then undertook building the new curriculum as a joint project with CPS workers and supervisors. The training initiative, which has just begun, also relies on a core group of workers and supervisors to retrain the agency's workforce. Michigan's curriculum emphasizes listening and solution-building skills. The Partnership also recognizes the importance of addressing the dynamics of the wide range of problems that put children at risk—and of looking to new partners to help in this effort. One result of this is a plan to train welfare eligibility workers, who will now be doing home visits, in the new CPS curriculum. Another is the development of a comprehensive domestic violence curriculum for CPS workers.

Staff of Jacksonville, Florida's Department of Children and Families invented a new way of encouraging families, friends, neighbors, and other nonfamilial community resources to play an active role in keeping individual children safe. As part of a CPS worker's planning with a parent who has been the subject of an abuse or neglect report, the worker offers the parent the option of arranging follow-on contact with a person in the community whom the parent trusts—a minister, a relative, a friend. If this person is willing to become consistently involved in the plan of action, for example, by stopping by the house three times a week to ensure that the parent does not become isolated and over stressed, the CPS worker, the parent, and the third party sign a brief agreement to this effect. Having now entered into dozens of these "Community Support Agreements," workers in Jacksonville find that they extend their resources to help families immensely, but with no new cost.

STAGE FIVE

assurance procedures are in place to prevent errors and to rectify and learn from mistakes when they occur.

Protocols for accomplishing this internal focus on safety should become a major priority for the CPS agency, at both the state and local levels. Even when the community child protection system grows strong, the CPS agency will continue to be the source of greatest expertise about assuring safety in the most serious cases. To play this role well, the agency must train its staff rigorously, build reliable information systems, and ensure that when abuse and neglect are identified they do not recur.

An essential ingredient for better CPS agency practice, which a number of states and communities are developing, is an automated information system. Spurred by federal incentives, almost all child welfare agencies are developing automated systems that track the status of cases, activities completed, services provided, and outcomes achieved. This kind of computerized information system is critical for CPS workers now and will be even more essential as child protection becomes the responsibility of a broader community network that needs to know the current status of individual families. In its full form, such an automated system would include information from a number of public and private agencies as well as the informal service providers in the community.

Finally, building community partnerships requires that public CPS agencies assume a new leadership role within their community. In most communities, the CPS agency is likely to initiate the creation of the partnership. The agency's legal mandate makes it the logical catalyst for moving from the current system to a new approach. As the partnership matures, the CPS agency will continue in a leadership role and will also be the "consultant on child safety." Its expertise can help other entities understand the dynamics of child abuse and neglect, the strategies that are effective in addressing these problems, and the resources already devoted to addressing child maltreatment within the community. Of course, the CPS agency is likely to continue to provide some forms of direct services, from assessment to family case management; and it will remain the partner that provides the authoritative interventions of in-home protective supervision and child custody/foster care when necessary, as well as adoption services.

STAGE SIX

"It is very clear that community partnerships hold the promise for community agencies to not only carry out work previously done exclusively by CPS—including initial assessments of some families reported to be abused and neglected—but also, and more importantly, hold the promise of a more robust, helping response to those children and families caught up in or at great risk of maltreatment. This will be the real test: do community partnerships result in more and earlier help to vulnerable children and families?"

Patricia Schene

6. Shifting intake and follow-on services for lower-risk cases to a community-based system

States and localities that have arrived at this stage will have made major progress toward developing comprehensive community partnerships for child protection (CPCPs). In the course of moving from a loose collaborative of concerned individuals and agencies to an increasingly organized *system*, the partners will have accomplished the following:

- Installing one or more "targeted early intervention" programs that have reduced the number of certain types of families coming to the CPS agency's attention in the first place;
- Implementing a differential response capacity so that the CPS agency distinguishes levels of risk among families, and routes reported cases of abuse and neglect to the appropriate type of community resource. Based on states' experiences with this approach, it is likely that 50 percent or more of cases being reported can be routed primarily to a service-oriented assessment approach, and that the majority of direct services can be provided to these families by community resources;
- Establishing a comprehensive system of neighborhood-based supports and services;
- Partnering in the day-to-day development of safety plans for all families whose needs are addressed by the community system for child protection;
- Organizing themselves so that the roles and responsibilities of all participating organizations (formal and informal) are clear; and
- Solidifying the CPS agency's skills and resources as the lead agency on the most serious cases of maltreatment.

All of this has been done under the banner of child protection, but whereas the banner used to fly over the CPS agency alone, the CPS agency and its partners have now established that child protection is the *collective* responsibility of a network of community resources and partners.

STAGE SIX

At this stage, a critical “tipping point” is reached that some states and communities may want to consider (and some may not). With the creation of a community partnership for child protection, the possibility now exists to shift greater responsibility for intake and triaging from the CPS agency to other community partners.

One option: A community could establish an information and referral “helpline” specifically to receive all calls related to family stress as well as actual or potential reports of child abuse and neglect. From the community’s point of view, this would make sense: rather than having all calls go to a CPS hotline, from which a majority are routed into a service-oriented track (with predominantly community providers), why not have calls initially go to a community helpline, and then immediately route (e.g., through electronic transfer) to the CPS agency those calls that require an investigative approach? This represents an important step: the community now assumes significantly increased responsibility for the safety of children.

A second option: A community could elect to maintain two reporting and triaging points. The CPS hotline could be retained, with clear definition of the calls that are appropriate. (This might eventually involve a narrowing of the definition of abuse and neglect as well.) In addition, a community “helpline” would be established to accept, triage, and assign for follow-up the calls that are appropriate for it. Because most community institutions and providers would be part of the community system of child protection, and hopefully even the general public would be more aware of access routes for help, mandated reporters would be knowledgeable about which reporting point they should use in any given instance.

Changing the pattern of entry into the child protection system can begin without changing states’ definitions of child abuse and neglect. It is critical, however, that communities have begun to develop an adequate menu of services. Therefore, families needing help will not be referred to the CPS agency just because it is the only source of “guaranteed response.” Eventually, the availability of earlier and more comprehensive help may allow states to revise the definition of child maltreatment, clarifying which forms of risk to children must be reported to the CPS agency and which can be addressed through other means.

It is too early in the development of community partnerships for child protection to know whether these more radical shifts to community provider responsibility are important or not. Arguably, if the community system for child protection is functioning well,

STAGE SEVEN

with the CPS agency as a partner and leader (but as one entity among many), residents' willingness to call on the system voluntarily will be strong enough so that it doesn't matter *which* agency administers the referral point: it will be perceived as a "helpline" no matter who administers it.

It is important to note that stopping short of this "tipping point" still represents a major revolution in the way that child protection is conducted. There is an advantage, however, in always extending the vision of a community-owned system to its furthest point, if only to expand our consideration of how much responsibility we believe communities can or should assume.

7. Instituting community governance and accountability for protecting children

"A major question is, can anyone in the community beside the CPS agency really be accountable for the results of the community partnership? We think so, but we still have to invent the forms by which accountability will be shared across many agencies and institutions."

Michael Wald

Initially, the community partnership for child protection is not likely to have a formal governance system. Instead, a collaborative group of many partners will serve as informal decision-makers. Input into budgets, agency roles, and partners' responsibilities might be made by this group, but final decisions would still rest with the appropriate public agencies.

As the community system becomes a real partnership, and not just a collection of individuals and agencies, its governance should become a more formal and inclusive process. Decisions about the system could be delegated to a community board, with the board's membership comprising some combination of citizens, providers, and community institutions. This "governing board" would have responsibility for the effectiveness of the system as a whole, and for generating and acting on data produced for the purposes of accountability.

What is *essential* is that at each point in the movement toward the community partnership for child protection, an accountability plan is in place. As time goes on, this plan will become progressively less the sole product of the CPS agency, and *more* that of the partnership.

What issues should this plan address? To answer this question, it is important to distinguish among three forms of responsibility: (1) the "responsibility" that accompanies a community's commitment to child safety; (2) the formal, legal responsibility for an individual child's safety; and (3) "responsibility" for service delivery. While the accountability plan need not address the first of these responsibilities, it must explicitly address the second and third.

STAGE SEVEN

The CPCP approach is designed specifically to *broaden and deepen community commitment to child safety*. In plain language, this is a matter of more people feeling that their role as citizens and residents of a community includes being responsible for protecting all the community's children. This can involve acts as basic as one neighbor looking out for another neighbor's child or helping a parent with child care when stress levels climb. On a broader scale, this type of responsibility means that many citizens take the time to learn whether children in their community are safe, and to do whatever they can about it, whatever their walk of life.

What is unlikely to change is the *formal legal responsibility for the protection of specific children when their own families' caretaking abilities must be legally superseded*. For the foreseeable future, it makes sense for the public CPS agency to retain the legal responsibility of custody and court-ordered protective supervision. The agency has the expertise and the experience to do so, as well as the legal mandate.

Building a community partnership *changes responsibilities related to service delivery*. Currently, the CPS agency is solely responsible for assessing and investigating child abuse and neglect reports and for providing services once a report is investigated. As CPCPs develop, assessments can be handled by other community agencies according to standards developed by the CPCP. Service provision to families under stress (either before or after there has been an incident of abuse/neglect) can be done whenever possible by neighborhood agencies. Even court-ordered protective supervision and out-of-home care can be provided in part by community agencies, under CPS agency supervision. For example, systems of community-based foster care enroll neighborhood agencies and foster families to provide these services.

The partners in such an enterprise need the mortar of common outcome measures and common information to hold them together. Only if each partner has reliable information about its own role, as well as the performance of the other partners, will the community system be well enough understood to be maintained and improved.

The distance involved in "getting from here to there" with regard to accountability may be the biggest barrier to implementing a community system of child protection. The necessary tools and technology have to be invented almost from scratch. However, the task becomes more manageable when broken into incremental steps. At each stage outlined in this paper, for example, data can be generated to allow the community system to track its progress, provide

STAGE SEVEN

feedback to all partners, self-evaluate, and make course corrections as necessary. To illustrate:

- As the community implements its targeted early intervention programs, tracking systems should identify which families are served, document the services provided to those families, and track key impacts (at least future abuse and neglect reports, as well as other data such as school progress and presence of juvenile justice activity). The community could also track whether families with the same characteristics as the families served through earlier intervention are a greater or lesser part of the CPS agency caseload over time.
- As the CPS agency implements differential response, it should document the experience of subpopulations using the various "tracks." This allows the community system for child protection to become increasingly skilled at choosing the right type of response for families in different circumstances.
- As an ever-widening circle of community members becomes involved in the community system for child protection, information about the safety of the community's children should be broadly available. The more the general public knows about the safety of children, the more participatory all community members will become. (If nothing else, the heightened public visibility will contribute to a growing "culture of accountability" surrounding child protection.)

Fundamental issues of public responsibility are involved here. The main merit of the current CPS organizational structure is that there is a clearly accountable party for this essential governmental function. *This crystal-clear accountability should not be blurred as states and communities move toward a new system.* Either the CPS agency should retain the ultimate legal accountability (and liability) for the safety of children in specific threatening circumstances, or it should be transferred to a community board.

The New Vision: Community Partnerships for Child Protection



"Putting together all the pieces of a community partnership challenges us all: family members, advocates, public and private providers, schools, faith communities, business leaders, elected officials, and others. Trust, respect, and a sense of mutual responsibility and accountability evolve slowly. We must convince policymakers of the importance of true partnerships to real change for children and take the time to do it right."

Marylee Allen

Having moved through these seven stages, we now describe the "there" that states and communities may have constructed. In this vision, the mission of child protection is shared more broadly, with the local CPS agency and community and neighborhood resources working together to keep children safe and to strengthen families. As part of this vision:

- A *Community Partnership for Child Protection* (or CPCP) is established at the local level, and acts as the vehicle through which the CPS agency, public and private agencies, neighborhood service providers, parents, natural helping networks, and other formal and informal resources work together to prevent families from arriving at the CPS agency's door in the first place and to address child maltreatment when it occurs.
- Under the direction of the CPCP, neighborhood networks of formal and informal service providers are organized to provide the services and supports needed to assure each child's safety.
- Within the partnership, a local CPS agency provides leadership in a variety of ways. It directly oversees the initial response to maltreatment reports (even though the CPS agency may not provide that response itself); provides protective supervision for highest risk cases; and supervises foster care and adoption services for families for whom voluntary services are not sufficient, and for whom the oversight and/or custody of the CPS agency is required.

"As communities move forward, they should test each step as they go. We don't want to throw away the good parts of the current system—the fact that it's in every community and applies to everyone—as we develop an approach that we think will work even better."

Neil Gilbert

- Statewide, a state CPS agency (or an interagency human services cabinet) sets standards for the community partnerships; provides incentives and technical assistance for their development; assures adequate funding for the local partnerships; and maintains a system of accountability to assure that these partnerships are accomplishing their goals.

Finally, this system of child protection is "nested" within a broader commitment at the state and community levels to support families as they raise their children so that children are healthy, safe, and successful at school.

While the structure and character of these partnerships will vary from state to state and from locality to locality, certain core responsibilities are likely to be common to all partnerships. These include:

- *establishing each community's goals for child protection within parameters set by the state;*
- *designing the neighborhood system of service delivery, the combination of natural helping networks and formal service providers that will assure children's safety;*
- *working with all state and local public and private resources to assure that the delivery system for child protection has adequate funding;*
- *engaging the broader community—parents, the business sector, the media, and others—in the mission of child safety; and*
- *tracking the performance of the community's delivery system for protecting children, and disseminating information so that the public is aware of the degree to which children are (or are not) safe.*

We now see that this system provides all of the essential functions of child protection, but they are carried out by the CPS agency and the other partners acting together and sharing responsibilities in new ways. The CPCP assures that the following core functions of a child protection system are well performed:

1. Case finding/entry into the child protection system.

The community system for child protection envisioned here ensures that troubled families and children, whose needs can be met through less intrusive and less expensive means, have access to help that does not require them to become clients of the public CPS agency. At the same time, for families in which child maltreatment occurs or is highly likely, a reliable system of case-finding and mandated reporting is in place.

Changing the entry points of the community system for child protection makes a profound difference. By intervening earlier (and probably more appropriately) to assist families and promote safety, the families who become clients of the CPS agency will be those with specific evidence of child maltreatment. This corrects one of the major problems of current CPS. Instead of more than 50 percent of abuse and neglect reports being unsubstantiated—and rarely being connected to another source of help—the flow of families into formal CPS services would be simultaneously reduced and more appropriate.

Finally, note that the system's improved case-finding ability is especially valuable in light of the fact that the most recent National Incidence Study indicates substantial under reporting of abuse and neglect. Increasingly, community partnerships should be able to identify cases of abuse and neglect that now go undetected.

2. Assessment. In a community system for child protection, the triage point provides a comprehensive assessment of family needs and risk of harm to the child, as well as a determination of what (if any) acts of maltreatment occurred. Based on the assessment, the response to a family can be customized according to need: it can involve both formal and informal services, a more detailed investigation related to criminal conduct (carried out by law enforcement), or a combination of the two.

Because assessments reveal each family's unique situation, the likelihood of customized service increases. A comprehensive assessment increases awareness of factors threatening children's safety; thus, partnerships can respond more thoroughly, not less, on issues of safety.

3. Service provision. Partnerships are now able to draw on a wider array of both formal and informal services that are more accessible and more closely matched to the strengths and needs of children and families than the services that centralized public CPS agencies now provide.

Recognizing that not all services in a community system for child protection can be voluntary, CPCPs maintain authoritative, coercive service capacity for those families who refuse to accept services on a voluntary basis and when a child's safety is threatened.

4. Out-of-home care and adoption. For those children whose families cannot or will not adequately care for them, substitute parental care remains necessary, including prompt movement toward adoption or finding another type of permanent home when the family's unacceptable care of the child does not change. The CPS agency would continue to have lead responsibility for these services, working with other partners to deliver these on a neighborhood basis whenever possible. While foster care and adoption services are often addressed separately from child protection, in reality both these services are protective interventions. A community system for child protection must guarantee safety and high-quality care while a child is in foster care, and either timely reunification of the child with his/her family or adoption in a reasonable period of time.

The child protection system we describe here is only part of the total picture of "what's necessary" to protect children. The CPCP must be embedded within, and supported by, a more comprehensive community commitment to helping families raise healthy, secure, and successful children. Child abuse and neglect will not decline if family poverty remains high, adolescent pregnancy rates continue to increase, family stability continues to decline, and communities cannot guarantee safe, healthy environments for raising children.

Calling for enriched community supports for children and families may seem unrealistic in a time of shrinking public budgets. However, the facts about child maltreatment cannot be ignored. If a growing number of families are seeing their incomes shrink, are having trouble obtaining the basics of food, clothing, and shelter, and are plagued by substance abuse, rates of child

maltreatment will go up, not down. The reason a community's overall family support system is critical to effective child protection is that it creates the possibility of stemming the flow of vulnerable, at-risk families.

Recognizing this fact, neighborhoods, school districts, and cities and towns are starting innovative supports for families and children. They recognize that family stress is greater than ever before, and that mainstream community institutions—schools and businesses—cannot succeed without assuring that children come to school ready to learn and leave school ready to enter the productive work force. State governments are also investing time, money, and political energy in reconfiguring their community-based supports for children and families. Michigan, Missouri, Vermont, Georgia, Washington, Oregon, Nebraska, and other states are developing community family support systems and investing in community economic development, with strong backing from governors and/or state legislatures.

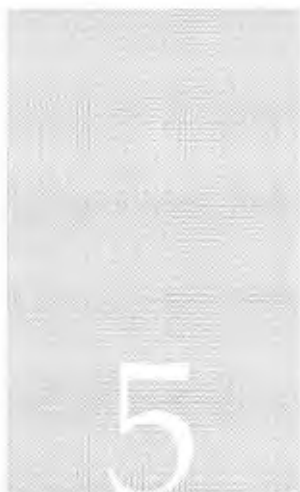
Community strategies to support families as they raise their children take many forms. Some are universal (as in states' and communities' extension of health care coverage to all children). Other strategies are targeted either to families facing high stress, or to geographic areas and neighborhoods where families are disproportionately poor, unsafe, and/or vulnerable to other problems. These target areas are likely to be the most frequent source of current referrals to the CPS agency as well. Most initiatives stress forms of service that specifically support parents in their parenting roles. For example, Kentucky has developed Family Resources and Youth Service Centers (more than 300 to date) as a way of promoting school-linked family supports. Maryland targets its family support centers to neighborhoods with high rates of teen pregnancy. California's Healthy Start initiative targets neighborhoods with multiple indicators of high risk.

The most far-sighted community family support efforts do not focus just on services. Instead, communities and state governments agree on a series of core outcomes sought for families and children, and then reconfigure many activities—economic development, for example, as well as services—to achieve these outcomes. Such efforts are as concerned with mobilizing local commitment and increasing local accountability for children's well-being as they are about improved service delivery. In their fundamental goals, these efforts parallel the changes sought for the child protection system. Missouri's Caring Communities initiative is one such effort: it

includes new services, but has an equal focus on the goal of “parents working” and on fundamental shifts in community governance.

Taken as a whole, this approach to child protection is a substantial change from the current system. If successful, the changes will mobilize the supports that families need while assuring a consistent focus on child safety. New partners will be engaged, while the necessary functions of the public CPS agency are retained and strengthened. Parents’ role in child protection will be placed front and center, as is appropriate, but parents will have access to the neighborhood and community supports that can help them meet the challenges of parenting in today’s complex society. □

Conclusion



"We have reached a critical moment in the lives of our children, where everyone has reason to be dissatisfied with our systems to protect them. We know a lot about what works, and communities know even more about what they want for their children. Which means we must change—now."

Bill Purcell

The approach to child protection outlined in this paper is ambitious, requiring dramatic change and significant new capacities from all of its participants. Given all of the other changes affecting public human services, including massive budget cuts and radical changes in federal, state, and local responsibility, is this the time also to be reinventing child protection?

The answer is, emphatically, yes, for several reasons. The general movement toward greater state and local responsibility supports these changes. Pervasive in the suggested approach is greater flexibility, decision-making, and responsibility at the local level. As long as state governments and local communities are being forced to consider how authority will be newly distributed in most other human services arenas, it seems appropriate to reexamine responsibilities for child protection at the same time.

Similarly, the general direction of reform in human services and education supports this approach to child protection. Trends toward in-home care, neighborhood-based services, outcomes-oriented approaches, and stronger accountability all reinforce the directions suggested here. Since communities will be designing the infrastructure to make these characteristics a reality (they are largely rhetorical at present), it is opportune to consider a new system of child protection that also is based on these operating principles.

Finally, as we note above, impending federal changes in welfare and other supports for low-income families will soon force states and communities to reexamine their systems for child protection. These changes will almost certainly increase stress on the CPS system. Thus, states and communities that begin work now to prepare for these changes are likely to be far better able to effectively use their scarce public resources than those that allow their systems to be "designed by crisis."

For all of these reasons, the likelihood is that more and more states and communities soon will be trying to create improved systems of child protection. The suggestions and observations in this paper cannot provide more than general, introductory recommendations about how to approach this task. The real wisdom about this challenge will emerge, as it has so far, from the field itself, as people take action. We look forward to the learning that will emerge as that process goes forward. □