



Information Summit on Prevention Final Report

February 25-26, 2009

Overview of Differential Response¹ and the National Quality Improvement Center on Differential Response (QIC-DR)

Differential response refers to one or more alternatives to the traditional investigative response applied in child welfare systems to handle reports of child maltreatment. Based on work done by the Children's Bureau in 2003 and by American Humane and the Child Welfare League of America in 2006, the core elements of differential response being used for this QIC-DR are:

- 1) Two or more discrete responses to screened-in and accepted reports of maltreatment are used;
- 2) Assignment to response pathways is determined by an array of factors;
- 3) Original response assignments can be changed;
- 4) Families assigned to an assessment response are able to accept or refuse to participate in the assessment response or choose the traditional investigative response;
- 5) After assessment in assessment response pathway, services are voluntary as long as child safety is not compromised;
- 6) Discrete responses are established by codification in statute, policy, or protocols;
- 7) No substantiation of alleged maltreatment — services are offered without a formal determination that maltreatment has occurred; and
- 8) Use of the central registry is dependent on the type of response.

The QIC-DR has three primary purposes:

- 1) To improve child welfare outcomes by implementing differential response and building cutting-edge, innovative, and replicable knowledge about differential response;

¹ The term "differential response" encompasses all system approaches that have the core elements outlined in this report. The system approach may have different names in different jurisdictions including, but not limited to, "multiple response system," "family assessment response," and "alternative response."

- 2) To enhance capacity at local levels to improve outcomes for children and families identified for suspected abuse or neglect; and
- 3) To provide guidance on best practice in differential response.

There are three leading organizations for the QIC-DR that work under a cooperative agreement with the U.S. Children's Bureau: (1) American Humane Association; (2) Walter R. McDonald & Associates, Inc.; and (3) Institute of Applied Research. These three organizations will work in partnership with the American Bar Association Center on Children and the Law and the National Conference of State Legislatures. The QIC-DR will operate in two phases. During Phase 1 (Year 1), the QIC-DR will conduct a national needs assessment to leverage existing knowledge and build new knowledge of differential response reform. It will include a literature review, information summits, focus groups, interviews of key informants, and development of an evaluation design. Phase 2 (Years 2-5) will involve selection and funding of research and demonstration projects and doctoral student dissertations to create additional knowledge and scholarly evidence about differential response. Throughout the 5-year operation of the QIC-DR, there will be continuous knowledge dissemination. More information may be found at www.DifferentialResponseQIC.org.

As one of the elements of Phase 1, the QIC-DR convened a Prevention Information Summit on February 25 and 26, 2009, in Charlotte, North Carolina. The objectives/goals of this summit were:

- 1) To expand participants' working knowledge of differential response, the QIC-DR and the work being done throughout the country on the prevention of child maltreatment;
- 2) To build the baseline knowledge of differential response and child maltreatment prevention efforts for the QIC-DR; and
- 3) To engage the expertise of all participants in dialogue and discussion on various topics related to the intersection of the work of differential response in child protection, family support, and child maltreatment prevention, so as to contribute to the development of research foci for the QIC-DR.

Participants at this information summit included state- and county-level child welfare administrators, child welfare consultants, community-based child abuse prevention (CBCAP) state and national leaders, and academics in the fields of child welfare and child maltreatment prevention. A list of all of the participants can be found in Appendix A.

Summary of Summit Activities and Key Findings

Welcome and Opening Activities

Participants were welcomed to the Prevention Information Summit on the morning of Wednesday, February 25, 2009, by Lauren Morley, child welfare training and technical assistance specialist and manager, prevention initiative, at American Humane. Following the welcome, American Humane staff introductions and an overview of the agenda, goals, and values of the summit were presented. Paul Frankel, research associate at American Humane, then led the participant introductions. Participants were asked to share their names, agencies/organizations, tenure, locations, and their answers to the following question: "If you could ask Congress or your state government to fund one thing related to the prevention of child abuse and neglect, what would you ask for them to fund?" This introductory activity stimulated great thinking and dialogue among all participants, which demonstrated the creativity and expertise of the group. A few of the participants' funding requests were:

- Fully funding the Child Abuse Prevention and Treatment Act (CAPTA) at its authorized level
- Offering four standard services to all families: income subsidy, access to affordable child care, access to affordable health care, and skills development
- Creating community-based prevention collaboratives so parents and neighborhoods could speak for what they believe they need
- Creating national and state agendas to link economic assistance programs with child welfare systems and programs
- Including the review of child maltreatment prevention efforts in Child and Family Services Reviews
- Fully funding addiction and mental health systems
- Creating a “Department of Hope” to recognize and build strengths in systems, professionals, and families — violence against children and within families is the result of despair and hopelessness
- Creating community-level discretionary funds for systems to use for families
- Time with elected/government officials to discuss how child abuse and neglect links to other social ills

Introductory Presentation on Differential Response and the QIC-DR

Caren Kaplan, American Humane’s director of child protection reform and project director of the QIC-DR, began the major activities of the summit by providing a brief presentation, which included an overview of differential response practice in child protection, an introduction to the QIC model, and the activities planned for Year 1 and Years 2-5 of the QIC-DR. The majority of the information covered during this presentation is summarized in the opening section, Overview of Differential Response and the QIC-DR, of this final report.

Introductory Presentations and Facilitated Discussions: Prevention Frameworks

Following the introduction on differential response and the QIC-DR by Caren Kaplan, several of the participants offered overviews on various child maltreatment prevention frameworks to help complete the framing of the topics for the remaining activities and discussions of the summit. These participants had been asked to prepare their remarks prior to the summit and many of them offered handouts or resources relevant to their discussions.

Deborah Daro, research fellow and research associate with Chapin Hall at the University of Chicago, provided an overview of prevention from the viewpoint of child welfare. Dr. Daro’s critical analysis of the challenges and innovations to integrating prevention into child welfare practice resonated with many of the participants. Child welfare systems have traditionally been characterized by mandatory reporting, responding to such reports, and an emphasis on criminal investigations and prosecution. In looking at the integration of child welfare and prevention, she identified integration barriers from the prevention community perspective, which included: philosophical differences with child welfare (i.e., prevention is proactive not reactive, voluntary not mandatory, and universal not individual); concern over loss of control over one’s “territory”; and acquisition of negative attributes of child welfare. As for integration barriers from the child welfare perspective, Dr. Daro identified the following: prevention lacks breadth and structure (i.e., prevention goals are not always clear and programs are diverse); fiscal

incentives exist for treatment (both in placement and mental health services) rather than prevention; and current caseload is overwhelming.

However, several major promising child welfare reforms have taken place to better allow for the integration of child welfare and prevention, including: differential response systems; community-based practice (e.g., assigning workers to local communities and placing them in community agencies); and community partnerships that have created a sense of collective ownership for child protection among all local organizations in communities. In order to move toward sustained integration of prevention into child welfare practice, the following needs to occur: establishment of a universal system of support for newborns and their parents; leadership for a new protection system vested in community, not in public child welfare agencies; an outcome framework that focuses on child well-being, not simply on agency efficiency; and measurement of success that focuses on contribution to shared vision, not accomplishment of one's own vision.

Next, **Carol Runyan, professor of health behavior and health education and director of the Injury Prevention Research Center at the University of North Carolina**, introduced the public health framework to the prevention of child maltreatment. Dr. Runyan's discussion provided an alternative framework to the traditional child welfare approaches to the prevention of child maltreatment. The public health approach can be characterized by the following: primary prevention focus; population focus rather than a focus on individuals; universal approach; multidisciplinary; action-oriented; and reliance on evidence to solve problems and systematic approaches to planning and evaluation. The public health field has only recently become involved in the prevention of child maltreatment, beginning in 1986 when the Center for Disease Control (CDC) became the lead public health agency involved with this issue. Dr. Runyan introduced The Haddon Matrix, a model through which various incidents of child maltreatment can be analyzed in order to determine what types of changes or actions can be taken "pre-event," "event," and "post-event" to prevent incidents of child maltreatment. This model can be used by child welfare professionals to analyze and consider the integration of prevention within child welfare practice.

Jim Hmurovich, executive director and CEO of Prevent Child Abuse America, introduced and discussed his organization's national prevention agenda and approach. Many of the major themes and discussion points made by Mr. Hmurovich were raised throughout the summit in the small group activities and group dialogue. Mr. Hmurovich introduced Prevent Child Abuse America (PCA America) as a national organization dedicated to preventing child abuse and neglect from ever occurring. PCA America is represented in all states (including a chapter in the American Samoa) except South Dakota, Arkansas, and New Mexico. PCA America's legislative priorities are: to develop a national strategy for prevention; to enact home visiting legislation; to increase federal funding for child abuse and neglect prevention (e.g., CAPTA, Promoting Safe and Stable Families, Social Services Block Grants, and the CDC); to reauthorize CAPTA; to increase federal investments in the full continuum of child welfare services; and to enact shaken baby syndrome prevention legislation. PCA America has identified new steps in thinking about prevention: (1) Show the link between child abuse and neglect and other social ills; (2) brand that link around prevention; (3) fiscal policies should support public policy and public policy should support fiscal policy; (4) find champions to spread the word about prevention in local communities; (5) build upon our strengths; (6) implement national policy/strategy on a state-by-state basis. These legislative priorities and steps in thinking about prevention can be leveraged not only by national and community-based prevention organizations, but by public child welfare agencies seeking to integrate prevention in their communities and their work with families.

Linda Baker, director of the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP), presented for discussion the CBCAP perspective and approach to

prevention. She detailed how local communities are organizing efforts around child maltreatment prevention. Ms. Baker introduced the organizational structure of CBCAP: Title II of CAPTA serves as the authorizing legislation; the Children's Bureau/Office on Child Abuse and Neglect (OCAN) is the federal agency charged to oversee CBCAP; the FRIENDS National Resource Center provides training and technical assistance for CBCAP state lead agencies, which are appointed each year to administer the funds for each state; and the community-based child abuse prevention programs and activities are carried out at a local level with fiscal support from the CBCAP state lead agencies. The four main tenets of the vision for CBCAP programs are: (1) To support the development and expansion of evidence-based and evidence-informed community-based and prevention-focused programs and activities; (2) to support the meaningful involvement of all parents, including parents with disabilities, in the planning, implementation, and evaluation of prevention programs; (3) to enhance the states' evaluation capability to determine the effectiveness of funded prevention programs and activities; (4) to promote greater linkages with other national and statewide system change efforts, such as the Child and Family Service Reviews and other related activities. Ms. Baker discussed various ways in which CBCAP programs influence state and community prevention approaches (both primary and secondary), which included funding, state leadership, building public and private partnerships, and collaboration and coordination of services/activities emphasized at all levels — federal, state, and local.

Presentations and Facilitated Discussions: Current Practice in Prevention and Differential Response

Following the introductions to the frameworks of differential response and prevention, three summit participants provided brief introductions to their state or county differential response programs, which are doing work in the area of prevention.

Suzanne Staudenmaier, a supervisor with the Dakota County Social Services in Minnesota and lead for the Parent Support Outreach Program (PSOP), shared her experiences with this innovative program. PSOP provides outreach and assistance to cases that are screened out of CPS (assessment or investigation) and would not otherwise receive any outreach or support from the agency. PSOP is completely voluntary, but workers have seen an acceptance rate of just over 50%. All cases eligible for PSOP receive a face-to-face meeting from the worker, who helps the family identify its strengths, needs and any services that might be helpful. Thus far, the PSOP has served a diversified clientele of families, including families in which parents are facing substance abuse or mental health challenges or where domestic violence is occurring. Families might be involved with PSOP for just one visit or as long as a year, and are eligible for the same services that are available to families involved with CPS, including flexible funds to cover rent, car repairs, utility bills, child care, clothing, and gift cards for gas, groceries, etc. The average family receives about \$100-\$200 in flexible funds and also has access to community agencies that can provide additional funds or resources. Ms. Staudenmaier identified several successful outcomes of the PSOP: being able to meet concrete needs of the families served; helping families identify and apply for eligibility for benefits and navigate obtaining those benefits; early screening for young children; and services for family members with developmental disabilities. In addition to these successes, Ms. Staudenmaier identified several challenges she has faced: limited staffing for PSOP (she is the only staff member for this program in her county); balancing family empowerment with family enabling; struggling to define “success” and determining if her work with a family is successful; and identifying a solid argument for continued funding for the program.

Cyndy Benson, children's services program manager for Catawba County Social Services in Hickory, North Carolina, provided a snapshot of the way in which her county has integrated preventive

approaches into its Multiple Response System (MRS). Ninety percent of Catawba County's cases are handled within MRS. One of this county's greatest successes is that no allegations of maltreatment are needed for outreach by the agency; if a family has needs, services will be recommended without any type of formal intake into the CPS system. The political base of the county has provided strong support for services and the department has formed a strong connection and working relationship with the Work First/Temporary Aid for Needy Families (TANF) program. In addition, successful partnership with the three local county school districts has resulted in early identification of at-risk children and connected these children and families with services. This partnership has resulted in less than 5% of case referrals coming from the schools. The department has also worked to strongly support families with chronic neglect issues by coordinating services with Medicaid at-risk case services. This coordination has especially benefitted children born to mothers younger than 18 years old and children or parents who have physical or mental health issues. Finally, Catawba County Social Services has experienced great success through its implementation and utilization of child and family team meetings early in the assessment/investigation process.

Finally, **Betty Weiser, social service program specialist for the Nevada Department of Health and Human Services**, discussed how differential response was implemented in Nevada. It is a collaborative pilot project between public child welfare agencies and family resources centers (FRCs or community-based service providers). In Nevada, differential response is the "front door" to social services; reports assigned to differential response meet statutory requirements for CPS involvement, but the staff, who are hired by the FRCs, are the first responders for a report assigned to differential response. Reports assigned to differential response are limited to: educational neglect; environmental neglect; physical neglect; medical neglect; and improper supervision. The FRC offers information, referrals, and case management to help families navigate the system. This initiative has created a stronger partnership between community-based providers and the child welfare system; regular meetings between differential response and CPS staff occur to discuss the cases served through differential response. Despite the program's success, Ms. Weiser identified several challenges: Nevada had a very short period of time to implement differential response (while a 2-year planning period had been set, implementation began immediately); policy development, in coordination with the existing program policies, has been difficult; staff training and curriculum development specific to differential response has lagged; and outside of two counties, the state is very rural, making it hard to retain trained staff.

Round Robin Activity: Examining the Connections Between Prevention, Family Support, and Differential Response in CPS

For this round robin activity, participants were divided into five groups (with approximately 4-5 people per group) and rotated between five tables throughout the course of the activity. At each table, the groups spent approximately 10-15 minutes reviewing and discussing one question. Below is a synthesis of the ideas developed for each of the five questions.

What are public child welfare agencies doing through differential response systems to successfully prevent future child maltreatment?

- Public child welfare agencies are partnering more effectively with community-based agencies than they have done in the past. Such partnerships between the public and private sectors have made for stronger and more effective family engagement. In addition, greater collaboration with schools has often stemmed from differential response initiatives.

- Implementation of differential response is in itself progressive and has caused child welfare agencies and professionals to take on a new perspective on serving families. With this shift in thinking, more prevention efforts have been incorporated into the work done by public child welfare agencies with families, different systems have been brought together through various collaborative efforts, there has been a greater array of services identified and offered to families, and agencies are acting before more serious abuse or neglect occurs, or are providing services to families before such incidents occur.
- Public child welfare agencies are connecting families sooner than usual with the services and resources they need — beginning such work at the first visit or meeting with families. Flexible funding tied to differential response (e.g., flex funds, gift cards) was cited as one reason why such resources are offered in a timelier manner to families.
- Approaching families through differential response has increased parental satisfaction. This has resulted in parents' increased participation in needed services and more positive outcomes for children. Greater parental satisfaction with agency involvement has also increased the likelihood that parents seek out needed help before abuse or neglect occurs.
- Through differential response, public child welfare agencies have been more successfully engaging informal supports, extended family, active kin, and community members in supporting families. Involving such supports during the case planning process has increased the number of supportive individuals for a family to call on in times of need. This can decrease families' reliability on the child welfare agency and increase reliability on their own support networks.
- Differential response and the related shifts in agencies' crisis response have improved the public and community perception about many agencies. Child welfare has a "new face" and families are therefore responding differently to their involvement with agencies (i.e., decreased feelings of trauma around involvement; greater collaboration; more honest and lasting change occurring within families).
- The tailored response to families that is differential response has allowed public child welfare agencies to respond to families in more culturally sensitive and culturally competent ways.
- A parallel process of engagement with child welfare agencies and their work forces has formed out of the emphasis on workers' engagement of families ("voice and choice").

What challenges might public child welfare agencies implementing differential response systems encounter in successfully preventing future child maltreatment?

- If sustainable funding and resources for differential response initiatives are not in place, the success in preventing future child maltreatment within families that has been experienced through implementation of differential response may not be sustained over time. In addition, agencies often need to have the funding and resources for formal evaluation of differential response — to measure the outcomes for families — in order to secure additional funding for these initiatives.
- Public child welfare agencies can have difficulties in getting their workforces to embrace the philosophical shift from traditional investigation to differential response. This resistance impacts an agency's ability to gain the trust of the families and community it serves. Seasoned workers might provide strong resistance to this shift in practice and/or workers might be greatly concerned about liability. In addition, turnover of experienced staff or lack of funding to hire experienced staff can impact an agency's ability to successfully serve families through differential response.

- There is concern that the future child welfare workforce is not being educated about differential response or trained to approach working with families in a way that aligns with this philosophical shift. Therefore, agencies have to face the challenge of training or “re-training” their workforces on this approach to engagement.
- Political or public skepticism or criticism might impact an agency’s ability to successfully implement differential response. A child welfare agency cannot predict child fatalities, yet its work is often criticized by the public when such events occur. Some communities might experience backlash upon implementing differential response from concerned citizens or community partners who are questioning if the agency “is really doing its job.” There might be criticism about turning over public child welfare responsibilities to community-based partner agencies or contractors.
- Despite the successes seen in many differential response initiatives, families may not follow through on services, whether they are voluntary or mandated. This lack of follow-through impacts the prevention of future child maltreatment despite an agency’s best efforts. In addition, agencies could experience challenges working with families that may have received assessment responses for previous referrals but are being investigated for pursuant referrals.
- Agencies may have difficulty engaging mandated reporters in the change process. Many communities have had resistance from schools or other mandated reporting entities about handling cases “too lightly.”
- The logistics of deciding track assignment may receive more focus or weight than actually meeting the needs of the family. While there is a need for consistent application, the priority should be meeting a family’s needs and creating policies and practices within the system that allow for this. For example, CPS needs to understand the importance of referring families that may be screened out of assessments or investigation, but still are in need of services.

What are community-based child maltreatment prevention agencies doing with families to successfully prevent future child maltreatment, and which of these approaches can be leveraged by child welfare agencies implementing differential response systems?

- Agencies are implementing evidence-informed, evidence-based programs that have been effective in preventing future maltreatment among children and strengthening families. Examples include home visiting programs, child care programs, and parent education programs.
- CBCAP programs are promoting the community’s responsibility in protecting children, building upon the mentality of “it takes a village.” Public attention is being brought to “conditions” rather than to child welfare (e.g., children’s socio-emotional development, infant mental health, domestic violence, health and medical issues). In addition, CBCAP programs are working to create community conditions that are supportive of families.
- Programs are advocating for the use of various funding streams to fund programs related to child welfare and/or prevention. For example: using TANF money to fund community programs like Court-Appointed Special Advocates (CASA) or Goodwill; using emergency funding or services to provide food or clothing to families; or pooling tobacco settlement money, Medicaid, maternal child health, or child support enforcement money to fund prevention programs.
- Agencies can promote the use of assessments for children and families, such as mental health, substance abuse, or early childhood assessments.

- Attitudes about families are shifting and a strengths-based approach to promoting “child and family well-being” rather than “preventing child abuse and neglect” is emerging. Agencies are working to identify and build upon protective factors in addition to identifying issues or concerns. And, recognizing a family’s involvement in prevention services as a strength and source of support has also been effective. Community-based approaches that are family-driven as opposed to family-centered, and that are oriented towards strengthening rather than safety/protection, have resonated more with families.
- Agencies are developing strong, diverse partnerships that include participation and leadership from parents and multidisciplinary expertise and support.

What challenges do community-based child maltreatment prevention agencies face in successfully preventing future child maltreatment that can be learned for those implementing Differential Response systems?

- Obtaining flexible, sustainable funding is vital to the success of prevention efforts. “Buckets” or categories of funding need to be removed so funds can be used as needed by local communities to support families.
- Sustainable prevention efforts often take time to develop and results are not immediately evident. In addition, in order to provide evidence to support such efforts, more time, skills, and resources are needed to effectively document and measure familial and systemic changes over time.
- Effective engagement with families must be family-driven, supportive, and integrated across systems. It is not enough to involve families or to offer voluntary services. Staff must be re-tooled — CPS must be demystified for the community, language needs to be strengths-based, engagement must be culturally competent, and the family’s “voice and choice” must drive the identification of needs and service planning. Services must build upon families’ strengths and informal supports.
- A clear, shared vision is needed at the federal and state levels to promote effective local community responses. Policies at all levels must align with that larger vision.
- Strong leadership is needed in an organization — it is not enough to just have “heart”; an organization must have system-building capability.
- There is great value in putting energy and efforts into public relations and community awareness. A broad constituency to support prevention efforts is needed. These efforts are even more important in rural or remote areas, where it is difficult to recruit qualified professionals.

What are the gaps in knowledge and/or research related to the intersection of differential response, family support, and prevention systems?

- What success is being had with families through these efforts? How do we define success? Based on state or federal mandates? What does success look like for each family? Can we (and how do we) measure whether families are better off based on their own definitions of success? Are we reaching a new population of children and families through these efforts or are we just shifting families back and forth across groups? Are the families that have historically been involved with child welfare experiencing greater success?
- Is there a shared vision across these three areas? Do we have different desired outcomes for each area of work with families? Vision and outcomes need to be identified for all. How do we bridge systems addressing child abuse and neglect? Child welfare, community organizations, and family networks are all important to supporting families.

- We need to know more about the outcomes for families and move beyond the reduction in substantiation and recidivism as the only measures of success. When there is a reduction in reports, how do we track that back to prevention, differential response, or family support activities? Is the right match of services to family needs resulting in the outcomes we hope to have for families? Do we have an ethical and good research design to test service effectiveness? How do we get the information we need from families and staff? We need to understand outcomes along a continuum, understanding short-term and long-term outcomes for families.
- What really precipitates an increase or decrease in referrals? Community awareness and outreach might actually increase referrals for a good reason, as might professional training efforts.
- How do we get what know is effective infused into practice more quickly? We need to see quicker dissemination of research learning into practice.
- We recommend conducting a social analysis in communities by asking the following question: What do you do when you suspect child abuse and neglect? Of families, ask: What do you want for your children? Across cultures, across communities, if we ask these questions, we would end up with common indicators of behavior.
- More information is needed on the consistency in practice across states and jurisdictions. For those states that have a “third track,” is differential response really being handled by family support and prevention organizations? How does that impact or change services to families when “cross-pollination” occurs? What is an appropriate role for community partners within a differential response initiative?
- We feel that public health should be addressed by asking: What has happened in communities that have seen a decrease in rates of child maltreatment? What is different about those communities’ environments, and how did they get those results? What are the social policies out there that impact families and how do we “tweak” them to get better outcomes?

Small Group Activity: Examining Current Practice in Professional Collaborations

For this activity, participants were divided into four groups (with approximately 4-5 people per group), and presented with a question for discussion. Each group spent approximately 10 minutes brainstorming answers/ideas, and then the large group convened and shared their questions and ideas. The larger group could then add additional ideas to the list. Below is a synthesis of the ideas generated from the discussions about professional collaborations.

One group discussed the types of agencies, organizations, and groups of people that should be involved in connecting families to resources in a community. A comprehensive list of traditional service providers or professionals who encounter families at some point in their involvement with traditional service provision was identified. Some of the more non-traditional groups identified included: attorneys, relatives, immigrant resource centers, parks and recreation staff, elected officials, and business organizations.

Another group identified characteristics that define current successful professional collaborations that exist between public child welfare agencies and community-based child maltreatment prevention agencies. These characteristics included: excellent communication; mutual understanding and respect; transparency; distribution of information/data sharing; shared messages, values, and goals; a shared vision that is larger than an individual agency or organization; shared investment, responsibility, and credit for successes and failures (setting egos and “turf” aside); focus on well-being of children and families;

willingness to put resources, staff, and time into the collaborative effort; and dispelling the hierarchy of importance.

Many of the successes realized through professional collaborations can be reframed as challenges to such collaborations, which is what the third group identified. These challenges included: inconsistent communication or use of conflict resolution; lack of accountability or transparency; turf issues (which could be tied to funding); politics or policies that can get in the way of collaboration (e.g., data sharing/confidentiality); different missions or an inability to identify common ground; a lack of time or resources to devote to long-term processes; egos or assumptions made about colleagues from another organization; course corrections viewed as failures (frame as benchmarks); lack of effective leadership or shared leadership during the collaborative effort.

The fourth group identified the gaps in knowledge and/or research related to professional collaborations addressing the prevention of child maltreatment. This group acknowledged that greater understanding is needed in regards to: what collaboration means; whether mandated collaboration is effective; what motivates people to collaborate; how long cross-professional collaborations can be sustained; collaboration versus partnership; multidisciplinary versus interdisciplinary collaborations; the effectiveness of different types of collaboration (i.e., policy, fiscal, etc.); measuring collaboration; cost/benefit analysis; and what elements or characteristics constitute a good collaborative effort.

Presentations and Facilitated Discussions: Current Practice in Professional Collaborations

Building on the group discussions at the end of the first day of the summit, the second day began with a few colleagues sharing their experiences of professional collaborations, both within child welfare and in the area of child maltreatment prevention.

Yvette McGee Brown, president of the Center for Child and Family Advocacy in Columbus, Ohio, introduced how her center and its multidisciplinary team were formed in Columbus. The Center for Child and Family Advocacy at Nationwide Children’s Hospital is the first facility in the country to bring together, under one roof, comprehensive, coordinated intervention and prevention services, with long-term treatment and support for abused children, parenting mothers, and domestic violence victims. The services at the center are composed of traditional children’s advocacy center services (i.e., forensic interviewing, child and family therapy, medical assessments, victim advocacy and support) plus family support and prevention programs, including domestic violence screening, information and referral, Prevent Child Abuse Ohio, and home visitation programs. Ms. McGee Brown explained that the center has been successful in producing coordinated investigations and improved outcomes for families, obtaining community investment, and building staff satisfaction. Some of the challenges this professional collaboration faced were: funding and fundraising (expenses continue to rise while reimbursement remains static); building trust and healthy team dynamics among the co-located, multidisciplinary team members; and legal challenges that have arisen in advocating on behalf of children and families.

Sara Barwinski is a social work consultant with the St. Louis Family and Community Partnership and was an integral partner in the implementation of differential response in Missouri. The St. Louis Family and Community Partnership was one of four diverse communities that participated in a partnership focused on envisioning how things could be different for children and families — and for communities and systems — struggling with issues of child abuse and neglect. The purposes of this collaboration were to: promote existence of a continuum of services; make recommendations and

advocate; provide accountability and quality assurance to evaluate data; promote community utilization of family support practices; increase public awareness of child abuse and neglect; and seek out and coordinate funding. Ms. Barwinski recognized four key elements to a community partnership formed with the goal of protecting children: (1) Transforming frontline practice with families; (2) CPS reform; (3) building neighborhood networks of support; and (4) shared decision making with the community. In addition, she found that lasting change only happens when the families directly affected are engaged in a strengths-based process, one in which their voices help shape the decisions that are made. The successes she identified were also acknowledged by summit participants during discussions related to successful professional collaborations.

Charlyn Harper-Browne, project director of the Quality Improvement Center on Early Childhood, introduced Strengthening Families, a cross-system approach to prevent child abuse and neglect and promote optimal development among children. This approach was originated by the Center for the Study of Social Policy and is focused on five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need, and social and emotional competence. She shared that several national organizations — National Alliance of Children’s Trust and Prevention Funds, FRIENDS National Resource Center, and Zero to Three — are working to disseminate the approach, with 31 states currently applying it. Building on this work, Ms. Harper-Browne is now directing the newest National Quality Improvement Center (QIC) on Early Childhood. The goal of the QIC on Early Childhood is to generate/disseminate robust evidence and new knowledge/strategies regarding the prevention of child abuse and neglect and optimal development of children ages 0 to 5, who are at the highest risk of child maltreatment. The Center for the Study of Social Policy is the lead agency in partnership with Zero to Three and National Alliance of Children’s Trust and Prevention Funds.

Small Group Facilitated Breakout Sessions: Informing the QIC-DR

The last major activity of the information summit was to connect all that had been discussed in the activities and facilitated discussions thus far and to have participants (in four small groups with a facilitator) create their vision for the future of child welfare and to help inform the research foci and direction of the QIC-DR. The groups were given five questions to guide their discussion over the course of an hour. Groups came together and shared their thinking with the larger group. A synthesis of all of the small group discussions is summarized through the emergent themes outlined below.

Vision for the Future of Public Child Welfare

Partnership

- Consider formal and informal opportunities to bring more people “to the table”
- Buy-in, investment, and involvement from constituents (youth, families, extended families), key stakeholders, media
- Identify community “champions” who can help to integrate systems so one plan exists for a family

Structure

- Clear roles, clear governance structure, and clear mission

- Shared vision, leadership, responsibility, and governance from constituents, public child welfare, and community-based prevention agencies
- Shared goals, language, and policies
- Create a structure to hold systems accountable and sustain efforts to ensure consistent communication and implementation of shared vision
- Memorandum of understanding or agreement is needed among partners to ensure commitment and participation and to allow for data sharing
- Conduct a needs assessment
- Develop a method for practice evaluation
- Make a commitment to sustainability

Resources

- Identification and strategic use of economic resources (break funding “silos”)
- Cross-disciplinary training
- Time investment
- Data sharing — share relevant data elements and develop universal intake form
- Ensure technology is available to allow for remote/external participation in meetings
- Explore and leverage what each partner can offer (services or in-kind resources rather than just fiscal capabilities)

Fiscal Opportunities

- Interface existing systems with “philosophy of possibility” — be open to creating possibilities without new money
- Use CBCAP funds for differential response (to provide in-home services)
- Compile creative examples of how TANF money has been used throughout different states for prevention purposes
- Explore flexibility for block grants
- Go back to Title IV-E waivers

Policy Opportunities

- Incorporate recognition of differential response into CAPTA reauthorization
- Focus on opportunities to leverage differential response in early education, early intervention, and promoting protective factors

Identifying the ‘Unanswered Questions’

About Differential Response Practice

- Descriptive research on differential response models and evaluation of different ways of implementing differential response: Are different strategies needed for different types of neglect or abuse cases?
- Outcome definition: What are the measurements to success within differential response practice
- Which strategies and models have been most effective?
- Is there more of an emphasis on prevention in differential response communities?
- Which “best practices” that reflect building language and effective family engagement should be taught to staff during training and/or supervision?

About Families

- Research on the basic needs that families are struggling to meet for their children: Which basic needs are neglected and how do we best respond to them (through differential response)?
- Do families make good choices in driving their own service planning?
- What are the specific services most helpful for teen parents?
- Who is the differential response population?
- What role do community and social connections play in the lives of families?

Roles for the QIC-DR

- Translate knowledge learned through research/evaluation into practice — beyond just dissemination; include community in synthesizing knowledge
- Guide the research agenda and include the voices of consumers in setting this agenda and helping interpret the results
- Compile policy and fiscal “creative solutions” for dissemination
- Disseminate through the National Conference of State Legislatures so information is shared at all levels
- Actively work with the federal government to make changes based on the input from the field (e.g., CFSR formula outcomes, new outcome definitions for what is considered “success” with families)
- Identify common indicators of success in differential response practice
- Examine different strategies for working with different racial/ethnic populations in applying differential response
- Examine acute versus chronic and episodic generational versus situational
- Examine regional differences in practice of differential response

Appendix A – Information Summit on Prevention Participant List

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