



# Strategy Brief

The **FINANCE** PROJECT

## Developing a Comprehensive Approach to Child Abuse and Neglect Prevention

Strategies for State and Local Policymakers

By Amanda Szekely

### Background

Each year, nearly a million children are determined by child protective services to be the victims of abuse and/or neglect in this country, while many more are at risk.<sup>1</sup> The majority of victims suffer from neglect, but some children also endure the effects of physical, psychological, or sexual abuse. Beyond the immediate consequences for children's health and well-being, studies have linked child maltreatment with many negative and costly outcomes, including poor cognitive and educational development, physical aggression, adolescent pregnancy, substance abuse, and juvenile and/or adult criminal behavior. Prevent Child Abuse America estimates that the country spends over \$94 billion a year on the direct and indirect effects of child abuse and neglect.<sup>2</sup>

Given the costs and consequences associated with child maltreatment, there is a growing national consensus about the importance of investments in the prevention of child abuse and neglect. Although it may not be possible to prevent all cases of child abuse and neglect, recent campaigns in other areas, such as youth smoking, adolescent pregnancy, and alcohol-related traffic fatalities reveal the potential impact and cost-effectiveness of prevention.

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<sup>1</sup> U.S. Department of Health and Human Services. *Child Maltreatment 2002*. Administration for Children and Families, Children's Bureau, 2004.

<sup>2</sup> Fromm, Suzette. *Total Estimated Cost of Child Abuse and Neglect in the United States: Statistical Evidence*. Washington, D.C: Prevent Child Abuse America, 2001. According to PCAA, over \$24 billion dollars are associated with the immediate needs of abused and neglected children, including child welfare services and law enforcement costs. The remaining spending is connected to the long-term effects of maltreatment, including the cost of special education, costs associated with juvenile and adult criminality, and lost productivity to society.

## ***Child Maltreatment Prevention: Current Programs and Approaches***

A balance of risks and protective factors influence the likelihood that a parent will harm his or her child. Prevention programs aim to mitigate risks, such as domestic violence, substance abuse, mental illness, or poverty, while boosting known protective factors, such as social connections, knowledge of effective parenting, and access to support in times of need.<sup>3</sup> In order to reach the full range of at-risk families, the prevention of child abuse and neglect occurs on three major levels:

- **Primary prevention** raises public awareness about child maltreatment among the general population.
- **Secondary prevention** targets families with risk factors for abuse and neglect.
- **Tertiary prevention** programs prevent continued child maltreatment after abuse or neglect has been reported.<sup>4</sup>

Public education campaigns or curricula for children on how to recognize inappropriate adult behavior are examples of primary prevention approaches. Secondary and tertiary prevention approaches may include family support programs, parent education programs and support groups, and respite care that allows at-risk caregivers a break from the stresses of parenting. Finally, home visitation programs, a common prevention strategy, can be targeted to at-risk populations or implemented universally. Home visitation services are holistic prevention programs that provide an array of services to new or expecting parents, including parenting education, nurse visitation to monitor a mother and infant's health, and information about social services and supports.<sup>5</sup>

Prevention is carried out by a variety of public and privately funded social service organizations and may take place in any number of settings, from the family's home to community centers, hospitals, schools, and child care centers. Family resource centers offer a comprehensive range of services to parents and children and may be located in churches, schools, or housing projects.<sup>6</sup>

## ***Public Systems Supporting Prevention***

While the child welfare system is explicitly charged with preventing child abuse and neglect, other state and local systems, including social services, substance abuse/mental health, health, and education also play a role in prevention. For example, health agencies may provide outreach and support to new and expecting mothers; substance abuse and mental health programs can address risk factors associated with child maltreatment; and early education programs may educate parents about appropriate parenting practices. A range of federal funding sources provide the bulk of resources to support these prevention efforts. Table 1 details various public systems' key contributions to prevention and major federal funding sources associated with them. (See the appendix for more detailed descriptions of these federal funding sources.)

## ***Major Challenges and Approaches to Comprehensive Child Abuse and Neglect Prevention***

When held accountable for preventing cases of child maltreatment, state child protection agencies have fared poorly. Only six states were found in substantial conformity with the outcome "protecting children from abuse and neglect" in recent congressionally mandated evaluations of the child welfare system.<sup>7</sup>

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<sup>3</sup> Horton, Carol. *Protective Factors Literature Review: Early Care and Education Program and the Prevention of Child Abuse and Neglect*. Washington, D.C.: Center for the Study of Social Policy, 2003.

<sup>4</sup> For more information, see: [http://www.casefamilyservices.org/nr\\_what\\_is\\_prevention.html](http://www.casefamilyservices.org/nr_what_is_prevention.html).

<sup>5</sup> Thomas, David et al. *Emerging Practices in the Prevention of Child Abuse and Neglect*. Report prepared for the Children's Bureau Office on Child Abuse and Neglect. Fairfax, VA: Caliber Associates, 2003.

<sup>6</sup> Ibid.

<sup>7</sup> Child and Family Services reviews were mandated by Congress and measured seven child welfare outcomes in every state between 2001 and 2004. For more information, see: <http://www.acf.hhs.gov/programs/cb/cwrp/results.htm>.

**Table 1. State and Local Systems Contributing to Child Abuse and Neglect Prevention**

<b>Public System</b>	<b>Key Contribution to Prevention</b>	<b>Major Federal Funding Sources</b>	<b>FY 05 Est. Funding<sup>1</sup></b>
Child Welfare	Providing tertiary prevention services by tracking initial and repeated incidents of child maltreatment. Raising public awareness about child maltreatment and coordinating with related preventive services.	Title IV-B, Social Security Act <sup>2</sup>	\$780 million
		Child Abuse Prevention and Treatment Act (CAPTA) State Grants	\$42 million
		Community-Based Family Resource and Support Grants	\$65 million
Social Services	Providing income support and related services for needy families at risk of abuse or neglect. Assessing families' need for prevention services. Providing family support services is typically focused on helping parents to address problems that prevent them from working.	Temporary Assistance for Needy Families (TANF)	\$16.5 billion
		Social Services Block Grant (SSBG)	\$1.7 billion
		Family Violence Discretionary Grants	\$103 million
Substance Abuse/ Mental Health	Providing access to substance abuse and mental health services.	Substance Abuse Prevention and Treatment (SAPT) Block Grant	\$1.7 billion
		Community Mental Health Services (CMHS) Block Grant	\$414 million
Health <sup>3</sup>	Supporting medical care to children who are at risk for medical neglect. Assessing families' need for preventive services. Providing family support services, including outreach and support for new and expectant mothers.	Medicaid (Title XIX)	\$183 billion
		State Children's Health Insurance Program (SCHIP)	\$4.1 billion
		Maternal and Child Health (MCH) Services Block Grant	\$598 million <sup>4</sup>
Education	Educating parents about appropriate parenting practices. Assessing families' need for prevention services. Providing home visiting and supporting interventions for children with special needs.	State Early Childhood Comprehensive Services (SECCS) grants	Data not Available
		Individuals with Disabilities Education Act (IDEA), Early Intervention	\$466 million
		Head Start/Early Head Start	\$7 billion

<sup>1</sup> Funding data compiled by The Finance Project from The Catalog of Domestic Assistance.

<sup>2</sup> Includes Title IV-B1 (Child Welfare Services) and Title IV-B2 (Promoting Safe and Stable Families).

<sup>3</sup> Note: In many states, Medicaid and SCHIP are administered by state social services agencies.

<sup>4</sup> Estimated FY04 funding. Funding level for FY05 is not available.

Child protective agencies may be challenged in their attempts to prevent cases of child maltreatment for a number of reasons:

- **Limited Child Welfare Funds Support Prevention.** The majority of federal funding administered by child protective agencies is in Title IV-E of the Social Security Act, and primarily supports services for children already in foster homes, rather than those at risk of maltreatment.<sup>8</sup>
- **Weak Connections to Other State Systems.** Related state systems providing, for example, substance abuse or mental health services, fund prevention services to at-risk families but often lack key connections to the child welfare system to track and support families over time.
- **Concern with Liability.** Burdened with the liability of responding to all cases that meet the legal definitions of abuse and neglect, child protective agencies have limited capacity for early (primary or secondary) interventions.
- **Barriers Between Agencies and Communities.** Child protective agencies, whose contact with families is largely in the context of policing reported maltreatment, may find it difficult to effectively reach out to at-risk families with supportive services.

These limitations in the prevention field have led many policy makers, professionals, parents, and children's advocates to call for a more comprehensive, community-based, family-focused approach to addressing the complex problem of child maltreatment.

This *Strategy Brief* highlights two major state and local strategies for policymakers to more effectively prevent child abuse and neglect:

1. Public agencies that administer funding sources supporting preventive services, including child protective services, early childhood, and other social services, can

collaborate in order to better share information and resources.

2. Child protective agencies can develop a more community-based model of service delivery that allows them to build the community's trust while leveraging the resources of local organizations and concerned citizens.

In practice, these strategies are complementary and interrelated. Frequently, cross-agency collaboration leads to calls for more community-based, comprehensive approaches to service delivery. Likewise, efforts to integrate community-based service delivery models frequently involve collaboration among multiple public and private agencies.

## Strategy I: Coordinate Prevention Efforts Across Public Agencies

Since different state and local agencies have authority over the various federal funds supporting child maltreatment prevention, interagency collaboration can help states and localities to provide more integrated and comprehensive services. Coordination can, for example, help administrators make better use of the expertise of staff housed in various agencies, reduce the duplication of services, and track the needs of families across agencies.

State or local attempts to coordinate the efforts of multiple agencies require leadership and an overarching vision of how collaboration will help families. Successful collaboration efforts are able to bridge the differing philosophies and priorities that led to the creation of separate agencies and funding streams in the first place. To be successful, this process often needs to take place through the creation of a collaborative planning body, such as an interagency work group or a Children's Cabinet comprised of senior officials from key agencies.<sup>9</sup>

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<sup>8</sup> For more information on funding source administered by the Children's Bureau, see: <http://www.acf.hhs.gov/programs/cb/programs/index.htm>.

<sup>9</sup> For more information, see: Bryant, Erika and Carol Cohen. *State Networks of Local Comprehensive Community Collaboratives*. Washington, D.C.: The Finance Project, 2003.

Coordination strategies range from those that are relatively easy to implement to those that reflect more intensive levels of coordination. They include staff cross-training, shared information and tracking systems, common intake and assessment forms, coordinated case management, staff co-location, coordinated funding, and integrated administration.<sup>10</sup>

- **Staff cross-training.** Cross-training staff from multiple agencies can help address gaps in staff expertise, improve understanding of roles and responsibilities, overcome resistance to changes in service delivery approaches, and develop common intervention strategies.
- **Information and tracking systems.** Developing systems to share information and track clients can improve coordination between agencies. Automated information and referral

directories can also help staff serving clients with multiple needs.

- **Common intake and assessment forms.** By integrating the information collected by various agencies, common intake and assessment forms can lead to more comprehensive identification of children's and families' needs. This information can enable staff to connect children and families to needed supports and services at the earliest moment possible. Early interventions can help resolve problems, such as substance abuse or unhealthy parenting behaviors, before they escalate.
- **Coordinated case management.** Coordinated case management means involving staff from various agencies in the development of child and family service plans. Coordinated case management can facilitate the drawing in of expertise, resources, and

## Washington Family Policy Council

The Family Policy Council is an interagency and community partnership that helps each community find their own unique pathway to preventing major social problems and aims to improve state policies that affect children and families. Established through legislation in 1992, the Council designs and implements principle-centered systemic reforms to improve outcomes for children, youth, and families. State Council members include representatives of the Governor and Superintendent of Public Instruction, legislators from four caucuses, and executives from four major state agencies. The Family Policy Council is charged with improving seven "problem behaviors," including child abuse and neglect, youth substance abuse, teen suicide, and domestic violence. Recognizing the interrelated nature of these problems, the Council works to develop a more comprehensive statewide approach. Local Community Network boards, as mandated by 1994 state legislation, are responsible for reviewing resources available to support services for children and developing strategies to more effectively meet families' needs. Networks also are charged with recommending to state and local authorities policy changes that would improve local services, particularly with regard to de-categorizing funding for child and family-serving programs.

Child abuse and neglect reduction is a major focus of the Community Networks. Strategies include neighborhood capacity building, developing and testing service improvements, developing systems of care for families at risk of child abuse or neglect, and building public will to intervene early for children who witness domestic violence, or are victims of other traumas associated with second-generation risk for child abuse. For more information, contact Laura Porter, Staff Director, at 360-902-7880.

<sup>10</sup> For more information on this interagency coordination, see: Lind, Christianne. *Developing and Supporting a Continuum of Child Welfare Services*. Washington, D.C.: The Finance Project, 2004; Hayes, Cheryl. *Thinking Broadly: Financing Strategies for Comprehensive Child and Family Initiatives*. Washington, D.C.: The Finance Project, 2002; and Flynn, Margaret and Cheryl Hayes. *Blending and Braiding Funds to Support Early Care and Education Initiatives*. Washington, D.C.

funding across different agencies and help ensure that clients receive a more comprehensive and coordinated set of supports and services.

- **Co-locating staff.** Co-location involves placing offices or staff from various agencies at the same location (e.g., placing substance abuse treatment staff in child welfare offices). Co-location can help ensure that clients receive a continuum of care by making various supports and services accessible at one central location. At least 13 states have their welfare and child welfare agencies co-located.<sup>11</sup>
- **Coordinating Funding Streams.** Interagency collaboration can also entail using separate funding streams in more synchronized and flexible ways. One of the most common financing strategies is to wrap multiple categorical funding streams together to fund comprehensive services. This strategy, commonly referred to as “braiding,” involves aligning separate funding streams with the components of comprehensive services. Clients experience seamless service delivery and the administering agency carefully tracks and accounts for the use of each of the funding streams back to its source. Another strategy typically used at the state and county level is

to blend more flexible pots of money into one funding pool to support statewide systems reform. Finally, another state-level strategy is to make categorical funding streams more flexible by removing, reducing, or aligning requirements or regulations that may impede collaboration efforts. Although states must conform to regulations attached to federal funding streams, the regulations governing many funding streams allow the states flexibility regarding eligibility and the types of services supported with federal dollars. State policymakers can examine requirements and regulations to determine if there are places where state regulations are impeding the coordinated use of funds for comprehensive services.

- **Integrated Administration.** Finally, in some cases, states or localities may choose to integrate administration of multiple services, effectively making several agencies accountable to the same governing agency. For example, the same agency could oversee both child welfare and substance abuse services.

## Considerations

- Collaborating bodies may face challenges coming to terms with differences among

## Clark County, Nevada, Mental Health Consortium

The Clark County Mental Health Consortium is developing an interagency protocol to track families’ needs across systems. The Consortium is focused on a range of community-based services and supports for children who have serious emotional disturbances and are at risk of a child-welfare or out-of-home placement. Its membership includes representatives from major child-serving agencies, including child welfare, health care, and juvenile probation as well as social services providers, parents, and members of the private sector. It was founded in 2001 (along with two other local mental health consortia) by the Nevada Legislature. The Consortium has implemented an early intervention screening tool and protocol for children ages 0-5 and a mental health screening tool for children ages 5-18 that is used across agencies. The Consortium is currently working on developing common intake, referral, release of information, and assessment formats and systems in order to create a universal, family-friendly process for serving families whose needs cross the jurisdictions of various agencies. The Consortium is also developing plans to co-locate staff from various agencies, to establish one phone number where clients can access all services, to develop mobile crisis teams, and to collaborate in the recruitment and training of bilingual staff. For more information, see <http://www.dcf.state.nv.us/Plans/ClarkCountyAnnualPlan.pdf>.

<sup>11</sup> The David and Lucile Packard Foundation. *The Future of Children*. Vol. 14, no. 1 (Winter 2004). The David and Lucile Packard Foundation, Los Angeles, CA.

professional cultures and resolving territorial issues. Strong leadership and a commitment to changing the service delivery model are necessary to overcome these hurdles.

- While interagency coordination can lead to more efficient uses of public funds, agencies may need to set aside resources to support various coordination strategies. States or localities may consider drawing from either of the following funding sources to finance this work:

- ❖ **CAPTA State Grants.** State child protective agencies may rely on Child Abuse Prevention and Treatment Act (CAPTA) State Grants, funded by the federal Children’s Bureau, to promote interagency collaboration. Permitted uses of these state grants include collaboration between agencies to provide prevention and treatment services and cross-training child welfare workers on domestic violence and substance abuse.<sup>12</sup>

- ❖ **State Children’s Trust Funds.** Another resource to support coordination activities and planning may be state children’s trust funds. In many states, trust funds administer Community-Based Child Abuse Prevention (CBCAP) grants, funded by the federal Children’s Bureau, and have the

capacity to leverage additional state and private funds. Trust fund administrators can play a large role in fostering communication across agencies by hosting statewide policy conferences, conducting needs assessments that inform the work of several agencies, and advising high-level state policymakers.

## Strategy II: Develop a Community-Based Model of Prevention

In addition to working with a range of other state and local agencies, child protection agencies themselves can approach the prevention of maltreatment in a more comprehensive way. Currently, child protection agencies often deal with families only after they receive reports of maltreatment. By adopting new models of service provision, agencies can break down barriers between child protective workers and at-risk families and encourage families to access preventive services.

Furthermore, a community-based model of prevention draws on the expertise of community-based organizations, parents, and concerned citizens. Community-based child protection, as defined by the Edna McConnell Clark Foundation, distributes the responsibility for preventing and

### Massachusetts: The Patch Approach

During the 1980s, Massachusetts invested federal IV-B, subpart 2 funds to develop family support services through a set of Community Connections Coalitions. At first unable to implement major system change, the community-based Coalitions worked with minimal connections to the public child welfare system. More recently, the state developed the Patch approach in two local communities to create linkages between community coalitions and the State Department of Social Services. At the two sites, one urban and one rural, neighborhood teams consisting of DSS case workers as well as other key state and community representatives work from offices located in the communities served. By working in teams in a neighborhood setting, DSS aims to provide accessible resources to families, strengthen local community-based resources, break down the “us-them” boundaries between families and the service system, and respect the diversity of individuals, families, and neighborhoods. For more information, see: <http://www.cwresource.org/Online%20publications/Fall00.pdf>.

<sup>12</sup> For more information, see: [http://www.socialworkers.org/advocacy/issues/letters/070103\\_abuse.asp](http://www.socialworkers.org/advocacy/issues/letters/070103_abuse.asp).

## California: Parent Leadership Team

Parents Anonymous® Inc. and the California Department of Social Services, Office of Child Abuse Prevention have created a statewide Parent Leadership Team (CPLT) to develop leadership roles for parents throughout California. The CPLT will enhance meaningful parent and provider partnerships by bringing their voices and experiences in family-strengthening programs to the discussions, activities, and decisions related to family support services in California. The CPLT is a statewide body composed of 15 diverse mothers and fathers who were nominated from community-based, family-strengthening programs all across California and reflect the wide variety of families who use family support services. The CPLT works in partnership with Parents Anonymous staff to provide leadership training and technical assistance to administrators, staff, and parents in family support programs throughout the state. CPLT members also participate in policy and planning activities locally and statewide, develop parent leadership materials and serve as mentors and role models to other parents interested in developing their leadership skills and involvement in parent leadership activities. For more information, contact Meryl Levine, VP of Development, at [mlevine@parentsanonymous.org](mailto:mlevine@parentsanonymous.org).

## Jacksonville, Florida: Community Partnership for Protecting Children

The Community Partnership for Protecting Children in Jacksonville, Florida, has helped empower local residents to support their neighbors, while transforming the way that the child welfare agency serves families. Jacksonville first received funding from the Edna McConnell Clark Foundation in 1996 to plan a community partnership model to protect the welfare of children. With continued support from the Foundation and the state Department of Children and Families, the Partnership set up a full-service counseling and referral center in a high school and targeted five local housing developments. After extensive community organizing efforts, the Partnership developed a Neighborhood Network, a coordinating body that includes government agencies, service agencies, churches, grassroots associations, and civic groups. Approximately 10 percent of the residents of two key housing projects have been directly engaged in the Partnership's work, either by helping needy families or attending community events. A 26-member governance committee is composed of representatives from key members of the Network as well as residents of the housing developments. Through innovative community casework, community members, counselors, and social workers help parents at risk of child abuse and neglect to discuss their strengths and goals and then to receive the supports necessary to achieve them. Notably, the Partnership model, known as the "Individualized Course of Action," encourages individuals to set their own goals, rather than receiving a service plan from outside professionals. By respecting individuals and their communities, the Partnership has broken down barriers between the community and government agencies. The Partnership has also increased the level of community activism and volunteerism, thereby improving the capacity of the community to serve at-risk families. For more information, see: [http://www.emcf.org/pdf/children\\_citizenpower.pdf](http://www.emcf.org/pdf/children_citizenpower.pdf).

addressing child maltreatment between child protection agencies and local communities.<sup>13</sup>

The Edna McConnell Clark Foundation has funded four pilot sites to implement a new model of community child protection that supports a collaborative relationship between child protection agencies and local communities. These pilots are nearing completion and other communities throughout the country have implemented similar reform efforts. Four major principles underlie this approach:

- **Individualized Responses.** Families at risk of child abuse and neglect each face a unique set of challenges. In this model, families, neighbors, and local service providers work in teams to help families develop and carry out an individualized plan for improving both parents' and children's well-being.
- **Network of Community Supports.** Family members, neighbors, and community-based organizations can support child protection efforts and broaden the "eyes and ears" of the community to identify at-risk families. In addition, when a range of state and community resources are jointly provided at accessible locations, families are more likely to feel comfortable asking for help.
- **Differential Response System.** Child protective services can better serve families by developing a "differential" response system, where the state action differs depending on the severity of reported abuse. According to a community-based model, the child welfare agency follows formal processes of investigation that may lead to the removal of a child from parental care only when a child's safety is at risk. In other cases, when the agency determines that the child's safety is not at risk, child protection workers can work with community-based organizations to develop a plan to support the family.

- **Local Decision-Making Body.** Communities can further take ownership of the child protection system by developing a local decision-making body that reviews the effectiveness of community child protection efforts and encourages community members to support their efforts.

## Considerations

- Community-based child protection is a fairly new system reform model. As a result, there are fewer promising practices and funding sources available to support agencies that are interested in this strategy. Agencies may consider seeking foundation funds and using Community-Based Child Abuse Prevention (CBCAP) grants to support this work.
- Shifting toward a community-based model of child abuse prevention requires a child protective agency to undergo an organizational culture shift. In order to more effectively implement their model of community-based systems, The Edna McConnell Clark Foundation chose to invest resources in four communities that had already begun the process of establishing links between nonprofit service providers and public agencies. Similarly, some states and localities may choose to take an incremental approach to system change.

## Conclusion

Child maltreatment prevention programs are long-term investments in the well-being of children and families. Efforts to prevent child maltreatment, however, are often hindered by weak connections between the range of public systems that support prevention and barriers between agencies and communities. Two different strategies, interagency collaboration and community-based child protection, can help states and localities to develop comprehensive systems that support child abuse and neglect prevention. By

<sup>13</sup> For more information, see: [http://www.emcf.org/pdf/children\\_cppc.pdf](http://www.emcf.org/pdf/children_cppc.pdf).

collaborating across public systems and with the communities that they serve, public agencies can work to extend the reach of existing federal, state and community resources.

## Resource Contacts

Catalog of Federal Domestic Assistance, <http://12.46.245.173/cfda/cfda.html>

Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare, [http://www.cssp.org/doris\\_duke/index.html](http://www.cssp.org/doris_duke/index.html)

Children's Defense Fund, <http://www.childrensdefense.org>

Child Welfare League of America, <http://www.cwla.org>

Family Support America, <http://www.familysupportamerica.org>

National Alliance of Children's Trusts and Prevention Funds, <http://www.msu.edu/user/millsda/>

National Center on Substance Abuse and Child Welfare, <http://www.ncsacw.samhsa.gov/>

National Clearinghouse on Child Abuse and Neglect Information, <http://nccanch.acf.hhs.gov/>

Prevent Child Abuse America, <http://www.preventchildabuse.org/>

U.S. Department of Health and Human Services, Administration for Children and Families, <http://www.acf.dhhs.gov>

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau <http://www.acf.dhhs.gov/programs/cb/>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, <http://www.samhsa.org>

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Hutson, Rutledge Q. *Providing Comprehensive, Integrated Social Services to Vulnerable Children and Families: Are There Legal Barriers at the Federal Level to Moving Forward?* Washington, DC: Center for Law and Social Policy, February 2004. Available at: [http://www.clasp.org/DMS/Documents/1076428367.74/CW\\_Integration.pdf](http://www.clasp.org/DMS/Documents/1076428367.74/CW_Integration.pdf).

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## Appendix: Federal Funding Sources Supporting Prevention

States and localities can tap into a variety of federal funding sources to support child maltreatment prevention services and strategies. Funding sources are described in greater detail below:

**Title IV-B, Social Security Act.** Title IV-B of the Social Security Act authorizes funding for the prevention of child maltreatment through its subparts 1 and 2. Child Welfare Services, authorized through subpart 1, is a discretionary funding source that helps state public welfare agencies to improve their services, with the goal of keeping families together. Services may include early interventions to prevent a child from being removed from his or her home. Promoting Safe and Stable Families, authorized by subpart 2, is a capped entitlement that provides funds to states to prevent child abuse and to promote nurturing families. Among services supported with these funds, state governments fund family support and family preservation programs.

**Title IV Waivers.** In 1994, Congress granted the U.S. Department of Health and Human Services the authority to approve a limited number of child welfare demonstration projects (commonly called waivers).<sup>14</sup> These waivers allow states to use Title IV funds to test innovative strategies for meeting the needs of children and families in the child welfare system. To date, 17 states have implemented 25 child welfare demonstration projects through Title IV-E waiver agreements. (Some states have multiple waiver agreements.)

<sup>14</sup> HHS waiver approval authority was renewed as part of the Adoption and Safe Families Act of 1997, the Welfare Reform Extension Act of 2003, and the reauthorization of the Temporary Assistance for Needy Families Program. Current legislative authority for approving new child welfare demonstration projects expired on September 30, 2004.

States have used waivers to test a variety of innovative child welfare approaches, including prevention services. For additional information, see <http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver.htm>.

**Child Abuse Prevention and Treatment Act (CAPTA) State Grants.** Child Abuse Prevention and Treatment Act (CAPTA) grants provide flexible funds for states to improve their child protective service systems in a number of areas, including developing, strengthening, and supporting child abuse and neglect prevention as well as treatment and research programs in the public and private sectors. CAPTA grants were originally authorized by the Child Abuse Prevention and Treatment Act and reauthorized by the Keeping Children and Families Safe Act of 2003. Following reauthorization, states are now required to submit a five-year plan and an assurance that the state is operating a statewide child abuse and neglect program that includes several specific procedures for handling reports of abuse. Funding is allotted on a formula basis according to the size of the state's population of children under the age of 18.

**Community-Based Child Abuse Prevention (CBCAP) Grants.** As part of the 2003 reauthorization of CAPTA grants, the Community-Based Family Resource and Support Program (Title II) was reauthorized and renamed. The Community-Based Grants for Child Abuse Prevention (CBCAP) grants, as they are now known, provide states funding to develop, operate, expand, and enhance community-based prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect, through networks when appropriate. The state Chief Executive Officer must designate a Title II agency to receive federal funds and to coordinate matching streams of state and private funds. Many of these funds are directed to Children's Trust Funds, which support statewide child abuse prevention activities. In FY2003, 56 jurisdictions received federal grants. The Children's Bureau also awards discretionary funds to Indian tribes, tribal organizations, and migrant programs to develop linkages with the statewide CBCAP program or to provide services consistent with the purposes of the CBCAP.

**Temporary Assistance for Needy Families (TANF) Block Grant.** Within the TANF block grant, there is considerable flexibility for states to use funds for a variety of child welfare services. States have the discretion to use TANF funds to meet any of the program's four broad policy goals, which include providing assistance to families so that children may be cared for in their own homes. Some of the child welfare services that can be funded through the TANF block grant include: needs assessments; intensive in-home services; parenting classes; domestic violence, mental health, and substance abuse treatment; and a variety of family support services.

**Medicaid (Title XIX of the Social Security Act) and SCHIP.** Medicaid, an open-ended entitlement, can be used to fund a variety of services to at-risk families. While states are required by law to provide Medicaid services to all children in the child welfare system, children at risk of abuse must meet income qualifications to receive Medicaid services. Medicaid may fund needs assessments; child abuse prevention services; family support services; and substance abuse, mental health, and domestic violence services. SCHIP provides formula grants to states to expand coverage to low-income children who do not qualify for Medicaid.

**Maternal and Child Health Services Block Grant (Title V of the Social Security Act).** States and localities have the discretion to use Maternal and Child Health Services Block Grant to provide "wrap around" services for uninsured, underinsured, and publicly insured families. By law, states must earmark at least 30 percent of their appropriations for family-centered, community-based care systems for children with special health care needs. These services may include case management, health education, nutrition counseling, home visiting, respite care, and other family support services.

**State Early Childhood Comprehensive System Grants (SECCS).** The purpose of the State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS) grant program is to help states plan, develop, and ultimately implement collaborations and partnerships to support families and communities to raise children who are healthy and ready to learn at school entry. States may utilize partnerships established through SECCS grants to support comprehensive child maltreatment prevention services.

**Substance Abuse Prevention and Treatment (SAPT) Block Grant.** The SAPT Block Grant funds substance abuse prevention and treatment programs for individuals at risk of or abusing drugs and alcohol. States have flexibility to use SAPT funds for assessments, mental health and domestic violence services, child abuse prevention, and family support services.

**Community Mental Health Services (CMHS) Block Grant.** The CMHS Block Grant is designed to enhance the capacity of states and localities to provide comprehensive, community-based systems of care for adults with mental illnesses and children suffering from emotional disorders. CMHS funds can be used to fund a range of child maltreatment prevention approaches including family support services and health and mental health outreach and services.

**Social Services Block Grant.** SSBG is a capped state entitlement program, whose goals include preventing child abuse and increasing the availability of child care. States have broad discretion to determine both the types of services they provide with SSBG funds and their eligibility criteria. There is flexibility for states to use SSBG funds for needs assessment, child abuse prevention services, and family support services.

**Family Violence Grants.** Discretionary grants provide states with funding to raise public awareness about family violence, to prevent family violence, and to provide services to the victims of family violence, including children. Funds are distributed to local agencies and organizations, with 25 percent of funds spent on related assistance, including prevention, outreach services, and counseling.

**IDEA, Early Intervention.** The Early Intervention Program for Infants and Toddlers with Disabilities, Part C of the Individuals with Disabilities Education (IDEA) Act, can be a source of support for child abuse diagnostic and prevention efforts. States receive IDEA funds on a formula basis to provide comprehensive services to children with disabilities and their families and to evaluate the needs of at-risk infants and toddlers and refer them to appropriate services. States may utilize IDEA diagnostic services to connect at-risk children to the child welfare agency. In addition, following the 2003 reauthorization of CAPTA in 2003, children under the age of three who are involved in a substantiated case with child welfare services are referred to IDEA Early Intervention services.

**Head Start/ Early Head Start (EHS).** Head Start and Early Head Start provide comprehensive child development services to low-income children in child care centers and child care homes. Head Start programs provide health services, incorporate parent involvement, and help parents to develop parenting skills. Families participating in Head Start programs receive regular home visits from the child's teacher and other program staff.

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## About The Finance Project

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