



## SUMMARY OF RECOMMENDATIONS FROM RESEARCHERS PARTICIPATING IN CECANF RESEARCH ROUNDTABLE

This document provides a summary of recommendations that were provided and prioritized by researchers at a Research Roundtable hosted by the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) in December 2014. These recommendations do not reflect the official position of CECANF. Complete minutes from this meeting are available on the CECANF website: <https://eliminatechildabusefatalities.sites.usa.gov/event/research-roundtable/>

### PROCESS

The process of compiling these recommendations included the following steps:

- At the Research Roundtable on December 4, 2014, various recommendations were provided to the Commission by the 13 participating researchers.
- These recommendations were compiled and sent to the researchers for comments.
- Commission staff received comments from researchers, made changes based on these comments, and distributed a revised set of recommendations.
- Researchers ranked up to 10 priorities. All researchers except one provided rankings.
- The final ranking of recommendations was determined by the number of experts who ranked each recommendation within their top five. For example, Research Priority #1 was ranked in the top five by 9 of the 12 researchers.
- In addition to the research priorities, researchers also raised a number of issues that are not specifically related to research. A list of these is included in the following section.

### GENERAL ISSUES RAISED BY PARTICIPANTS

Overall issues raised by the Research Roundtable participants that are related to research recommendations include the following:

- Defining child abuse and neglect fatalities and near fatalities is critical for the Commission report, independent of the research recommendations.
- Near fatalities should be grouped with fatalities for the purposes of research, policy, and practice.
- It is important to call attention to the partial view that child protective services (CPS) workers may have of the child and family in terms of risks and services.

- The Commission could make an important contribution to the field by considering whether and how states could be incentivized to make certain linkages between different data sources.
- It may be necessary to revamp HIPAA. There was discussion about how one might be able to get a waiver from HIPAA to have a consortium of states evaluate the use of data linkages. If this were successful and resulted in good prevention practices, then the case could be made for updating HIPAA.
- Constant updating of risk should always be a requirement because risk is inherently time-sensitive.
- Increased availability of data, not just for research but also for practice, is critical.

## CONSENSUS RECOMMENDATIONS FROM PARTICIPANTS FOR AREAS OF NEEDED RESEARCH

**Research Priority #1a: Develop standardized ways to measure severity of harm, severity of risk, and severity of maltreatment to an individual child and to the family/other children in the home.**

**Research Priority #1b: Develop tools to support decision-making at all touch points of the CPS system.** The term *decision-making* is used broadly and could refer to decision-making about in-home services, safety assessment, long-term reunification goals, etc.

Specific recommendations within this broader recommendation include the following:

- Evaluate whether there is a broader way to communicate information than a single risk score—could relevant case examples be used as a way to educate and reinforce decision-making? This question was felt to be a necessary prerequisite to the other recommendations.
- Develop and validate a risk score that could be assigned at the time of the initial call to CPS (triage). This risk score would, ideally, be a quantitative measure of risk that could impact decisions about whether to screen in or out cases and/or how to respond to reports. There was discussion about the lack of data/evidence for deciding which children should be screened in or out. Concern was raised as to whether there is even enough data collected at the hotline level to develop a risk score.
- Develop and validate a severity index that could be used to assess safety at the time of the initial evaluation by a CPS caseworker and at subsequent points in the progression of a case.
- Evaluate the use of triage points other than child welfare (e.g., when a parent is referred for mental health treatment, when a new adult moves into the home, when an adult with a prior history of abusing a child has another child, etc.) for risk assessment.
- Study the roles of different societal agencies in identifying risk for child abuse and neglect fatalities and integrating risk into their intervention models (e.g., move away from a model of a single intervention for all clients and toward a system that targets specific interventions to specific clients at specific times).

Suggestions for how to carry out these recommendations using existing data include the following:

- Apply a predictive model retrospectively to 5-10 years of data on all cases, to categorize severity and then see what the severity index would have been for those cases that eventually became fatalities and near fatalities. Researchers could first assess the investigative data and then the entire case, to see at what point the index shifts and whether the use of the index would have value in the future.
- Use data from a process such as the Pennsylvania Quality Service Reviews, which randomly selects cases to be reviewed by two-person teams who interview everyone connected with the case. Given that these cases are already pulled for review, it might be possible to use them to illuminate the risk score/severity index that is retrospectively applied to each.

**Research Priority #2: Develop a standard set of data elements that is collected on all fatalities and near fatalities.**

There are currently multiple data systems that collect data about fatalities, including the National Child Abuse and Neglect Data System (NCANDS), the Child Death Review Case Reporting System (CDR-CRS), the National Violent Death Reporting System (NVDRS), the Sudden Unexpected Infant Death (SUID) Case Registry, etc. These systems do not contain the same data elements and currently cannot share data. Very few data are collected systematically about near fatalities. The importance of a fatality/near fatality file within NCANDS and the importance of linking CDR-CRS with other data sources was emphasized (see Research Priority #3b, below).

**Research Priority #3a (tied with #3b): Develop working definitions of *child abuse and neglect fatality* and *near fatality*.**

The participants felt that a public health definition of *fatality* and *near fatality* would be most useful for research purposes, but they recognized that there may need to be multiple definitions for different entities, including police and CPS. Reliability and validity of definitions was felt to be critical, although reliability (consistency over time) was felt to be more important than validity (getting precisely the right number). Participants felt that clear criteria for reconciling multiple data sources would be an essential part of developing and validating definitions.

**Research Priority #3b (tied with #3a): Link multiple data sources in a way that is standardized, available for research (and ultimately practice), and continual (not a single linkage at one point in time with no ability to update). *This priority is linked closely to Research Priority #1 because development of tools to assess severity will likely require data linkage.***

There was agreement that these linkages would need to include not just CPS data, but also data from birth records, death records, Medicaid, and others. There was consensus that, because fatalities and near fatalities overwhelmingly occur among very young children who have often not had contact with CPS themselves, linkage to non-CPS sources, as well as linkage by family, would be critical to decrease/eliminate child abuse and neglect fatalities and near fatalities.

There also was discussion that inclusion of all investigated cases (vs. only substantiated cases) would be critical for linkage and for development of tools described in Research Priority #1. There was a request that states be able to retain rather than expunge data from nonindicated cases so that the data could be used for research.

Suggestions for how to carry out these recommendations using existing data include the following:

- Perform a multistate evaluation of the impact of efforts to link birth data to child welfare data—specifically, data linked to cases that have prior termination of parental rights, guardianships, near fatalities, or criminal conduct related to child abuse. This may help to identify which combinations of birth factors and maternal risk factors (e.g., number of prior births to the mother, birth weight of the child, maternal smoking) would be most helpful in identifying children most at risk for subsequent child abuse and neglect fatalities.

### **Additional Research Priorities (Not Ranked)**

#### ***Classification***

- Develop a typology of fatalities, each with its own risk factors, intervention strategies, outcomes, etc., and delineate societal from family from individual characteristics in terms of each type of fatality.

#### ***Data-Related Priorities***

- Data need to be made available to researchers—multiple researchers commented on the restrictions to the use of NCANDS and CDR-CRS data.
- There needs to be movement away from funding of specific, one-time projects, and toward funding of systems that would allow for continual research.

#### ***Primary Prevention***

- Evaluate new approaches to looking at prediction and prevention of fatalities and near fatalities within communities—GIS/Risk Terrain Modeling, as an example.

#### ***Secondary Prevention***

- Develop clinical guidelines for specific injury situations (e.g., infant with a bruise and a fracture, child with a burn) in order to decrease missed cases of abuse in which the child goes on to have more severe injuries.
- Evaluate programs that offer assistance to mothers and children with past child welfare involvement who have emancipated from foster care and have newborns, as these dyads are at increased risk of a child abuse and neglect fatality.
- Develop a methodology to determine which parent/child dyads should get which services/interventions (this is distinct from assessing whether services work) and whether termination of parental rights should be considered as the best alternative for a child's safety and welfare.
- Standardize the way in which intervention programs are executed and how to incorporate these programs (vs. simply their presence or absence) into data systems.