

# Are we missing a window of opportunity?

Changing risk for  
child maltreatment  
after CPS  
involvement

Commission to Eliminate  
Child Abuse and Neglect Fatalities  
May 19, 2015  
Salt Lake City, Utah



UNIVERSITY OF UTAH  
SCHOOL OF MEDICINE

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# outline

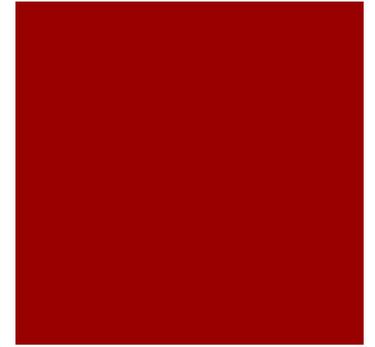
- What do we mean by risk?
- How do we measure change in risk?
- Are we changing risk?
- Does risk reduction reduce risk?
- Challenges and recommendations

# caveats

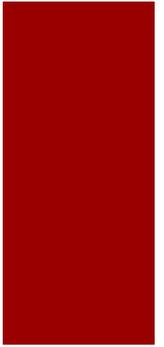
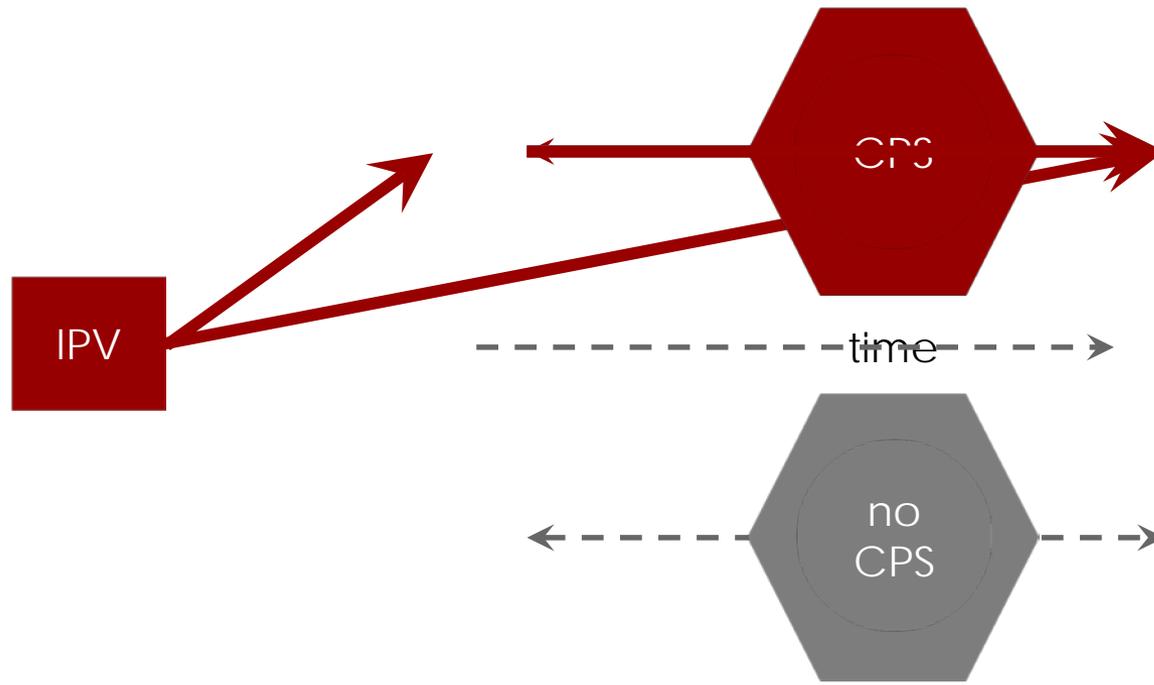
- This research describes what happens after current societal response to child maltreatment
- This research does not describe child maltreatment fatalities
- The goal is to expand our view of what can be accomplished in the moment that CPS becomes involved with a family
- The goal is not to scapegoat CPS...despite publicity that would suggest otherwise

# understanding risk

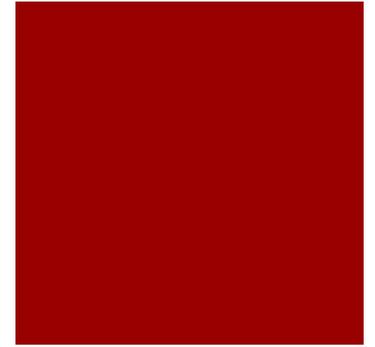
- Risk factors distinguish high vs low risk population
  - associated with the outcome
  - present before the outcome
- Risk factors may be fixed traits
  - child age
  - history of CPS involvement
- Risk factors may be malleable conditions
  - poverty
  - intimate partner violence
- Risk factors may not be causal factors



# understanding risk

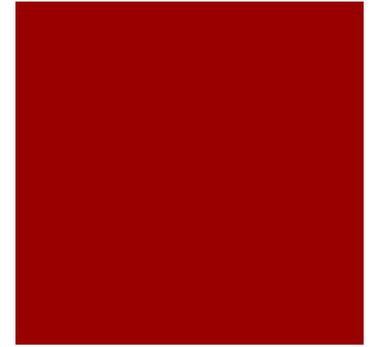


# understanding risk



- Predictive risk analysis is necessary...but not sufficient
  - more than 60,000 children 0-5 years of age are substantiated as victims of physical abuse every year
  - recognizing increased risk for fatal maltreatment is important
  - understanding how to reduce risk for fatal maltreatment is critical
    - they cannot all go into foster care
    - they cannot all be kept in bubble wrap

# understanding risk



- CPS involvement in a home is an indicator for risk
  - risk for ongoing family dysfunction
  - risk for poor child health outcomes
  - risk for fatal and near-fatal child maltreatment
  - but this is not a malleable risk
- CPS involvement is a window of opportunity
  - unique access to high-risk children and families
  - may reduce modifiable risk through interventions
  - may improve outcomes for children and families
  - but this is difficult to prove



Nobody has tried to talk to me about it.

I got a call from a cop like three months after the incident and he just—he made me feel like he was accusing me of something...he's like 'okay, we'll follow up with you.'

I never heard anything from him, ever. Not [CPS], not the police, not [the hospital], nobody.



I tried to be really honest and say that there are some things I want changed...but she didn't take any notes. She didn't ask me questions.

She just went back to her office and wrote it up.

# measuring change in risk



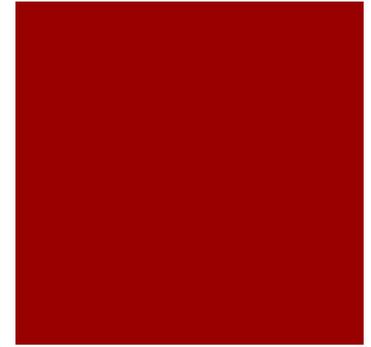
- Child welfare datasets compile risk
  - identification of risk is variable
  - definitions of risk are not standardized
  - measuring change is possible only with repeated reports

# measuring change in risk



- Administrative datasets reflect risk
  - tend to be fixed traits or episodic events
    - age, race/ethnicity, neighborhood
    - CPS reports, inpatient encounters, school expulsions
  - measuring change requires broad assumptions
    - second finding of maltreatment (or not)
    - health care utilization (or lack of)
    - school attendance (or absence)

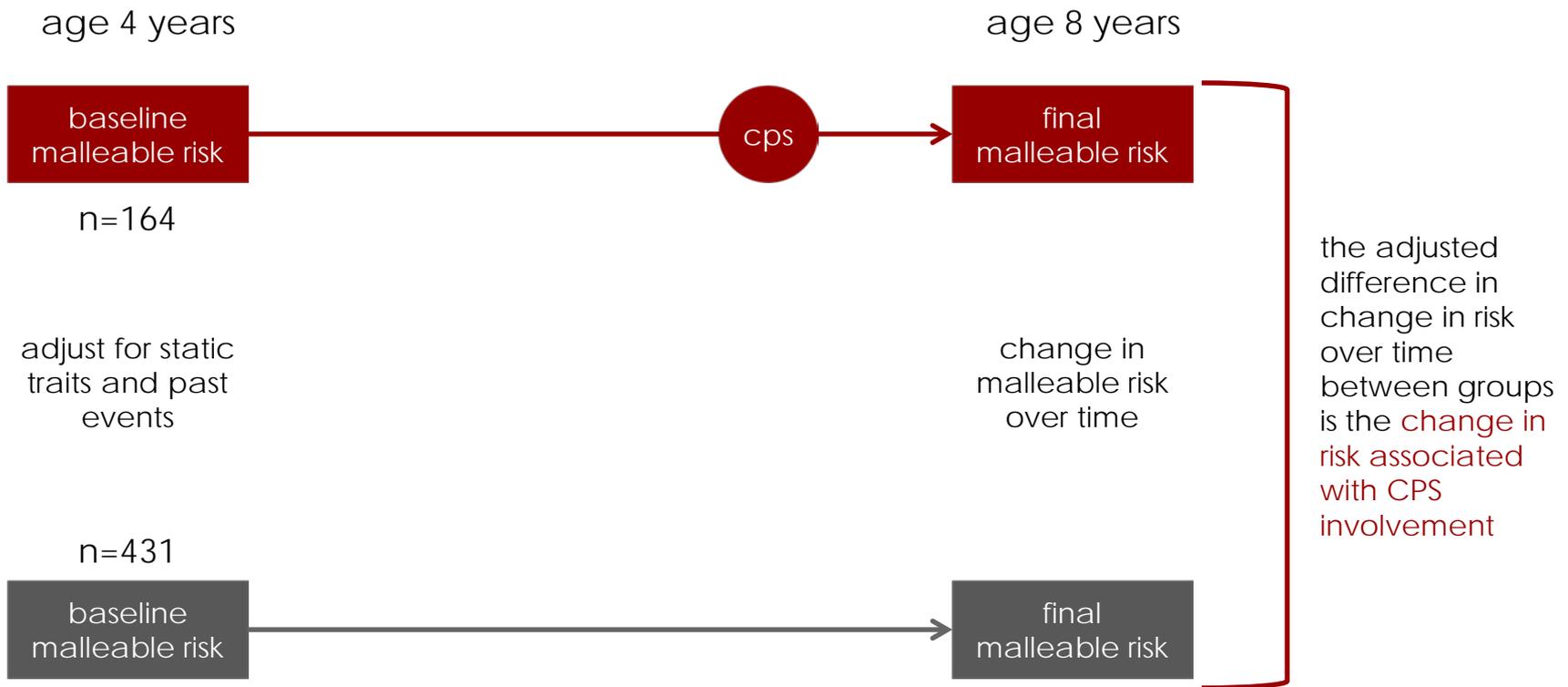
# measuring change in risk



- Research databases measure risk over time
  - LONGSCAN, ~1990-2006
    - Longitudinal Survey of Child Abuse and Neglect
    - a consortium of studies looking at the antecedents and consequences of maltreatment in children with and without CPS involvement
    - comprehensive evaluations at 4, 6, 8, 12, 14, 16, & 18 years
  - NSCAW, 2000-2014
    - National Survey of Child and Adolescent Well-Being
    - a complex stratified survey of CPS-involved children that can provide national estimates of risks and outcome
    - comprehensive evaluations at baseline, 18, 36, and ~80 months after CPS involvement

# LONGSCAN:

is CPS involvement associated with change in risk?



# LONGSCAN:

is CPS involvement associated with change in risk?

Malleable risk	Measure of risk and interpretation of change	Change in risk with CPS involvement
social support	Social Provisions Scale <i>negative difference = ↑ risk</i>	-1.6 <i>not significantly different</i>
family functioning	Self-Report Family Inventory <i>positive difference = ↑ risk</i>	+0.1 <i>not significantly different</i>
household poverty	Federal Poverty Level <i>negative difference = ↑ risk</i>	-1.6 <i>not significantly different</i>
maternal education	Years of school completed <i>negative difference = ↑ risk</i>	-0.1 <i>not significantly different</i>
maternal depression	Brief Symptom Inventory subscale <i>positive difference = ↑ risk</i>	+2.5 <i>significantly higher risk</i>
anxious child behaviors	Child Behavior Checklist subscale <i>positive difference = ↑ risk</i>	+0.8 <i>not significantly different</i>
aggressive child behaviors	Child Behavior Checklist subscale <i>positive difference = ↑ risk</i>	+0.3 <i>not significantly different</i>

static traits and prior events: child age, child race, caregiver age, maternal relationship, household size, prior CPS involvement, LONGSCAN study site

# LONGSCAN:

CPS involvement is not associated with change in risk

age 4 years

age 8 years



Maybe the point of CPS involvement represents "rock bottom" for families.

If true, difference in risk should be most notable close to the time of CPS involvement.

Yet difference in risk increased as time from CPS involvement increased.

This suggests that CPS involvement does not change malleable child, family, and household risk factors commonly associated with child maltreatment.



# NSCAW:

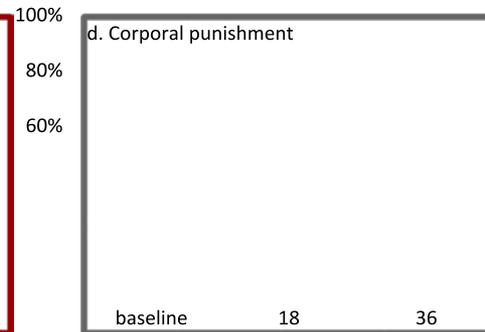
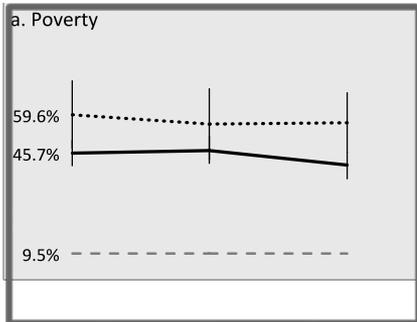
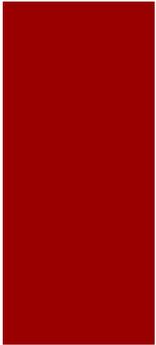
does risk change after CPS involvement?

- 2,017 children remaining at home after first CPS investigation
  - weighted to reflect the experience of over 1 million U.S. children between 1999-2000
  - risk factors coded as “present” or “absent”
  - measure change in malleable risk factors over time
  - examine change among those referred for risk-specific services
  - compare to general population estimates when available



# NSCAW:

limited changes in risk after CPS involvement



- measured risk among children remaining at home after a first-time CPS investigation for maltreatment
- measured risk among children referred for risk-specific services after CPS investigation for maltreatment
- measured risk in a general US population sample

static traits and prior events: demographics, primary maltreatment type, and outcome of CPS investigation



Half my income just walked out the door....I'm behind on my mortgage, like four months, so, you know, I would have appreciated more concern into that end of it.

It was nice that they wanted to make sure that he was out of the house and that my kids were physically safe, especially in the immediate, but looking at the long-term repercussions of what happened, I think that should have been a higher priority



I'm very wary of having to send them with their dad on his days that he has them. I still get butterflies and kind of sick to my stomach when I have to send them.

I pay more attention to the stupid little things...His parents have a running joke. It's like, 'Oh, don't touch her, you might bruise her.' It's a big old joke. They just laugh about it. I try and laugh, but I take everything a little more seriously. So I am very cautious. If he gets upset I always just take precautions....I don't want things to be bad.

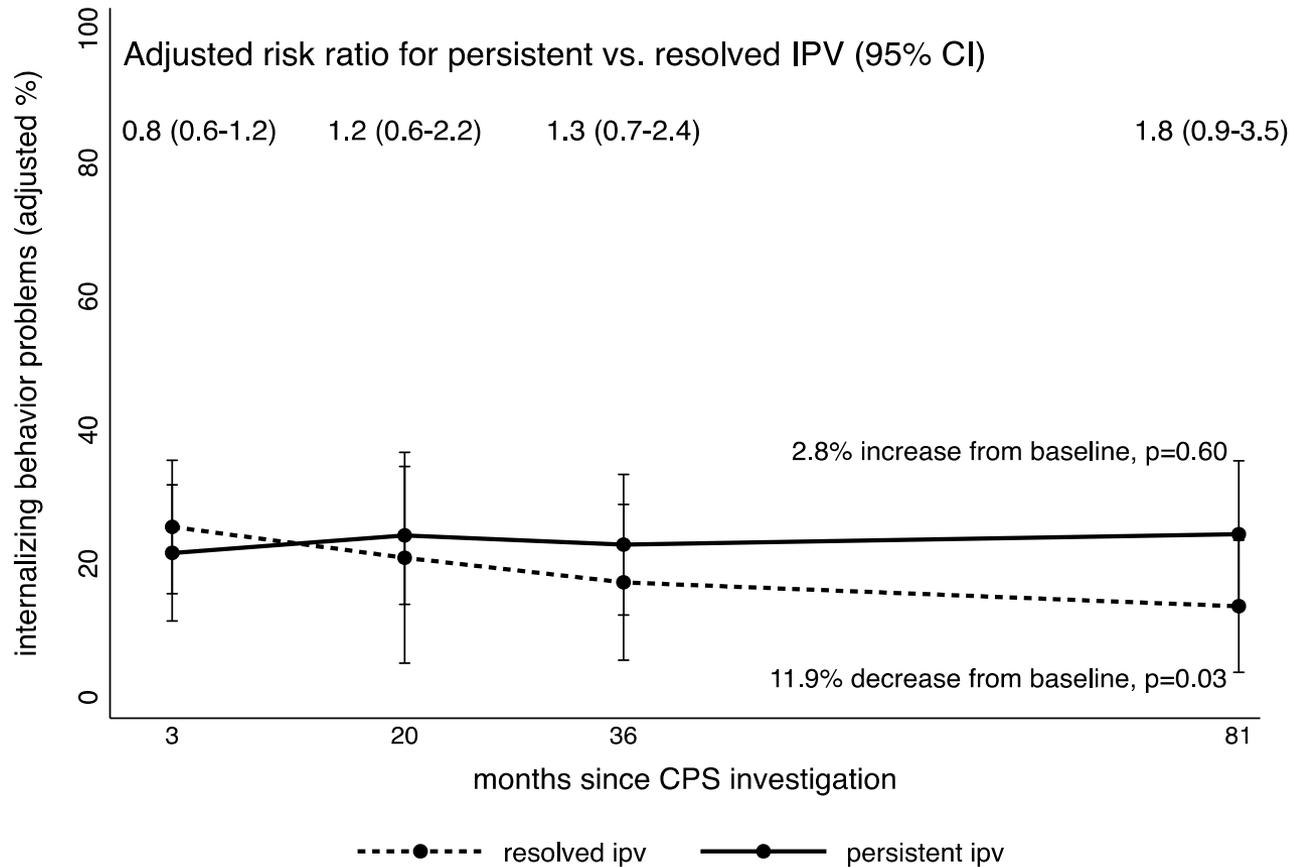
# NSCAW:

is risk reduction associated with improved child well-being?

- 320 children remaining at home after CPS investigation with a permanent caregiver who reported IPV in the recent past
  - weighted to reflect the experiences of almost 300,000 U.S. children
  - just 12% of caregivers referred by CPS for IPV services
  - yet 45% lived with ongoing IPV at 18, 36, and/or 80 months
  - compared child outcomes based on persistence of IPV
    - anxious child behavior problems
    - aggressive child behaviors problems
    - adjusted for static risks and prior events

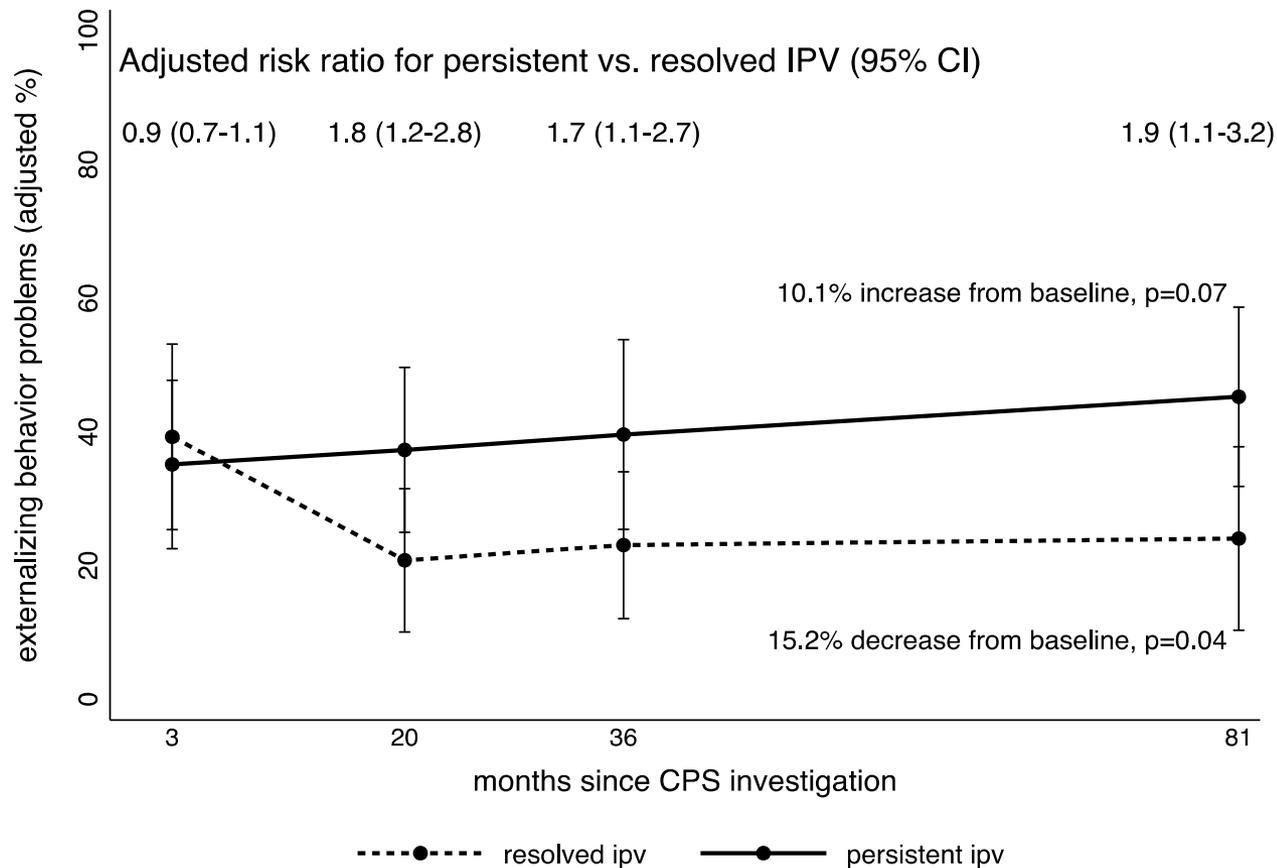
# NSCAW:

IPV resolution is associated with improved child well-being



# NSCAW:

IPV resolution is associated with improved child well-being





My caseworker told me one or two things that I have to tell you.

“First of all, I congratulate you in your decision...and hope you continue to be firm. That is a very controlling man, very possessive and it’s going to require a lot of hard work from you to get rid of him.”

“I hope,” he said, “for your sake and the sake of your daughters that you continue firm in your decision. There are many cases in which the women give in, and the ones that suffer the consequences are the children.”

It made me feel more certain of my decision... it gave me strength to continue forward in my decision.

# summary of findings

- Prevalence of malleable risk factors is high within CPS-involved households
- CPS involvement in the household does not change the prevalence of malleable risk factors
- When malleable risk factors resolve after CPS involvement, child well-being can improve

CPS involvement in a household is a unique opportunity to identify high-risk children and to support change for these children



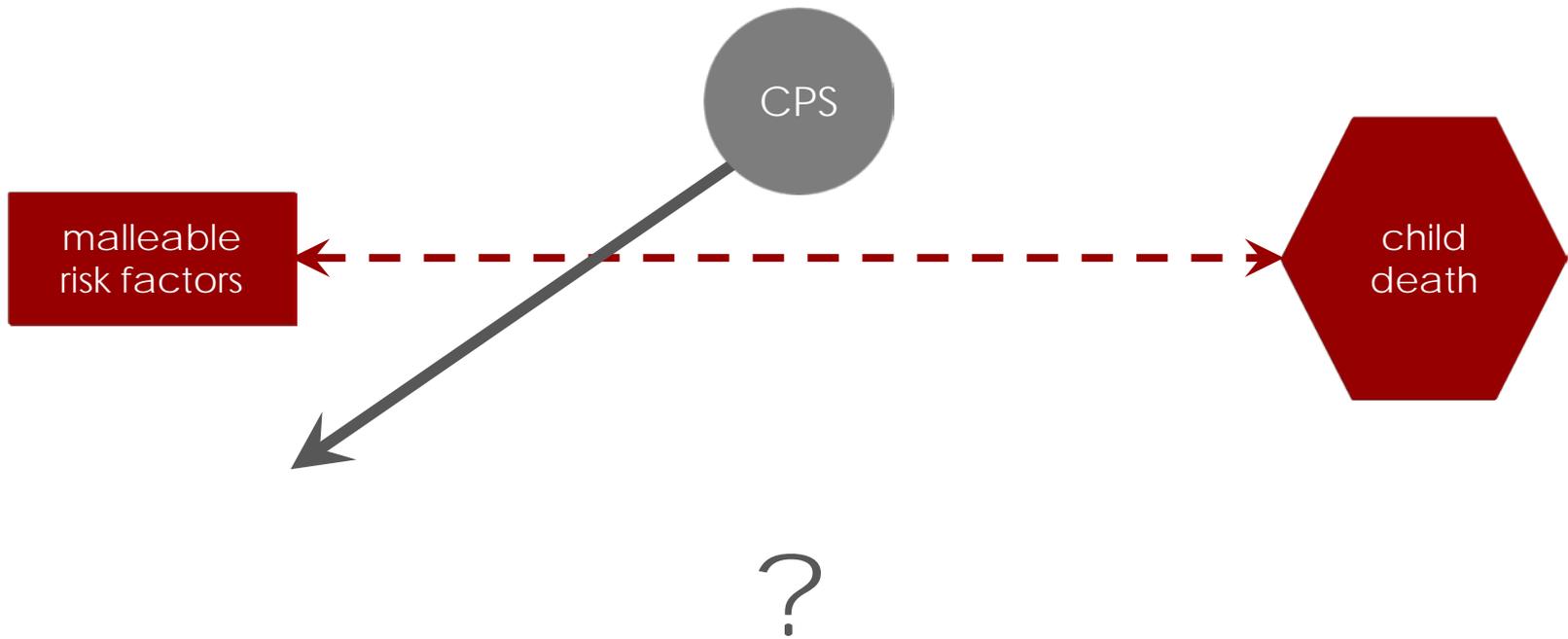
People that still have abuse in their families seem to get all this help from CPS.

It's like, "Oh [CPS] checks up on us every week because me and my boyfriend fight." I hear that from my friends all the time. "CPS checks up on us for this, CPS checks up on us for that."

Well, what about the families where there is no abuse left? I mean, sometimes they need help too. Even though there's no physical abuse left, they still need resources and stuff to hold them...

Sometimes you're not ready when you're right there, fresh wounds at the hospital, to get those resources; and then they just disappear and never come back; and, I mean, it's like they're punishing you for making sure your kids are in a safe environment.

# challenges



# challenges



- Child maltreatment deaths occur in households with
  - poverty
  - maternal depression
  - intimate partner violence
- Child maltreatment deaths are not caused by
  - poverty
  - maternal depression
  - intimate partner violence

# challenges

## Objective

*eliminate child maltreatment fatalities and near-fatalities*

## Population

*who is at risk for child maltreatment fatality or near-fatality?*

## Change theory

*what change could eliminate child maltreatment fatalities?*

## Program factors

*program components reflect theory of change*

## Success

*meaningful and ongoing evaluation*

# recommendations

## Objective

*eliminate child maltreatment fatalities and near-fatalities.*

- Define OBJECTIVES
  - where are the priorities?
    - investigation or mediation?
    - societal justice or child health?
  - where are the resources?
    - health and public health providers
    - public protectors and first responders
    - educators
    - jurists
    - and communities

# recommendations

## Population

*who is at risk for  
child  
maltreatment  
fatality or near-  
fatality?*

- Identify the (SUB)POPULATION(S)
  - who is at risk
    - for violent death
    - for neglectful death
    - for unintentional death
    - for early death

# recommendations

## Change theory

*what change  
could eliminate  
child  
maltreatment  
fatalities and  
near-fatalities?*

- Develop and test a CHANGE THEORY
  - what are the malleable and causal risk factors?
    - thoughtful hypothesis-driven research
    - break down traditional “data silos”
    - ask for input from those who are most affected



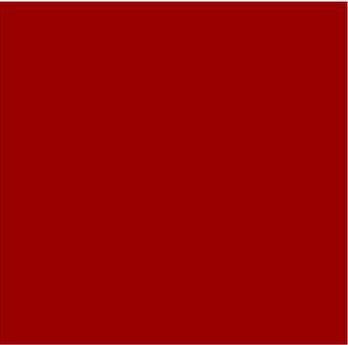
# recommendations



## Program factors

*program  
components  
reflect theory of  
change*

- Develop PROGRAMS based on reasoned theory
  - in high-risk families, we need more than parent support
  - there will not be one solution for every condition
  - it will require collaboration and innovation
  - we need to move past “service silos”



# recommendations

Success

*meaningful and  
ongoing  
evaluation*

- Measure SUCCESS based on theoretical model
  - true incidence and reported incidence of child maltreatment change for many reasons
  - program success must demonstrate clinically significant change in risk components



My life today, I really can't even believe that I'm sitting here and I'm okay, because a couple of months ago if you would have asked me if I would ever be okay again, the answer would have been, 'No.'

And it did all start with CPS.

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# references

# HOW IT ALL BEGAN.



The National Center for Youth Law filed a lawsuit against the State of Utah & the Division of Child and Family Services (DCFS) in 1994.

The primary concern was that the safety and well-being needs of children in foster care were not being met.

New requirements and monitoring were imposed on Utah's DCFS foster care system through a lawsuit settlement agreement.

# FOSTERING HEALTHY CHILDREN PROGRAM



A contract was written in 1997 between the Department of Human Services/Division of Child and Family Services (DCFS) and the Department of Health/Children with Special Health Care Needs (CSHCN) Bureau, which established the Fostering Healthy Children (FHC) Program.

# WHY ARE NURSES IMPORTANT?

Children in Foster Care  
Have Higher Rates of:

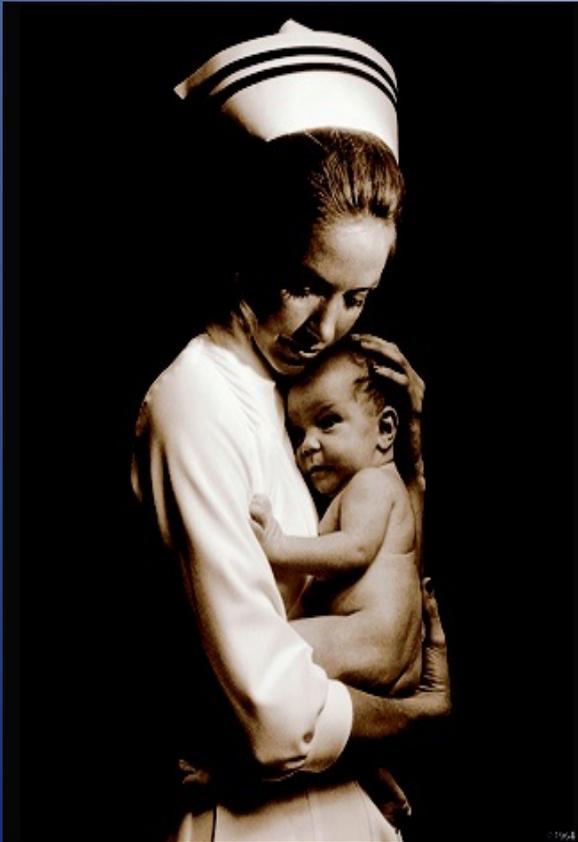
Chronic Medical Illnesses

Developmental Delays

Educational Disabilities

Behavioral Disorders

Mental Health Problems



# HEALTHCARE NURSES

- Identify Primary Care Physician that the child should, if at all possible, continue receiving health care from.
- Be a consultant on health care questions.
- Participate and provide input for child and family team meetings (CFTM). This is extremely important on children with special health care needs.
- Provide education on health related conditions or issues.

# FOSTERING HEALTHY CHILDREN TODAY

- 31 RN's statewide are co-located with the caseworkers in DCFS offices.
- There are ~2700 children in foster care.
- Each nurse has a caseload of 85 - 110 children.
- FHC promotes an active partnership between foster parents, caseworkers and the health care providers.
- Biological parent involvement is encouraged when appropriate at medical visits.

# EVALUATION OF HEALTHCARE

Nurses gather, evaluate and document the health history of each child in foster care. This history is obtained from:

- Biological parents
- Medical providers
- Caseworker
- Family
- The child themselves depending on their age

# HEALTH STATUS OUTCOME MEASURE (HSOM)



- Provides an additional health care tool to assess acuity and track the health care needs of children in foster care.
- Allows the RN to assess the health (medical, dental and mental health) status of each child and assign an acuity score.
- Tracks whether program interventions are making a difference from the time they enter custody to when they leave custody.

# Health Care Requirements for Children in Utah's Foster Care

Within 24 hours

Emergency Visit, if indicated  
for

- Sick child

- Chronic Medical

Condition

- Signs of Abuse/Neglect



# Health Care Requirements, cont.

Within 30 days of custody date

## Well Child Exam

Completed by Primary Care Provider.

## Dental Exam

Includes x-rays, cleaning and prophylaxis.

## Mental Health Exam

- For children 4 months to 5 years, Ages and Stages Developmental Screening tool is completed.
- Full Mental Health Assessment completed on children over 5 years old.

# Health Care Requirements. Cont.

## Annually and/or at transitions

- Well Child Examination according to the American Academy of Pediatrics recommendations.
- Dental Examination for those 3 and older unless identified needs for children younger than 3.
- Mental Health Examination or Ages and Stages Developmental Screening tool for those ages 4 months to 5 years.

**Child's Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Current Age** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_ **Medicaid ID Number** \_\_\_\_\_

**Attending visit:** Parent Foster Parent Tracker Other: **Caseworker Name** \_\_\_\_\_

**Select Visit Type:** WCC Sick Visit Dental/Ortho Mental Health/Therapy Med Mgmt. Other: \_\_\_\_\_

**PLEASE PRINT**

**Ht.** \_\_\_\_\_ **Wt.** \_\_\_\_\_ **BMI** \_\_\_\_\_ **OFC** \_\_\_\_\_ %

**T** \_\_\_\_\_ **B/P** \_\_\_\_\_ / \_\_\_\_\_ **P** \_\_\_\_\_ **RR** \_\_\_\_\_

**Vision Screen:** **OD** 20/ \_\_\_\_\_ **OS** 20/ \_\_\_\_\_ **OU** 20/ \_\_\_\_\_

**Lab tests:** Hgb/Hct UA HCG STI PPD Other: \_\_\_\_\_

**Results:**

**Pertinent Past History:**

**Allergies:** NKMA PCN Sulfa Other: \_\_\_\_\_

**Review of Systems/ Physical Exam**

**CIRCLE:** N - Normal D- Deferred A -Abnormal(describe if abnormal)

**Growth/Dev:** N D A \_\_\_\_\_

**Head:** N D A \_\_\_\_\_

**Eyes:** N D A \_\_\_\_\_

**Ears:** N D A \_\_\_\_\_

**Nose:** N D A \_\_\_\_\_

**Throat:** N D A \_\_\_\_\_

**Pulmonary:** N D A \_\_\_\_\_

**Cardiac:** N D A \_\_\_\_\_

**G.I.:** N D A \_\_\_\_\_

**G.U.:** N D A \_\_\_\_\_

**Pelvic:** N D A \_\_\_\_\_

**Musculo/Skeletal:** N D A \_\_\_\_\_

**Skin:** N D A \_\_\_\_\_

**Immunizations Given:** Hep B Hep A MMR MMRV Varicella

Tdap DTap Td HPV Menactra PCV RGE Prevnar IPV HIB Flu

Other: \_\_\_\_\_

**Diagnosis:**

**Plan: (Include Medications)**

**Treatments:**

**Follow-up/Referrals:**

(Next available appointment will be scheduled unless noted it is urgent.)

**Next Appointment: PRN Routine**

**Needs follow-up** \_\_\_\_\_

Date scheduled

Did you have enough information for the care of this child

YES

NO

**Medical Provider Name & Facility** \_\_\_\_\_

PLEASE PRINT



- Safe is the Utah Child Welfare Data Management System.
- All health information on each child in foster care is entered into the SAFE system.
- Information can be pulled at any time.
- Placements are provided with health care information along with exams and follow up that is due.

# NEAR FATALITIES

- Attends 24 hour/multi meeting
- Requests hospital discharge instructions
- Attends initial CFTM to speak with foster parent to ensure outpatient follow up is completed

# Wichita, Kansas Experience in Reducing Child Abuse and Neglect Fatalities

Testimony to National Commission to End Child Deaths  
May 19, 2015

Vicky Roper, MEd

Prevent Child Abuse Kansas Director  
Kansas Children's Service League

Vera Bothner, APR  
Bothner and Bradley

# Wichita Coalition for Child Abuse Prevention

- Formed in the Fall of 2008 as a response to the 8 child abuse deaths that occurred that year, called out by Wichita Eagle who challenged social agencies to work together on this
- Currently involves over 130 people representing 60 organizations

# Partners

- Bothner and Bradley Consulting
- Butler County Smart Start
- Catholic Charities
- Center for Health and Wellness
- Child Advocacy Center of Sedgwick County
- Child Start
- Children's Mercy Family Health Partners
- COMCARE of Sedgwick County
- Community Representatives
- Connecting Point
- DCCCA
- Delta Dental of Kansas
- Dept. of Social & Rehabilitation Services (SRS)
- District Attorney's Office
- Faith Based Community Representatives
- Futures Unlimited
- Harvey County Health Dept.
- KS Children's Cabinet & Trust Fund
- Kansas Children's Service League
- KS Coalition for School Readiness
- KS Health Foundation
- KU Medical School
- McConnell Air Force Base
- Male Focus Coalition
- Parent Leaders
- Project Access
- Rainbows United
- Regional Prevention Center of Wichita, Sedgwick County
- Sedgwick County Department of Corrections
- Sedgwick County Health Dept., Healthy Babies
- Sedgwick County Permanency Council
- State House of Representatives
- Substance Abuse Center of Kansas
- United Way of the Plains
- USD 259 Parents As Teachers
- USD 259 Wichita Public Schools
- Via Christi Wichita Health
- Wesley Hospital
- Wichita Chamber of Commerce
- Wichita Child Guidance Center
- Wichita Children's Home
- Wichita Community Foundation
- Wichita Police Department
- WSU CCSR
- Wichita State Univ. Social Work Dept.
- University of Kansas School of Medicine
- Youth for Christ
- Youthville

# Structure of Community Response Team

- Wichita State University Center for Community Support and Research Facilitates and Evaluates
- Funded by Kansas Children's Cabinet and Trust Fund with CBCAP funding stream(FY 2009-FY 2013: \$33,000; FY 2014 & FY 2015: \$150,000)
- Accredited by Council On Accreditation as a Community Change Initiative in 2012
- Large Group meets 3 times a year, chaired by Vicky Roper, KCSL
- Work Groups meet monthly in the months the Large Group does not meet

# Leadership Team

- Meets 6 times a year
- In addition to the Kansas Children's Service League and Wichita State University Center for Community Support and Research, the following agencies have had a role on the Leadership Team:

# Additional Leadership Team Agencies

- Wichita Children's Home
- Wesley Hospital
- Via Christi Hospital
- Kansas Dept. for Children and Families
- Rainbows United
- Child Advocacy Center of Sedgwick County
- Junior League Wichita
- Child Start
- Wichita Police Dept.

# Work of the Wichita Coalition for Child Abuse Prevention

- Recognizing that we are in an economic downturn which is a risk factor for child abuse, to increase the protective factors utilizing the information we have about the eight 2008 child abuse fatalities and implement systems to prevent child abuse from happening in the first place.

# Mission

- To empower organizations in Wichita to create an effective system to prevent Child Abuse and Neglect

# 8 Child Abuse Fatalities in 2008

- 7 child abuse related homicides
- 1 child abuse neglect death
  
- The triggering event determined in three of the five fatalities, where the information is known, was child crying

# 8 Child Abuse Fatalities in 2008

- Six out of the eight fatalities happened while the child was in the care of someone other than a biological parent
- This is unusual as the national data showed a different story
- Child Maltreatment 2007, a publication of the US Dept. of health and Human Services, showed that 70% of the perpetrators nationally were a biological parent

# Relationship to Victim

- Boyfriends to mom: 3
- Stepmom: 1
- Mother: 1
- Father: 1
- Daycare: 2

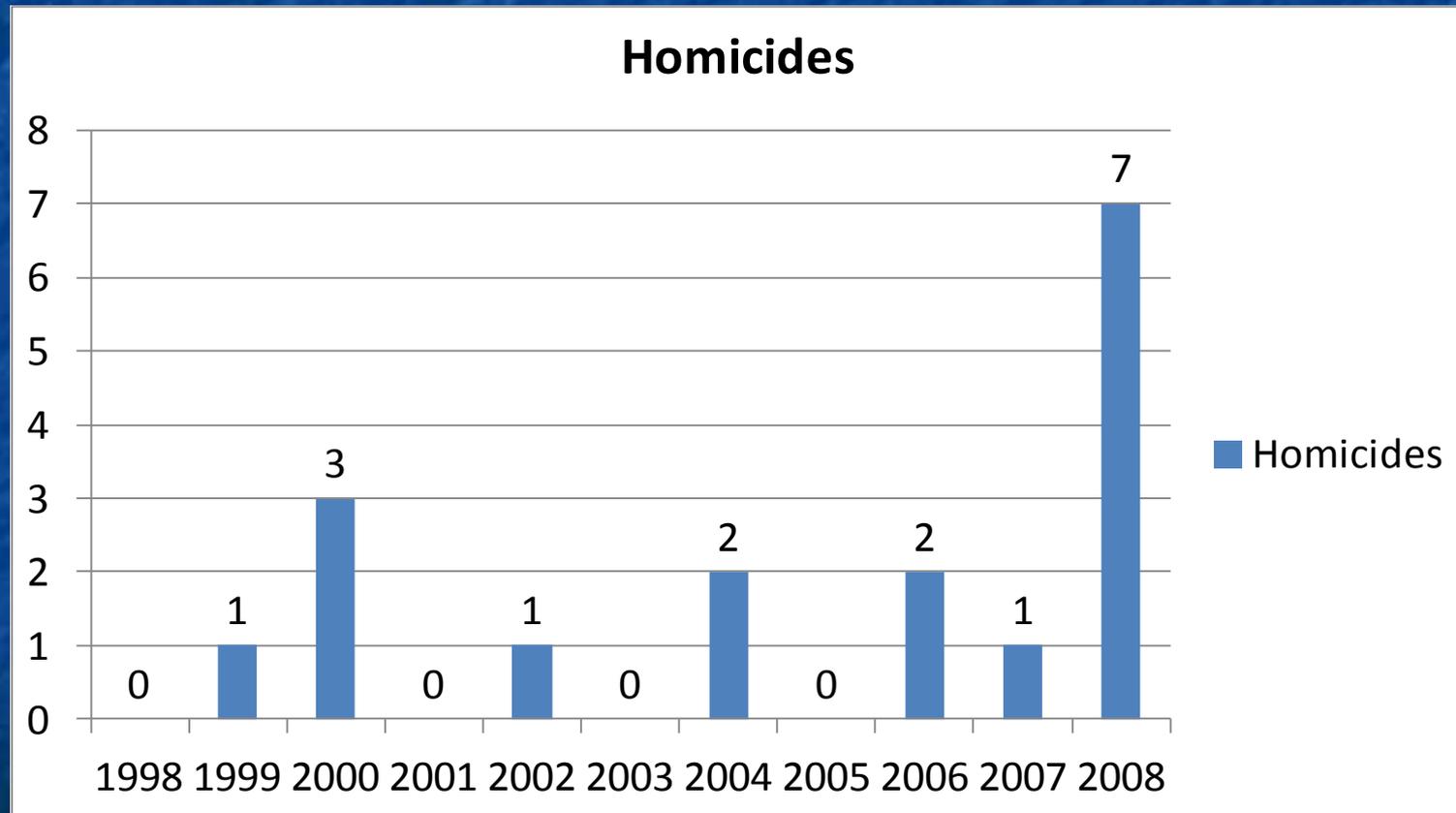
# 8 Child Abuse Fatalities in 2008

- All eight fatalities were children Birth-4
- This is high when compared with national data from Child Maltreatment 2007 which showed that 75.7% of the victims were Birth-4.
- Only two of the eight fatalities had received any Dept. for Children and Families Assistance

# Male Perpetrators 2008-2015

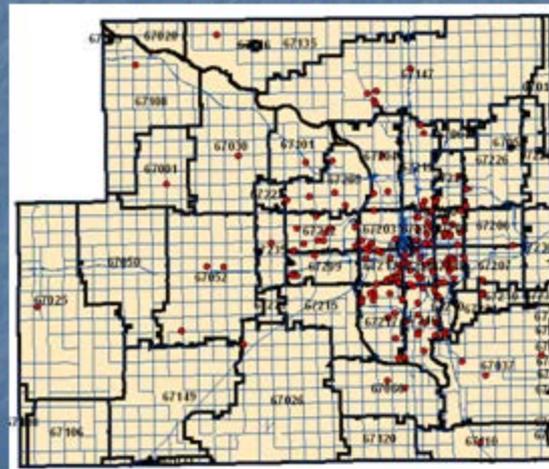
- 10 of the 14 perpetrators from 2008-2015 were male
- 7 were boyfriends or ex-boyfriends of the child's mother
- The Kansas Attorney General's Office Child Death Review Board Report lists male living in the home who is unrelated to child as a risk factor for child abuse homicides

# Wichita's 2008 Child Abuse Fatalities Statistics



# Sedgwick County 2008 Substantiated Cases

Sedgwick County 2008  
Substantiated Cases



# The Heart of Change

by John P. Kotter and Dan S.  
Cohen

- Increase Urgency
- Build the Guiding Team
- Get the Vision Right
- Communicate for Buy-In
- Empower Action
- Create Short Term Wins
- Don't Let Up
- Make Change Stick

# Increasing Effectiveness Through

## Moving from Isolated Impact:

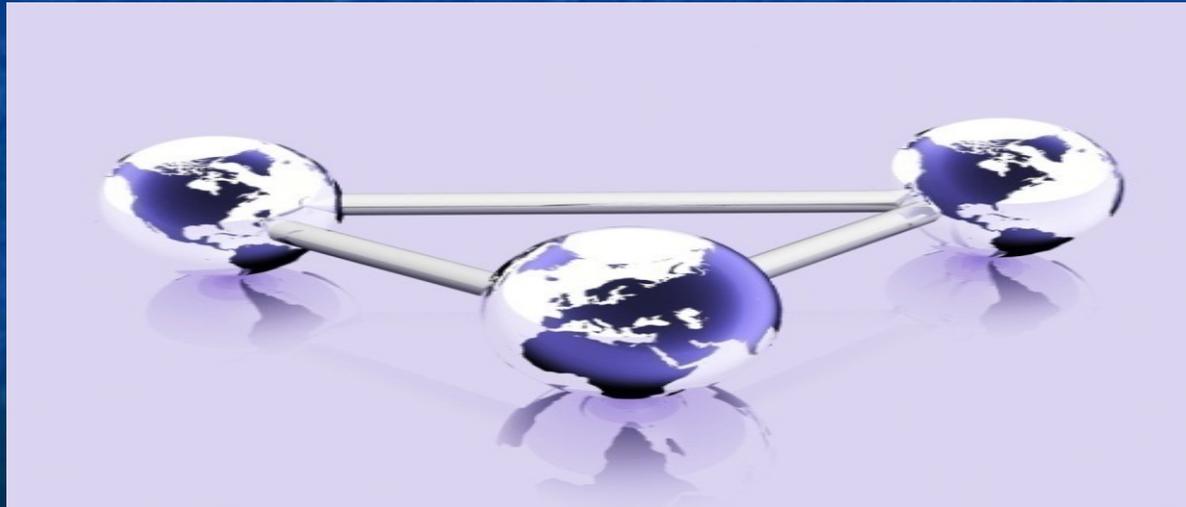
Countless nonprofit, business, and government organizations each work to address social problems independently



# To

## **Collective Impact:**

Fundamentally different, more disciplined, and highly structured and higher performing approach to large scale social impact than other types of collaboration



# Achieving Large-Scale Change through Collective Impact Involves Five Key Elements

## ■ Common Agenda

- **Common understanding** of the problem
- **Shared vision** for change

## ■ Shared Measurement

- **Collecting data** and **measuring results**
- Focus on **performance management**
- **Shared accountability**

## ■ Mutually Reinforcing Activities

- **Differentiated approaches**
- Willingness to **adapt individual activities**
- **Coordination** through joint plan of action

## ■ Continuous Communication

- **Consistent** and **open communication**
- Focus on **building trust**

## ■ Backbone Support

- Separate organization(s) with **staff**
- Resources and skills to **convene** and **coordinate** participating organizations

## To Support Progress against the Common Agenda, Backbone Organizations Engage in Six Important Activities

■ Guide Vision and Strategy

■ Support Aligned Activities

■ Establish Shared Measurement Practices

■ Build Public Will

■ Advance Policy

■ Mobilize Funding

*Backbones must balance the tension between coordinating and maintaining accountability, while staying behind the scenes to establish collective ownership*

# Strengthening Families Approach

- Shift the focus of prevention efforts from risks and deficits to strengths and resiliency.
- Create an understanding of what programs do to promote healthy child development and reduce child abuse and neglect.
- Focus on all health, education, and social services programs serving young children.

# Protective Factors

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Nurturing and Attachment

# Safe, Stable and Nurturing Relationships Framework

- Trained in Adverse Childhood Experiences and Safe, Stable and Nurturing Relationships and Environments Framework; handed out CDC Essentials for Childhood posters
- The Kansas Children's Service League and Wichita State Center for Community Support and Research are the backbone agencies along with the Kansas Dept. of Health and Environment in our Kansas Essentials for Childhood Project. We are a Self-Sustaining State making a Level One Commitment

# 2009-2010 Work Groups

- Parent Support, chaired by Lisa Yingling, Via Christi Hospital
- Community Awareness, chaired by Sarah Robinson, Wichita Children's Home

# Parent Support Worked to Increase Services

- Home Visitation Programs
- Parent Education
- Quality Child Care
- Mental Health Services
- Respite
- Parent Support Groups
- Strengthening Families Resource Map

# Community Awareness Implemented The Period of PURPLE Crying

- Created by the National Center on Shaken Baby Syndrome
- Evidence-Based Model with two new randomized trials published in 2009
- Marilyn Barr, a co-founder presented at 2007 Kansas Governor's Conference for the Prevention of Child Abuse and Neglect
- Piloted in Southeast Kansas by Dept. for Children and Families
- 25 member agency Work Group conducted a Side by Side Model review and reviewed all materials
- Implemented statewide

# 2010-2015 Work Groups

- Crisis Nursery (Rhonda O' Neil, Former Pediatric Nurse, chair)
- Fatherhood (Tim Quiggle, Pregnancy Crisis Center & Cayla Wasson, Rainbows United (Children with Disabilities Agency), chairs)
- Further Research (Cyndi Chapman, Wesley Hospital, and Diana Schunn, Child Advocacy Center of Sedgwick County, chairs)
- Community Outreach (Tina Peck, Via Christi Hospital, chair)

# Crisis Nursery

- Mission: to provide drop in child care and case management services for children whose families are experiencing extreme stress in order to:
    - Prevent out of home placement
    - Preserve the family unit
    - Provide resources for empowerment
- Would like to become a 24/7 Facility

# Fatherhood

- Assisting agencies to be more Father Friendly
- Implementing Daddy and Me Activities

# Education and Research

- Implementing presentations for the Medical Community
- Producing posters for the medical community to help identify child abuse early

# REAL Support for Parents

- Working with Neighborhood Groups in the 67214 zip code, the zip code with the highest number of fatalities and substantiated child abuse and neglect, to get resources in Access Points for parents from the zip code area.

# Wichita Unique Child Fatalities

Source: Wichita Police Dept.

2008	2009	2010	2011	2012	2013	2014	2015
8	2	1	0	0	0	2	1

# Leadership Team Identified Achievements

- Networking amongst service providers to improve the prevention service delivery system and remove barriers to services in the Wichita area
- Creation of a Strengthening Families Resource Map for health care providers and others
- Implementation of the Period of PURPLE Crying

# Continued

- Establishment of a Crisis Nursery project to provide drop in child care and respite support with case management services and family support activities to families experiencing a crisis
- Beginning REAL Support for Families, a work group to disseminate resource booklets and diapers, wipes and formula in targeted zip code areas

# Continued

- Creation of the Greater Wichita Fatherhood Coalition to help area agencies become more father friendly and to host activities for fathers and their children
- Establishment of Research and Education Team to educate the medical community on abusive head trauma

# The Role of the Wichita Police Department (WPD)

- The Mayor appointed the Deputy Chief to the Coalition
- WPD data was used which was available in Real Time; Deputy Chief communicated at each Large Group Meeting
- We worked together on Advocacy efforts
- Deputy Chief would talk to the media to get us opportunities to get prevention messages out; helped when DCF was under fire

# Continued

- Deputy Chief, DCF Regional Director and I met with School District staff to get Elijah's Story and Period of PURPLE Crying taught to every high school sophomore by school resource officers
- Deputy Chief worked with other police departments across the state as child abuse homicides occurred
- Deputy Chief came to Large Group Meetings with the latest cases to discuss and we could make decisions in Real Time

# Case Discussion

- New mom arrested for traffic tickets and taken to jail; child was killed by boyfriend; Deputy Chief talked to Corrections about changing policy on new moms
- Baby who was over-swaddled and died; Deputy Chief talked to hospital staff about their education

# Dept. for Children and Families Regional Director

- Introduced us to Vera Bothner, Bothner and Bradley
- Was a champion; secured DCF funding in each region for Period of PURPLE Crying
- Met with WPD, school district and me to get Elijah's Story and PURPLE into the high schools

# Continued

- Met with hospitals and me when medicaid paperwork wasn't being processed quickly enough, new moms were delivering without pre-natal visits and helped hospitals navigate the system to get that changed
- Coordinated maps at DCF to overlay child abuse fatalities, substantiated cases and TANF cases to help us place prevention services

# The Role of the Health Dept.

- Gave us survey results that showed that Sedgwick County saw child abuse prevention as a top priority and presented on those results at a Large Group Meeting
- Met with me about Coalition Building
- Kept staff on Large Group and Work Groups
- Connected this project with their other projects

# Vera Bothner

- Introduced by DCF Regional Director
- Helped KCSL create Talking Points for the Summit Meeting, press conferences, media interviews
- Reviewed media pick-ups to tweak Talking Points
- Helped KCSL identify media outlet champions instead of sending out press releases

# Wichita State University Process Evaluation

- Created Logic Models for the Overall Effort and For Each Work Group
- Conducted Focus Groups, Survey Monkeys, and Social Network Analysis to produce an annual report for The Kansas Children's Cabinet and Trust Fund and to guide the Leadership Team



**Wichita, Kansas: 2011 Pinwheel City  
USA Award Winner  
Prevent Child Abuse America**



**Exemplary Service to Children and Families  
Organization Award Winner**

**2014 Governor's Conference for the  
Prevention of Child Abuse and Neglect**

# Replication Recommendations

- Collective Impact Model and Training
  - Backbone Agencies
- Required Partners similar to Essentials for Childhood Project (Prevent Child Abuse America Chapter, Children's Trust Fund, Dept. for Children and Families, Law Enforcement, Hospitals, Health Dept., Circle of Parents)
- Process Evaluation: KU Community Toolkit, Robert Woods Johnson Tool, Social Network Analysis

# Continued

- Publish a Media Guide similar to CDC Shaken Baby Syndrome Media Guide; I nominate Vera Bothner to assist with this
- Fund with CBCAP funding
- Publish a Monograph with lessons learned and contact information for communities who have done this work