



COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

REACHING THE RIGHT FAMILIES WITH THE RIGHT SERVICES AT THE RIGHT TIME

The Commission was charged by the President and Congress to develop a strategy to eliminate child fatalities from abuse or neglect. After two years of hearings, testimony, and deliberation, the Commission has arrived at the conclusion that immediate, significant changes to our existing child protective services (CPS) agencies will be necessary to reduce the number of fatalities to children that will otherwise occur in the next few years.

However, we have also concluded that these changes alone will not be sufficient to reach the ultimate goal of *eliminating* fatalities. To achieve the vision of zero fatalities to children due to abuse and neglect, we must build child protection systems that are broader than the current CPS agencies. These new systems should take a more comprehensive, population health approach. Such an approach would create and support communities that work together to ensure that those families most at risk of a fatality are identified and receive priority access to effective, integrated prevention services *before* a crisis occurs.

Our Current Approach to Preventing Fatalities Is Fundamentally Flawed

Although we agree that the protection of children is a collective responsibility, our current approach to preventing child abuse and neglect fatalities does not reflect this.

Reasons include the following:

- Government holds CPS agencies primarily responsible for protecting children from abuse and neglect. Yet approximately half of the children who die from maltreatment, the majority of them under age 3, have never been reported to CPS (although some of their families may have been involved with the system in the past).
- Many of the people who already support families and watch out for children have limited responsibility that begins and ends when they report a family to a CPS agency.
- Despite good intentions and the fact that they do a good job of keeping most children in their care safe, CPS agencies generally:
 - Intervene only after children are harmed.
 - Take a triage approach to serving families, screening out 40 percent of referrals on average.
 - Use the same method of investigation for the youngest children, who are most at risk for fatalities, as they do for older children.
 - Ask workers who are often young and inexperienced to predict violence in families with multiple problems and without help from outside experts. Families are

- complex, and no one professional has the training to assess all of a family's needs, which may include medical, mental health, substance use, domestic violence, housing, and employment concerns, among others.
- Have high worker caseloads and turnover rates, preventing full engagement of families.
 - Different agencies that serve the same families do not regularly and systematically share data that could keep children safe in crisis situations or identify families on a high-risk trajectory earlier to prevent a crisis.
 - Families with the greatest need for safety-critical services, particularly domestic violence, substance abuse, and mental health, do not always have access to them. This is sometimes because there are not enough services to meet the need, and sometimes because CPS-involved families are not prioritized to receive them.

A New Vision for the 21st Century

We urgently need to improve how CPS agencies operate to better protect the children who have open cases now, as well as the approximately 6 million children whose families will be reported in the next year. But doing more of the same, even doing it better, will not be enough to eliminate fatalities. To keep children safe, we need to move from a focus on CPS *agency* reform to creating a wider, more integrated child protection *system*. We must begin immediately to build a targeted approach that will identify families at greatest risk and protect children long before their families reach a crisis point that turns into a tragedy.

CPS agencies will continue to play a large role in this new system, particularly to ensure the safety of children at imminent risk of harm. However, these agencies will be one part of a larger system that takes collective responsibility for the prevention of fatalities and includes the courts, the medical community (particularly prenatal medical providers and pediatricians), law enforcement, and substance abuse/domestic violence/mental health treatment providers, as well as professional organizations, public-private partnerships, community groups, and faith-based institutions.

Under this new vision:

- Families at risk are screened, assessed, and receive services that address their children's safety at multiple, integrated touch points throughout the community.
- Families with very young children are understood to be different from those with older children in terms of their risk for a fatality, and are treated as such. Therefore, services to these families are prioritized throughout the community according to the family's needs, including widespread use of evidence-based practices such as home visiting programs. All children under age 3 who are reported to a CPS hotline are seen immediately, within 2-4 hours.
- CPS agencies use multidisciplinary teams for investigations and all decision-making for families with open cases; services are then provided by the agencies and organizations that best meet each family's needs.
- Data limitations that currently inhibit sharing of information among all agencies that come into contact with high-risk families are addressed using the latest technology available.

- Data and research ground a new learning culture in the field. CPS agencies and partners use predictive data (including Medicaid and health screening data) to identify specific families most at risk of a child fatality from abuse or neglect. Partners share data and deliver services to families who need help the most, whether or not they have come to the attention of CPS agencies.
- The latest research on child development and the impact of trauma on the brain, particularly as it applies to very young children, is used to drive decision-making.

States and jurisdictions do not need to wait to operationalize much of this vision. But large-scale change is a long-term process. It will take sustained leadership, expanded and shared use of data, and a collective commitment to multidisciplinary responses to move forward. This is a vision of how we as a society can organize support for the highest risk families now and ensure that services are targeted to reach the right families at the right time. It requires a high level of shared accountability among partners in states, cities, and communities to ensure that *all* our children have a future.