

# RECOMMENDATIONS FOR THE FUTURE DIRECTION OF THE CHILD ABUSE PREVENTION PROGRAM

*Prepared for the Doris Duke Charitable Foundation Board of Trustees, February 2009*

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## SUMMARY OF RECOMMENDATIONS

Based on the external review of the Child Abuse Prevention (CAP) Program and taking into account the current economic downturn, staff recommends that the CAP Program maintain its overall mission and strategy but make some significant modifications to its funding priorities. The CAP Program's clear and consistent focus on **prevention** is more critical than ever, given the negative economic outlook. Simply put, in a time of economic downturn, more families need help. At the same time, social services are being reduced because of public and private funding cuts and prevention programs will be especially hard hit. In this context, staff recommends that the CAP Program build on its existing strengths and partnerships and pursue a few new opportunities. At this time, staff does **not** recommending that the program tackle significantly different issues or begin working in new service systems.

### *What should stay the same?*

- CAP Program's mission of preventing maltreatment and key parameters, specifically focusing on young children, prevention, normal systems and national organizations.

### *What should change?*

- Add one additional goal focusing on disseminating best practices and policies;
- Change grant-making categories to reflect the evolution of the program;
- Continue funding in early education, with increased support for innovative evaluation activities;
- Continue support for programs in health care systems that address infant crying but re-assess other work with pediatric practices;
- End funding for individual home visiting programs/models.

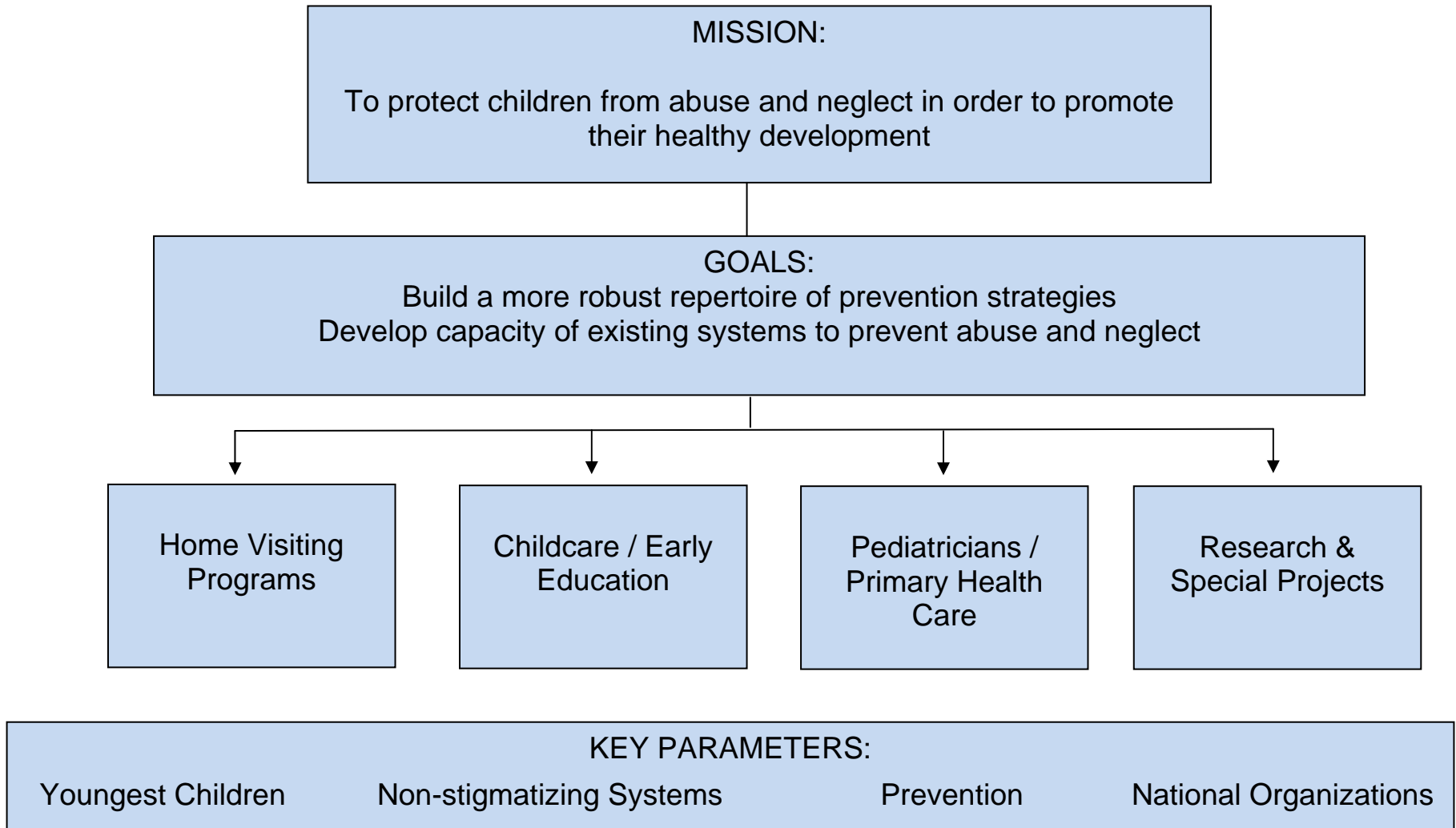
### *What should be investigated and considered for future grantmaking?*

- Additional grants that specifically address the problem of neglect;
- Fellowships focused on prevention of child maltreatment;
- Communication, dissemination and education efforts that advance best practices and policies and/or respond to the economic crisis.

### *What is not recommended?*

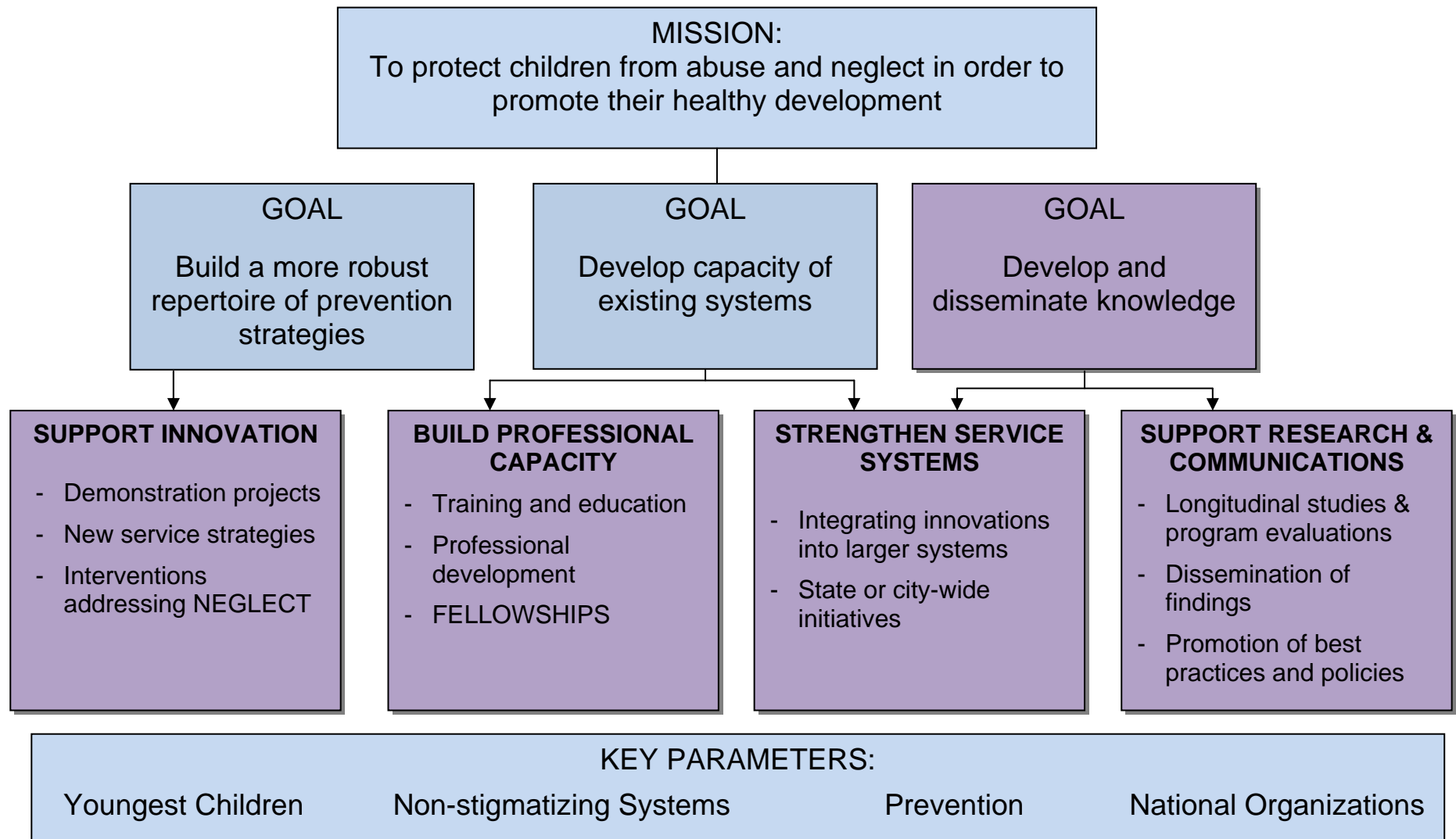
- Pursuing a number of interesting ideas that would take the CAP Program into new areas, such as addressing the problem of sexual abuse, the needs of older children, or international issues.

## PAST CAP PROGRAM: 2000 - 2008



## PROPOSED CAP PROGRAM STRATEGY: 2009 – 2014

*Recommended changes to program are represented in purple and CAPS*



## **CAP Program Mission, Goals & Strategy: 2000 - 2008**

### **Mission:**

Protect children from abuse and neglect in order to promote their healthy development

### **Goals:**

- 1) Build a more robust repertoire of prevention strategies
- 2) Develop the capacity of existing systems to prevent child abuse and neglect

### **Strategy:**

The CAP Program makes grants that develop and infuse the best prevention practices into “normal,” non-stigmatizing systems that routinely serve large numbers of families with young children. The program currently funds work in the following categories: home visiting services, early education/ child care, pediatric health care, and research/ special projects that address the program’s goals. Since the program began making grants in September 2000, the Trustees have approved 43 grants totaling \$46.4 million to 28 different nonprofit organizations. The program’s annual grantmaking budget has ranged from \$5 million to \$7 million.

## **2008 External Program Review**

In keeping with the foundation’s practice of conducting field-wide assessments every 5-7 years, the CAP Program conducted an external program review in 2008 to assess its current strategies.

The external review included:

- Convening an expert panel to solicit opinions from highly regarded, experienced individuals who represent critical perspectives relevant to prevention of maltreatment.
- Conducting a field wide, on-line survey that garnered input from 2,313 respondents who represent a broad array of service providers, program directors, funders, public agency officials, advocates and others concerned with children and families from across the country. In addition to answering multiple choice questions, 65% of survey respondents took the time to submit qualitative comments.
- Commissioning opinion papers from six individuals in the child welfare field with diverse backgrounds and experience. Each expert responded to the following question: If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the U.S., how would you spend it?
- At the November 2008 DDCF Board of Trustees meeting, Francie Zimmerman, CAP Program consultant, summarized the evolution and accomplishments of the program to date and results from the survey and opinion papers. Dr. Lawrence Aber, chair of the CAP

Program's expert panel, reviewed findings from the panel meeting and responded to questions and comments from Trustees about the program's strategy and future options.

## **RECOMMENDATIONS FOR FUTURE DIRECTION**

Recommendations for the program's future strategy are informed by the external review process and internal discussions with DDCF Board and staff members, and are in keeping with DDCF's overall approach to grant-making. In addition, current economic realities have implications for DDCF, CAP Program grantees, and vulnerable families. Based on all of these factors, the CAP Program recommends the changes described below for the DDCF Board's consideration.

### **Maintain Program's Mission & Key Parameters**

In addition to maintaining the program's mission "to protect children from abuse and neglect in order to promote their healthy development," staff recommends maintaining the following four parameters that guide the program's grant-making: focusing on the youngest children (birth to age 6), focusing on prevention and early intervention, working in normal systems that serve large numbers of young children and their families, and funding national organizations. The rationale for keeping each parameter is described below.

#### **1. Focusing on the youngest children (birth to age 6)**

***Rationale:*** Demographic and research data continue to indicate that the youngest children constitute the majority of child maltreatment cases. Recent evidence of mortality and morbidity resulting from maltreatment further confirms that the youngest children suffer the greatest harm.<sup>1</sup> In addition, advanced imaging technology has enabled neuroscientists to show the amazing amount of growth the brain experiences during the first years of life, and to depict the dramatic physiological changes in the brain that result from abuse and neglect.

All of the input from the external review argued for continuing the program's focus on very young children. Some experts suggested the program might consider broadening the age range it addresses, but there are still ample opportunities for work with infants, toddlers and preschoolers. The program's resources could be spread too thin by taking on additional service systems that entail a different set of key players, policies, organizations, and expertise (e.g. the public schools, youth programs, family court).

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<sup>1</sup> United States Department of Health and Human Services, "Child Maltreatment Report 2007."

## **2. Focusing on prevention and early intervention**

**Rationale:** The program’s focus on prevention and early intervention also received consistently positive reviews. Interventions with families that occur after there is a report of abuse or neglect – specifically in the child welfare, foster care and court systems – continue to receive the vast majority of funding, programming and oversight. Input from the review commended DDCF for spurring considerable new program development, research, policy activity and funding for prevention, thus multiplying the foundation’s financial commitment several times over.

DDCF’s focus on young children and on prevention have also been bolstered by research evidence from other prestigious entities. For example, Professor James Heckman, economist and Nobel recipient at the University of Chicago, Arthur Rolnick of the Federal Reserve Bank, the RAND Corporation, the Brookings Institution and others have made a compelling case for the positive benefits of investing in the early years of life and in preventive services, particularly with low-income children who are more likely to have poor outcomes.

## **3. Working in “normal” systems that serve large numbers of families with young children**

**Rationale:** Because of the stigma of child abuse, most parents do not want to be associated with services or activities that are in any way connected to child abuse or neglect, even if it is for *prevention* of those problems. Further, many child welfare agencies are mired in poor performance and are viewed with fear and skepticism by families and practitioners. Thus, official child protection systems, charged with responding to maltreatment, are not hospitable locations for prevention efforts. When the CAP Program was launched, its strategy was based on funding prevention strategies within existing, non-stigmatizing, “normal” systems – specifically home visiting for new parents, health care, and early education and child care – as a promising approach for the foundation and its grantees to reach a large number of families with prevention services. During the CAP Program’s first eight years, the uptake of prevention strategies within these systems, particularly early education, has been extremely encouraging. The DDCF-funded

Strengthening Families National Network<sup>2</sup> has accepted 30 states as members, which are all making concrete changes to their early education and child care systems to increase and improve supports for parents – including changes in daily program operations, teacher training, funding, and regulation of child care, as well as new partnerships with other service providers.

Rather than developing whole new points of entry for prevention strategies, staff recommends continuing to work within existing systems and pursue the best additional opportunities that build on past DDCF-funded work. Within this construct, the CAP Program can also make progress on a number of the topics that the external review surfaced. For example, there were a number of suggestions from the expert panelists and papers to more explicitly address the needs of culturally diverse and immigrant populations – this can be done within these systems. Similarly, a majority of survey respondents identified parent education strategies as an important avenue to teach skills and prevent maltreatment. Parent education often is or can be provided through early education and health care systems. The CAP Program can also target specific populations experiencing high levels of stress, such as children with disabilities or military families, by working through early education or health care systems.

#### **4. Funding national organizations**

**Rationale:** From all elements of the external review (panel, survey and papers), the CAP Program received suggestions that it should directly fund grassroots, local or community-based activities. CAP Program staff does not recommend following this advice. For philanthropy to be effective at the community level, it requires substantial time and hands-on involvement to get to know and participate in the local “lay of the land.” This is simply not realistic given the CAP Program’s modest staff size and capacity. The CAP Program can continue to use national organizations as intermediaries that add value to DDCF grants because of their experience and expertise working at the state and local level.

#### **Proposed Evolution of Program Goals and Activities**

In the early years of the CAP Program, DDCF grants supported the exploration and testing of new prevention strategies within existing service systems, many of which have now proven to be

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<sup>2</sup> *Strengthening Families*, the state-based initiative spearheaded by the Center for the Study of Social Policy with DDCF funding and in partnership with other DDCF grantees, uses early education and child care programs to provide information, guidance, support and services to families who are at risk of maltreatment.

successful and are well positioned for implementation and evaluation at a larger scale. To reflect this evolution in the CAP Program’s work and the larger prevention field, staff recommends adding a third goal and revising the categorization of its grant-making activities to reflect the primary functions of grants, rather than specific service systems, as follows:

1. Build a more robust repertoire of prevention strategies by:
  - Supporting innovation.
2. Develop capacity of existing systems to prevent abuse and neglect by:
  - Building professional capacity;
  - Strengthening service systems.
3. Develop and disseminate new knowledge and promote best practices by:
  - Strengthening service systems;
  - Developing and disseminating knowledge.

(See diagrams above.)

This revision reflects a number of suggestions from the expert panel, including expanding DDCF’s focus on dissemination and integrating research into other funding activities, rather than considering it a stand-alone category. This framework encompasses all current grantees and eliminates the “silo” quality of dividing up work by separate service systems, allowing for greater knowledge-sharing and cross-fertilization of prevention strategies and methods across service systems, as well as the integration of new grant-making in proposed areas for future exploration. Further, with the recommended changes in home visiting and possibly pediatric health care (see below), the old framework of describing the CAP Program’s funding activities by service systems is no longer functional. The funding activities envisioned within each goal over the next five years are described in more detail below.

### **Goal 1: Build a more robust repertoire of prevention strategies**

The CAP Program will continue its goal to build a more robust repertoire of prevention strategies by supporting innovation through grants for promising demonstration projects and the development

of new service strategies. In particular, the CAP Program will focus on funding efforts to better understand and prevent child neglect, a challenging and under-studied type of child maltreatment.

***Rationale for Focus on Neglect:*** Neglect is a critical issue for which innovative prevention strategies need to be developed. National data confirms what survey respondents and experts also indicated: neglect is a very different family dynamic than abuse, and it is poorly understood by comparison. Neglect, which constitutes two-thirds of total child maltreatment cases, has not experienced as significant a decline over the past decade as physical and sexual abuse. DDCF has already made two grants related to this topic, including a grant to the Urban Institute to examine the problem of maternal depression, a key contributor to neglect, and a grant to the University of Wisconsin to investigate which family circumstances and factors lead to neglect.

Further work on neglect would provide an opportunity to examine the issue of poverty, which some experts felt should be addressed more explicitly. The CAP Program's approach would be to consider poverty in relation to maltreatment specifically, without attempting to solve the longstanding, widespread social ill that is poverty. DDCF resources would support efforts to gain a more nuanced understanding of the components and dynamics of neglect and how material hardship contributes to neglect. While poverty is a risk factor for neglect, it is important to recognize that most poor families do not neglect their children – research is needed to understand what makes the difference and how prevention services can identify and help those most in need.

## **Goal 2: Develop the capacity of existing systems to prevent abuse and neglect**

The CAP Program will continue its goal to develop the capacity of existing systems to prevent abuse and neglect by building professional capacity through grants that support training, education and professional development for practitioners, and by strengthening service systems through grants that support state- and city-wide initiatives. In particular, the CAP Program will focus on exploring opportunities to create fellowships related to child abuse prevention; continuing its support for prevention in early education and child care; and continuing and re-assessing its support for prevention in pediatric health care. Moving forward, the CAP Program would discontinue its support for individual home visiting programs given the significant success of fundraising efforts and new sources of funding available for home visiting services.

***Rationale for Exploring Fellowships:*** The expert panel was enthusiastic about fellowships because they achieve a number of goals related to building the capacity of existing systems to prevent abuse and neglect, including attracting and retaining talented individuals to the field of prevention; providing career development opportunities; improving the research base for understanding and preventing maltreatment; and increasing intellectual capital in this arena, which typically does not “belong” to one discipline. The CAP Program has contracted with a consultant to identify opportunities for DDCF to develop and support fellowships focused on prevention of child maltreatment. Initial funding for fellowships would be a modest dollar commitment, with the potential to grow in the future when the financial outlook is stronger.

***Rationale for Continuing Work in Early Education:*** Staff recommends that DDCF continue funding prevention in early education and child care systems, as this has been one of the CAP Program’s most successful strategy to date. The range of prevention strategies known collectively as the *Strengthening Families Initiative* has been embraced at the local, state and federal level. The success of this initiative is due to several factors: it is built on a solid base of research on risk and protective factors for abuse and neglect; it requires that early child care systems make significant changes that do not require significant new expenditures; and it makes sense to parents, practitioners and policymakers.

Now that this initiative has matured beyond the initial implementation phase, the panel recommended that DDCF support evaluation to fully realize Strengthening Families’ potential – particularly to assess the initiative’s impact directly on children and families. Currently, grantees’ evaluation efforts focus primarily on assessing changes in practitioner skills, program activities, and policy/funding changes. Evaluating outcomes for children and families poses a number of research challenges, and innovative approaches to evaluation will be required, including the need to develop more mechanisms for assessing improvements in family functioning. Such studies are quite expensive and will necessitate other funding partners, such as the newly established Quality Improvement Center on Prevention of Maltreatment of Young Children, which has \$6.4 million in federal funds available for re-grants to support research and demonstration projects.<sup>3</sup>

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<sup>3</sup> In November 2008, the DDCF Board of Trustee approved a \$289,351 grant to provide matching funds to support the new Quality Improvement Center, which will be administered by the Center for the Study of Social Policy. The

In addition, expert panel members suggested that DDCF extend the reach of Strengthening Families by adapting strategies, materials and tools to informal child care providers (e.g., relatives, neighbors) and to different ethnic populations.

***Rational for Continuing and Re-assessing Work in Pediatrics:*** Staff recommends that the CAP Program continue to support work that addresses the very frustrating and common problem of infant crying – the leading trigger for abuse of babies. Two DDCF-supported projects, the Fussy Baby Network and the PURPLE Crying Campaign, have both been very successful at demonstrating the results of their services, leveraging other funds, and enlisting additional jurisdictions in replicating these programs. Because “crying programs” are relatively new, there are additional opportunities for DDCF to support further work and dissemination of these efforts.

DDCF has also provided support to the American Academy of Pediatrics to develop, test, refine and integrate prevention tools and strategies into primary pediatric healthcare for young children. Though there have been challenges in changing pediatric practice, the external review panel and others recommend that the foundation continue to work with the health care system because it presents such an important and powerful opportunity to reach the youngest children. Over the next six months, the CAP Program intends to convene key grantees and other experts to reassess where and how DDCF funds can be used most effectively to promote prevention in pediatric health care.

***Rationale for Concluding Work in Home Visiting:*** Staff recommends that the CAP Program end its grant-making to support individual home visiting models. Given new and large amounts of public and private funding for the expansion of home visiting services, there is no longer a compelling need for DDCF to fund this widely recognized and relatively well supported service. DDCF’s recently approved grant<sup>4</sup> to partner with the Pew Charitable Trusts’ home visiting initiative will ensure that the CAP Program has a significant stake in home visiting for the next three years. Work supported by the grant to Pew will help protect and leverage DDCF’s prior investments in this effective service for new parents. Should there be a compelling opportunity or

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center will conduct strategic planning, provide information and technical assistance to state agencies and other organizations, and make re-grants for research and demonstration projects. Given that CSSP is the organization that pioneered the *Strengthening Families* approach, the Center has the potential to be a strong partner for DDCF in the early childhood arena.

<sup>4</sup> Approved by the Trustees at the November 2008 Board meeting.

unanticipated need related to home visiting, the CAP Program would certainly consider it. Concluding support in this area would enable the CAP Program to address gaps and spur innovation in other areas.

### **Goal 3: Develop and disseminate new knowledge and promote best practices**

Reflecting the evolution of the CAP Program and the child abuse prevention field, the CAP Program would add a third goal to develop and disseminate new knowledge and promote best practices by improving service systems through grants that support state- and city-wide initiatives, and by developing and disseminating knowledge that advances prevention through grants that support research studies, and communications efforts.

**Rationale:** DDCF currently supports a number of dissemination efforts. For example, DDCF is supporting an edition of the *Future of Children* journal entirely on the prevention of child abuse and neglect which will be widely distributed, along with shorter issue briefs and web-content, and will be promoted through events for practitioners and policymakers. DDCF grants have also promoted the dissemination of specific service strategies, such as the Fussy Baby Network which provides services to families with infants who cry inconsolably and is being replicated in three additional cities.

Staff recommends exploring additional communications, dissemination and education opportunities that can expand and leverage grantees' accomplishments. Many of the ideas suggested in the commissioned papers fit within this area and merit further exploration. If appropriate, the CAP Program would recommend modest support to improve or expand prevention efforts, including informing the policy makers about ways to address prevention. This could include specific opportunities that respond to the changing economic and policy contexts and their effects on the field of child abuse prevention and families at risk of maltreatment.

### **POTENTIAL OUTCOMES**

If approved, the CAP Program would support activities that would aim to achieve the following outcomes over the next five years:

- ◆ Develop two new strategies for preventing neglect.

- ◆ Expand the most successful CAP-supported strategies – such as Strengthening Families, Fussy Baby Network, and PURPLE Crying – to additional jurisdictions to reach more families (with specific targets set that are appropriate for each initiative).
- ◆ Create new evaluation tools and methodologies for assessing prevention work in early education settings.
- ◆ Generate new knowledge about prevention through DDCF-funded fellowships and research studies.
- ◆ Use targeted communications efforts to inform practitioners and policymakers of effective prevention strategies.

## **CONCLUSION**

The CAP Program’s external review has been an interesting and challenging process. As hoped, the process has generated new information and ideas for discussion and debate in the wider prevention field. It is gratifying that the CAP Program’s strategy was largely affirmed by this process, with some important refinements suggested for our future grant-making portfolio. The process produced many intriguing, new ideas. The recommendations for the future CAP Program strategy build on these recommendations and are also realistic about the scope of new initiatives given DDCF’s financial constraints and the CAP Program’s staffing structure.