

Community Partnerships for Protecting Children – the Evidence

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Chapin Hall has released its Phase II Outcome Evaluation of the Edna McConnell Clark Foundation funded Community Partnerships for Protecting Children (CPPC). Over a period of eight years the Foundation invested \$41 million on four pilot sites, supportive consultation and training, and evaluation. Before going further, it should be acknowledged that the Foundation displayed great character, courage and commitment to knowledge building in funding and releasing such a comprehensive report, especially in light of the findings. As well, hundreds of child welfare and human service professionals, along with hundreds of families, invested time and energy in an experiment which they hoped and believed would make a difference. In individual instances it no doubt did. But in terms of the experiment's main objectives, it did not.

According to the report:

The CPPC initiative, as designed and implemented in the four pilot sites, did not demonstrate consistent impacts on subsequent maltreatment reports during the evaluation's Phase II observation period. Among those child welfare cases that received the most direct CPPC intervention (e.g., an Individualized Course of Action or ICA), modest but significant improvements were observed among participants in their self-perception of progress and in standardized measures of depression and parental stress. In addition, over 90 percent of the families' lead workers considered the ICA process helpful in improving child safety. However, these individual improvements were not positively correlated with a reduction in the likelihood of subsequent maltreatment reports or placement. Further, the frequency of these events among ICA recipients was generally consistent with the outcomes of a comparable group of child welfare cases not exposed to an ICA. (p. 18)

The CPPC initiative had four main elements:

- ◆ **Developing an Individualized Course of Action (ICA)** for all families where children are identified as being at substantial risk of child abuse and neglect.
- ◆ **Creating a Neighborhood Network** that includes both formal services and informal supports resources.
- ◆ **Changing policies, practices, and culture within the public Child Protective Services (CPS) agency** to better connect child welfare workers with the neighborhoods and resident they serve, increase service effectiveness, and improve accountability.
- ◆ **Establishing a local decision-making body of agency representatives and community members** to develop program priorities, review the effectiveness of their strategies, and mobilize citizens and other resources to enhance child safety.

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Of these the ICA, coupled with Family Team Conferences (FTC), was the most structured and systematically implemented of the four elements. Families receiving an ICA and FTC were no less likely to have a subsequent maltreatment report or experience a placement, although 90% of caseworkers reported that safety had improved in these families, and the families themselves in self-report felt their problems were better. It is unclear from the report how the ICA and FTC were integrated with existing child protective services assessment frameworks and protocols in the four sites. Since the sites were in different states and these states are known to have different protocols for family assessment, this seems like an important and critical contextual variable that could additionally explain variation among the sites. Never the less, regardless of what additional assessments may have been used, no evidence emerged that the ICA and FTC resulted in significant differences in maltreatment and placement rates from those of comparison cases, even though the researchers lowered the standard of significance to .20 from the normal .05 commonly used in research (although .10 is frequently accepted in social science research).

The authors of the report frequently mention the limitations of the theoretical and conceptual underpinning the CPPC experiment. To a large extent, this absence of specificity contributed to cross-site variation in strategies and implementation relative to three of the four core CPPC elements and may have been a reason for the limited success of the CPPC. However, one element, the ICA and FTC, was strongly supported by training and consultation and was positively embraced by the sites. To this extent the evaluation reveals potential weaknesses in the limited premises underlying the ICA and FTC. This premise seems to be that if you ask families what they need they will tell you, and since they have self-identified these needs, they will be more likely to seek and participate in services. This may be true. The problem is that the needs they reveal within the limited context of the FTC may not reflect a necessary and sufficient number of the active contributors to risk of maltreatment within the family. For example, as the report observed that the FTC may not provide a sufficiently emotionally safe environment for a parent to discuss concerns of a more personal and psychological nature. To the extent that the FTC becomes the single source of data for developing the

case plan, there is a risk that other relevant and important needs relative to future maltreatment may not be revealed. This in no way negates the relevance and importance of family engagement and empowerment. It does suggest however that, taken by themselves, these strategies (the ICA and FTC) are not sufficient conditions for preventing future maltreatment. It also suggests that, while families may identify needs that, when served, will improve some aspects of family functioning, these needs may not be the ones necessary to prevent future maltreatment.

The CPPC evaluation has certain limitations. It did not involve random assignment, important in true clinical trials. At the same time, it is evident from the report that the researchers went to great lengths to try to find statistically and practically significant outcomes.

In the past few years a number of authors (e.g. Berg and Kelly, 2000) have suggested that etiology is an unnecessary consideration in human change. This may be true in certain aspects of human and family functioning. One may not need to know the etiology of one's addiction to cigarettes in order to stop smoking. But where human social behavior constitutes a threat of harm to others, a caregiver's perception that "things are better" is not sufficient evidence that risk no longer exists. Indeed, the CPPC families generally perceived their situation as better. Workers perceived families as having improved. But the frame of reference for these perceptions apparently was not practically associated with the dynamic influences which determine the course of future maltreatment. This is an important lesson that should not be lost on those serving maltreating families. Child maltreatment is a dynamic in which multiple factors interact. The CPPC evaluation suggests that greater discipline relative to etiological considerations may be necessary when assessing and deciding on the course of services to maltreating families if these services are to impact future maltreatment.

Berg, I. K. & Kelly, S. (2000). *Building Solutions in Child Protective Services*. W. W. Norton & Company, New York.

Daro, D., Budde, S., Baker, S., Nesmith, A., & Hardin, A. (2005) *Creating Community Responsibility for Child Protection: Community Partnerships for Protecting Children: Phase II Outcome Evaluation*. Chapin Hall