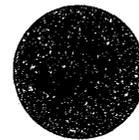


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
U.S. Advisory Board on Child Abuse and Neglect



CREATING CARING COMMUNITIES:

BLUEPRINT FOR AN EFFECTIVE FEDERAL POLICY

ON CHILD ABUSE AND NEGLECT

152383

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Department of Health and Human Services
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Second Report

The U.S. Advisory Board on Child Abuse and Neglect

September 15, 1991

September 1991

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DEDICATION

**This report is dedicated to the many thousands
of American children and families
trapped in the throes of abuse and neglect
who are waiting for our society, and its governments,
to respond to their plight with *more* than just a report,
and *more* than just an investigation.**

**For their sake, and for the welfare of our nation,
we hope they are reached in time.**

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1991 REPORT OF THE U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

EXECUTIVE SUMMARY

The U.S. Advisory Board on Child Abuse and Neglect was established under provisions of Public Law 100-294, the 1988 Amendments to the Child Abuse Prevention and Treatment Act. The mission of the Board is to evaluate the nation's efforts to accomplish the purposes of the Act and to make recommendations on ways in which those efforts can be improved.

I. INTRODUCTION

The Board begins Part I of the 1991 report by reminding the citizens of the United States of the key words in the 1990 report:

[C]hild abuse and neglect in the United States now represents a national emergency.¹

One year after the release of that report, the emergency remains.

In this, its second report, the Board has chosen to focus on the nature of the response of the Federal Government to child maltreatment. Knowing that the management of Federal programs is a subject that would seem to be remote from the lives of maltreated children and their families, Part I presents a composite description of "Anna" and her mother, "Beth," which graphically illustrates the critical difference that an effective Federal response could make in a typical case of child maltreatment.

For at-risk children to be adequately protected and for their parents to acquire the skills and support needed to care for them adequately--**the Federal Government must begin to facilitate community efforts to protect children.** That change in Federal perspective implies a new commitment, a new comprehensiveness, a new investment in knowledge generation and diffusion, and greater leadership and flexibility--all features of the Board's blueprint for a new Federal policy and actions to implement it.

¹U.S. Advisory Board on Child Abuse and Neglect, Child Abuse and Neglect: Critical First Steps in Response to a National Emergency (1990) (available from the Superintendent of Documents, U.S. Government Printing Office; Stock No. 017-092-00104-5). Appendix D of this report contains the complete set of 1990 recommendations.

Part I then summarizes the contents of the 1990 report. In declaring a *national emergency*, the Board made three broad findings on the basis of its examination of the child protection system:

- *...[I]n spite of the nation's avowed aim of protecting its children, each year hundreds of thousands of them are still being starved and abandoned, burned and severely beaten, raped and sodomized, berated and belittled.*

The Board noted further that many children will suffer the consequences of this maltreatment for the rest of their lives and that **hundreds--perhaps thousands--**each year will have their lives cut tragically short because of abuse or neglect. It is simply cruel, the report said, when adults responsible for the care of children use their authority "to degrade or exploit them."

When 2.5 million cases of suspected child maltreatment are reported each year, such numbers are simply stunning--a situation that should shock the conscience of the nation. In view, then, of the seriousness of child abuse or neglect, the Board found the sheer scope of the problem to merit a declaration of a national emergency.

- *...[T]he system the nation has devised to respond to child abuse and neglect is failing.*

It is not, the Board stated, a question of "acute failure of a single element of the system." Instead, the child protection system is plagued by "chronic and critical multiple organ failure." No matter which element of the system that it examined--prevention, investigation, treatment, training, or research--it found a system in disarray, a societal response ill-suited in form or scope to respond to the profound problems facing it. It was forced to conclude that the child protection system is so inadequate and so poorly planned that the safety of the nation's children cannot be assured.

- *...[T]he United States spends billions of dollars on programs that deal with the results of the nation's failure to prevent and treat child abuse and neglect.*

The Board estimated that billions of dollars are spent each year in direct expenditures on a child protection system that is failing to protect children adequately. Child maltreatment results in costs for law enforcement, the courts, out-of-home care, and the treatment of adults recovering from child abuse. The indirect costs of child maltreatment are even greater. It noted that the nation continually pays for the social and personal costs of substance abuse, eating disorders, depression, adolescent pregnancy, suicide, juvenile delinquency, prostitution, pornography, and violent crime--all of which may have "substantial roots in childhood abuse and neglect."

The Board concluded that the costs of child abuse and neglect are so grave that the emergency represents a *threat to national survival: such negligence threatens the integrity of a nation that shares a sense of community, that regards individuals as worthy of respect, that reveres family life, and that is competent in economic competition.* Child maltreatment tears the social fabric; moreover, each incident weakens the fabric further, disconnects children and parents from the community, and increases the likelihood of further abuse and neglect and other personal and social problems.

Although the adverse consequences of child maltreatment are themselves sufficiently serious to warrant declaration of a national emergency, the Board warned against missing the most fundamental reason for making child protection a matter of the highest national priority:

Child abuse is wrong. Not only is child abuse wrong, but the nation's lack of an effective response to it is also wrong. Neither can be tolerated. Together they constitute a moral disaster....[c]hild neglect is also wrong.

In such a context, the Board proclaimed, *[a]ll Americans share an ethical duty to ensure the safety of children.* As recognized by the United Nations in its Convention on the Rights of the Child, protection from harm is a basic human right essential to the preservation of children's dignity. Therefore, it argued, *[a]ll Americans should be outraged by child maltreatment.* All should join, it said, in resolving that its continued existence is intolerable and demanding that public officials immediately take whatever action is necessary to repair the nation's child protection system.

In examining the existing child protection system in its 1990 report, the Board observed that past investment in solutions to the problem of child abuse and neglect has been inadequate. Too often the solutions offered have been based on incomplete analyses of the many facets of the problem. Thus, the Board suggested that the nation needs an approach to child protection that not only is expanded but also is different:

...the replacement of the existing child protection system with a new, national, child-centered, neighborhood-based child protection strategy.

Central to an understanding of the Board's proposed strategy to deal with child maltreatment is its definition of the term **child protection system**. The child protection system includes but is not limited to **State or County child protective service (CPS) agencies**, the public agencies mandated by law to protect abused and neglected children. Other components of the child protection system include law enforcement, education, public health, mental health, court, and private non-profit agencies and organizations.

As a cornerstone of the new national strategy, the Board believes that the Federal role in child protection² must be comprehensive and sufficiently flexible to allow for such planned experimentation. Through provision of a blueprint for the Federal Government's role, this report is intended to identify the critical next steps toward a new national strategy for child protection.

Notwithstanding the intensity and size of the challenge to alleviate the crisis, the Board is still convinced that if America establishes a new child protection system, beginning with major reform of the Federal child protection effort, a recurrence of the national emergency can be prevented. It believes that the President and the Congress now have the opportunity and the responsibility to undertake major policy reforms that will assist in alleviation of the American child protection emergency. These reforms will provide the foundation for planned implementation of a new child protection system.

²The Board recognizes that, in talking about the Federal role in child protection, the context usually implied is the relationship between the Federal Government and State and local governments. Defined in that way, the term wrongfully excludes the unique status of Indian Tribes under American law as political entities and sovereign governments.

II. THE PERFORMANCE OF THE FEDERAL GOVERNMENT IN CHILD PROTECTION

In examining the existing child protection system in its 1990 report, the Board observed that emergency conditions exist in every part of the system:

- The child protection system has a poorly defined sense of mission. Too often the system seems to disregard the needs of children.
- Increasing numbers of children are living in poverty in communities so drained that individual families often lack support.
- Family life has become increasingly diverse and complex, and young families and families headed by women are increasingly and disproportionately subject to economic and social stressors.
- Modes of service delivery have failed to change in proportion to changes in family life.
- The number of foster children has increased dramatically, and their needs are becoming increasingly serious and complex, but the number of foster parents is shrinking.
- Whether the focus is prevention, investigation, adjudication, or treatment, resources have failed to grow at a rate anything close to the explosive rise in the number of reports of child maltreatment or the parallel increase in the complexity of reported cases.
- Child protection has been perceived as primarily the responsibility of CPS agencies, with the result that an ever-increasing proportion of resources in the child protection system has gone to investigation of allegations of child abuse and neglect. Indeed, in some States and counties, it may be said that the public child welfare program of services to children and their families is CPS.
- Maltreated children, even when receiving care or supervision from a governmental body, rarely receive treatment.
- Interventions that disrupt families are more readily available than those that preserve families in crisis or that prevent serious problems which threaten children's safety from occurring at all.

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- The data system on child protection is too poorly developed to give an adequate picture of the scope of the problem of child abuse and neglect and the nature of the child protection system's response. In general, child abuse and neglect is one of the most inadequately studied major social problems, and the knowledge that does exist has rarely been systematically diffused and applied in practice.
- Major deficits exist in the number of trained professionals in child protection.
- Child protection policy is largely unplanned; it has consisted primarily of ad hoc responses to crises.
- Coordination is a serious problem at all levels.

The Board believes that many of the shortcomings in the nation's child protection system can be traced to deficiencies in the Federal response to child maltreatment. The nature of that response and how it developed are described in Part II of this report.

Part II of the report recounts the early history of the Federal Government's involvement with child maltreatment, principally through the Children's Bureau. By 1963 the Bureau, without any specific Congressional mandate, had compiled a comprehensive national inventory of child protective service agencies, held a series of meetings and planning sessions on steps needed to control the problem of child abuse, and promulgated one of the most influential pieces of model State legislation ever produced in the United States: a model child abuse mandatory reporting law.

However, by the late 1960s, the focus on child maltreatment within the Children's Bureau was gone, the health programs of the Children's Bureau transferred to the Public Health Service and most of the Bureau's child welfare research budget eliminated. In response, in 1973 Senator Walter Mondale introduced S. 1191, the proposed Child Abuse Prevention and Treatment Act (CAPTA). Although immediately opposed by the Nixon Administration, on January 31, 1974 President Nixon signed CAPTA into law.

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The major Federal child protection law is CAPTA.³ The Federal agency that is the focus of CAPTA is the National Center on Child Abuse and Neglect (NCCAN) within the Department of Health and Human Services (DHHS). A specific office or center for child protection programs does not exist in any agency other than within DHHS.

From 1974 until now, the implicit mission of NCCAN has been to administer grant programs, to identify issues and areas needing special focus for new research and demonstration project (R&D) activities, and to serve as a focal point for the collection of information, the improvement of programs, and the dissemination of materials and information on best practices to States and localities. The majority of funds appropriated under the Act to date have been earmarked for R&D grants, including funds to support a national information clearinghouse, various national resource centers, national data collection efforts, and periodic national "incidence studies."

In addition to the R&D grant program, the original CAPTA legislation created a categorical child abuse and neglect State formula grant program. These unrestricted grant-in-aid funds to State child welfare agencies, ranging from less than \$4 million in 1977 to approximately \$19.5 million in 1991, are conditioned on State compliance with a number of statutory standards for State child abuse and neglect laws and child protective service agency operations.

In recent years this grant program (known as the Basic State Grant Program) has been complemented by three additional State grant programs. The first is a grant to assist State child maltreatment prevention efforts (known as the Challenge Grant Program.) The second is a grant focused on State programs to improve the investigation and prosecution of child abuse, particularly child sexual abuse (known as the Children's Justice Act Grant Program.) The third is a grant designed to help States deal with cases involving the withholding of medical care from disabled infants (commonly called the Medical Neglect/Baby Doe Grant Program.) No State can receive a CAPTA Basic State Grant or a Children's Justice Act Grant, if it fails to comply with the enumerated CAPTA State eligibility criteria.

³The Congressional authorization for the several grant programs of CAPTA expires on September 30, 1991. Reauthorization of those programs is anticipated. (The text of CAPTA, current as of August 31, 1991, is found in Appendix C of this report.)

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The State grant programs that NCCAN administers--the Basic State Grants, Challenge Grants, and the Children's Justice Act Grants--have been used in a number of ways to help States improve their laws and programs. This is in part due to the leadership of NCCAN in bringing State grantees together for periodic discussions of current concerns in the field and how State and local agencies are dealing with them. The National Center has encouraged the networking of State child protection agency leaders so that they can assist each other in addressing common barriers.

Since 1974, successive reauthorizations of CAPTA have consistently enlarged NCCAN's subject matter jurisdiction. Added has been: "sexual exploitation" of children; the withholding of medically indicated treatment from disabled infants with life-threatening conditions; the abuse of children in day care centers and by family day care providers; specific studies on the relationship between child abuse and family alcoholism and child abuse and children with disabilities; child maltreatment-related substance abuse; and child maltreatment-related homelessness.

The legislative history of the Act classically illustrates the phenomenon described by the Board in its 1990 report, a governmental response to increased reports of maltreatment which "was and continues to be fragmented, often simplistic, ill-conceived,...crisis oriented...symbolic and driven by political expediency." Moreover, by constantly adding new areas of concern and duties for the NCCAN staff, without also adding sufficient funding support, Congress has contributed to the difficulties faced by this small agency.

The Board believes that the NCCAN staff deserves to be commended for its hard work in turning the ever-expanding Congressional mandates into programmatic action. Because of the efforts of that staff, the nation is more aware of the problem of child maltreatment, and more is known about its causes and the steps that may be taken to reduce its incidence and consequences. Faced with extremely trying working conditions, the NCCAN staff has consistently performed in an admirable manner.

Despite NCCAN's accomplishments and its assumption of expanded responsibilities, there have been a number of Congressional reviews of NCCAN that have produced critical findings. The Board's analysis of the current condition of NCCAN echoes, and expands upon, many concerns previously addressed by those who have examined the agency's operations.

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- Despite an ever-increasing number of Congressional expectations for NCCAN, as well as a dramatic growth in public awareness of the national emergency, the size of the NCCAN budget does not permit the agency to address the scope of the nation's child protection needs adequately.
- Even after the current effort to raise the staff complement of NCCAN to 20 is completed, the number of NCCAN staff will remain woefully inadequate when measured against the agency's responsibilities.
- The 1982 DHHS Reduction-in-Force (RIF) and subsequent staff attrition during the 1980s resulted in the loss of considerable staff competency within NCCAN.
- According to staff, in recent years NCCAN's support for the States was reduced substantially.
- The National Center lacks a visible and coherent planning process, tending to diffuse its energy in too many directions at once instead of concentrating on a circumscribed set of achievable objectives.
- To date, NCCAN has been unable to develop an effective strategy for leveraging the dollars of better-funded Federal public health, mental health, education, justice, community development, and volunteer agencies, which has had adverse consequences for the total Federal child maltreatment research, training, and service delivery effort.
- Placement of NCCAN within the social services component of DHHS impedes its ability to influence the public health component of the Department to take significant steps in the prevention of child maltreatment.
- Paradoxically, within the social services component of DHHS, NCCAN has had remarkably little impact on the huge Title IV-B, Title IV-E, and Title XX programs which provide the largest Federal share of State and local CPS funding. Moreover, although the recent elevation of NCCAN to an organizational level comparable to the Children's Bureau was generally praised by the child protection field nationally, the National Center is still not high enough to effect significant policy changes but is now uncoupled from the Federal agency responsible for foster care, a system in which three-quarters of the children it deals with are abused or neglected.

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- The NCCAN knowledge building effort has been consistently hampered by inadequate funds, undistinguished ad hoc review panels, yearly announcements which do not build on the work of previous years, and the absence of an ongoing mechanism which taps the expertise of scientists in the overall evolution of program direction.
- Over the last decade, most NCCAN demonstration projects have not had a scientifically sound evaluation component. Nor has NCCAN created a mechanism for assuring that the results of those few demonstrations that have had an evaluation component are translated into practice.
- The National Center has not built a comprehensive system for data collection and analysis. Neither has it developed the capacity for accurate, consistent, uninterrupted diffusion of information to the child maltreatment field.
- National resource centers, which replaced regional resource centers in 1984, have not been able to achieve the level of visibility and access provided by the regional centers.

In summary, the general picture of NCCAN is of an agency that, given its inadequate support, has had unrealistic expectations placed on it as the volume and complexity of child maltreatment reports have increased.

The Federal Inter-Agency Task Force on Child Abuse and Neglect is the sister body of the Board. Also created under the 1988 amendments to the Child Abuse Prevention and Treatment Act, the Task Force consists of approximately 30 member agencies drawn from eight Cabinet departments and the Office of Personnel Management. The Director of NCCAN is the statutory Chairperson of the Task Force.

Although the Task Force has served several useful purposes, the Board believes that the Task Force has not yet realized its full potential. It has not yet addressed such important issues as the Federal role in motivating the nation's education system to become a more significant actor in child protection activities or collaborative funding efforts between Federal substance abuse- and child maltreatment-focused agencies. Nor has it yet devised a comprehensive strategy, including points of measurement, for guiding Federal activities related to child protection.

The Board notes that the Task Force participants are essentially technical experts who are, for the most part, not the decision-makers in their respective agencies. Task Force deliberations, therefore, have suffered because the participants do not have the authority to commit the resources of their agencies to joint ventures related to child protection.

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In considering the future Federal role in child protection, it is important to identify and understand the problems in existing Federal child protection policy. Unfortunately, the general picture is one of an absence of a coherent Federal policy.

Federal child protection planning has been relatively non-existent. By its omissions and its actions, the Federal Government--both Congress and the Executive Branch--has fostered a national child protection system that is fragmented, inadequate, and often misdirected.

The Federal Government has failed to exert the necessary leadership in child protection. Federal leaders--both in Congress and the Executive Branch--generally have failed to acknowledge publicly the seriousness of the problem of child abuse and neglect and to exhort the nation to assume responsibility for protection of children. Concerted Federal leadership is needed to help create a well-informed media focus on child maltreatment, to motivate and inspire the public to action, and to place child protection on the agenda of every civic, philanthropic, business, labor, and religious organization in the nation's communities.

Since the problem of child abuse and neglect has multiple dimensions--justice, health, mental health, education, community development, substance abuse, developmental disabilities--Federal agencies responsible in multiple areas must be involved in formulating their own efforts and responses, in working collaboratively to promote the integration of services, and in developing and disseminating knowledge to the State and local agencies to which they provide guidance and funding. For the most part, this has not happened.

The approach which the Federal Government has pursued in child protection--vesting a small agency with authority for Federal leadership--has led to the inadequate involvement in child protection efforts by public health, mental health, substance abuse, developmental disabilities, justice, education, and community development agencies. No one agency can be expected to deal adequately with a problem as complex as child abuse and neglect, even if it is labeled as "national."

The lack of coordination among agencies administering Federal funding streams has impeded communities at the local level in their efforts to develop cohesive family services structures. Too often, regulations promulgated by different programs limit use of funds to one segment of a family's problem.

Federal policy provides fiscal incentives for removal of children from their homes. Absent in Federal policy are parallel, stronger incentives in the form of intensive child protection services that may prevent removal of maltreated children from their homes or may prevent the maltreatment altogether. There is a clear need for Federal leadership in moving the predominant response to child abuse away from investigation and foster care toward services to help families overcome the stresses in their lives.

The Federal Government's lack of leadership has also manifested itself in the small amount of funds that have been invested in knowledge building activities. Federal agencies, other than NCCAN, have in recent years not seen as part of their mission the development and diffusion of models for the prevention and treatment of child abuse and neglect. These agencies, as well as NCCAN, have also not seen as part of their mission the support of significant research about the nature, prevention, and treatment of child abuse and neglect, nor the preparation of trained personnel to conduct such research.

In addition, Federal agencies have not incorporated into their mission the development of the capacity to generate basic statistical information about the prevalence of child maltreatment and the adequacy of the child protection system's response--a gap that has impeded timely response to changes in the problems faced by child protection agencies. Nor has the Federal Government provided adequate attention to rigorous evaluation and has funded demonstration projects that lack a strong conceptual and empirical foundation.

Moreover, as illustrated by the low visibility of the Clearinghouse on Child Abuse and Neglect Information and the incompleteness of its data base, Federal agencies have often not diffused the knowledge that is available. Finally, the Federal Government has only to a limited extent provided support for the training of specialists in child protection or stimulated the infusion of information about child maltreatment into the basic curricula of the various professions serving children and families.

The result is a level of practice in which critical decisions that affect the lives of children and families are often made with little scientific foundation. The state of practice in the child protection system is rarely state-of-the-art, and the state of the art is frequently uninformed.

The Federal Government is the nation's largest single provider of child protective services in that it has jurisdiction over cases involving the maltreatment of the children of uniformed service members as well as the children of Native Americans. However, even in that role, the Federal Government has not provided the nation's CPS agencies with leadership by example.

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The CAPTA State Grants not only fail to touch programs outside of State and County child welfare agencies, but they also do not encourage comprehensive State and community child protection planning. Even within State and County child welfare agencies, there is no requirement that plans developed under the CAPTA Basic State Grant Program be integrated with plans for the use of funds available under the Children's Justice Act Program, the Challenge Grant Program, or the Medical Neglect/Baby Doe Grant Program.

Just as Federal policy implicitly focuses on investigation more than prevention and treatment, Federal child protection efforts have given more attention to State compliance with procedural requirements than fulfillment of substantive expectations for child protection and family preservation. The several recent and pending Federal Court decisions about State failures to provide minimally adequate "safety net" services for children and families illustrate the consequences of Federal enforcement efforts that focus more on whether procedural requirements than whether children were provided with services to promote their safety and strengthen their families.

The Board looks now for the exercise of political will at the highest levels of the Federal Government--in both the Executive Branch and Congress--to develop and implement a coordinated, comprehensive reform of Federal child protection efforts. To that end, it offers a blueprint for such reform.

III. RECOMMENDATIONS FOR CHANGE

The Board believes that the Federal statutory framework for child protection policy and programs should provide for the facilitation of community efforts, comprehensive planning at all levels of government and in the community, and the promotion of flexible, integrated approaches to child protection in all of the systems of service (e.g., health, education, justice, mental health) for children and families. Part III of the report contains a series of recommendations which identify the specific actions needed to erect such a framework.

The recommendations are divided into six major areas of reform:

- **DEVELOPING AND IMPLEMENTING A NATIONAL CHILD PROTECTION POLICY;**
- **PREVENTING AND REDUCING CHILD MALTREATMENT BY STRENGTHENING NEIGHBORHOODS AND FAMILIES;**
- **PROVIDING A NEW FOCUS ON CHILD ABUSE AND NEGLECT AND STRENGTHENING FAMILIES IN ALL RELEVANT FEDERAL AGENCIES;**
- **ENHANCING FEDERAL EFFORTS RELATED TO THE GENERATION, APPLICATION, AND DIFFUSION OF KNOWLEDGE CONCERNING CHILD PROTECTION;**
- **IMPROVING COORDINATION AMONG FEDERAL, STATE, TRIBAL, AND PRIVATE SECTOR CHILD PROTECTION EFFORTS; AND**
- **IMPLEMENTING A DRAMATIC NEW FEDERAL INITIATIVE AIMED AT PREVENTING CHILD MALTREATMENT--PILOTING UNIVERSAL VOLUNTARY NEONATAL HOME VISITATION.**

Most recommendations conclude with at least two "options for action." Although the Board has deliberately refrained from recommending specific approaches to implementation, that decision should not be construed as a position that not implementing a recommendation is acceptable. **Implementation of each recommendation is essential.** While all of the recommendations in Part III of the report are important, two are especially critical to the Board, the promulgation of a national child protection policy and piloting universal voluntary neonatal home visitation. These are the first and the last recommendations in the report. A summary of each recommendation follows. The complete text of all of the recommendations and options for action can be found in Appendix A of Part VI of the report.

Developing and Implementing a National Child Protection Policy

The Policy

In *Recommendation B-1* the Board calls upon the Federal Government to **establish a national child protection policy which, incorporated into the United States Code as an intrinsic part of the Child Abuse Prevention and Treatment Act, should drive the child protection-related actions of all Federal agencies.** The Board believes that the time has come for a Federal policy based on respect for the inherent dignity and inalienable rights of children as members of the human community. That policy should be rooted in the companion ideas that the family (whether biological, adoptive, or foster) is the unit in society most likely to secure children's safe and healthy development and that children have a meaningful right to live safely in a family environment.

Federal child protection policy should encourage concerted community action to protect children. As such, aiming at being comprehensive, it should model and support multidisciplinary involvement in child protection. It should stimulate and support a comprehensive emphasis in the diverse programs that affect children and families and that are directly or indirectly Federally funded. It should provide the knowledge base for the effective provision of help by State and community programs, regardless of whether they are public or private, professional or volunteer, formal or informal.

Child protection should be an ongoing function of community life. Federal leadership and resources should facilitate neighbors helping neighbors.

Federal child protection policy should support voluntary access to help for families. That help should be easily accessible in the various settings where children and parents live and work or study. Moreover, Federal policy should aim at assisting those communities in greatest distress to make voluntary access to help available.

As the primary Federal statute on child abuse and neglect, CAPTA is the obvious starting point in construction of a new comprehensive, child-centered, family-focused, and neighborhood-based Federal child protection policy, particularly given that a new system will require the restructuring of existing programs (part of which are now authorized by CAPTA) as well as the development of new ones.

A **comprehensive** child protection system would integrate the contributions of social service, legal, health, mental health, and education professionals and would assure the protection of children while in each of these systems. Such a system also would provide for positive roles of (1) private child welfare and mental health agencies, (2) civic, religious, and professional organizations, and (3) individual volunteers, whether in organized programs or "natural" helping relationships. It also would provide for coordination of policy across levels of government.

A **child-centered** child protection system would (1) take children seriously as individuals, (2) give primary attention to their best interests, as reflected in their needs and experiences, (3) provide opportunities (including legal representation) for children to be heard in proceedings affecting them, and (4) respond flexibly to the diversity of children's cultural backgrounds and of the circumstances in which they find themselves.

Unfortunately, current policy and practice too frequently have been distorted by an inattention to the meaning of State action to children themselves. The result is the obsession with investigation--checking off what parents have or have not done, both prior to adjudication of child maltreatment and after a disposition--with a loss of concern for children's own experience. Accordingly, maltreated children themselves (1) rarely receive therapeutic services, (2) often are given minimal information about the decisions affecting their lives, (3) often are essentially unrepresented in legal proceedings and other official actions, (4) find themselves the subjects of well-intended but fragmented and misdirected reform efforts that often seem isolated from the matters most significant to the children themselves, and (5) are often left in unsafe homes or placed in foster homes equally as dysfunctional as their natural homes.

A **family-focused** approach is consistent with the concept of a child-centered system. Taking the perspective of the child will lead in most instances to a concern with strengthening families. Indeed, the ethical foundation of a strong family policy and concern for family preservation rests in the significance of the family for the development of children. The Board believes that serious attention to the perspective of the child would lead to a substantial increase in supports for families and a concomitant decrease in the inappropriate removal of children from their homes of origin.

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Nonetheless, the Board also recognizes that some parents are so unable to provide a secure and safe environment for their children that coercive State intervention, sometimes including removal from the home, is necessary. At the same time, the Board believes that coercive intervention should not be the centerpiece of the child protection system. An effective child protection system should begin with the general question of how best to promote the security of children and their families, not with the specific question of when such a goal requires the coercive power of the State. Use of the latter question as the starting point leads policymakers down the path of disproportionate concern with the investigatory process.

In sketching the blueprint for a new system to ensure the safety of children, the Board is convinced that an additional focus should be on the community. It uses the term **neighborhood-based** to refer to strategies that are focused at the level of urban and suburban neighborhoods and rural communities. It is concerned not only with development of social and economic supports for troubled families and children at the neighborhood level (where **neighborhood** is defined by geographic boundaries) but also with the provision of both formal and informal services (e.g., self-help programs) that are based on the principle of **neighbor helping neighbor**, regardless of whether access to such services is determined by specific place of residence. Such a principle also embraces the idea of people from diverse groups coming together to focus on a specific problem.

Treatment and secondary prevention programs are best organized at the neighborhood level. Help should be easily available and accessible, whether for children who have suffered maltreatment or for families that have experienced maltreatment or are on the brink of such incidents. For those families at highest risk, intensive home- and community-based services that integrate many elements to deal with multiple social, economic, and psychological problems have the best documented effectiveness. Such an approach necessarily involves flexible, individualized case planning at the community level. Similarly, the best validated preventive measure--neonatal home visitation--involves a community response to the needs, in that instance, of young families in general as well as the families under the most stress and with the fewest resources.

The Federal Government should not erect artificial barriers to the integrated, coordinated implementation of the strategy at the State, Tribal, and community level through unnecessary restrictions on eligibility for and use of funds. The Federal Government should refrain from tacitly or expressly dictating the specific methods that a community is to use in implementing a child protection plan in the various settings (e.g., the schools) that should be involved in the effort.

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A national child protection policy should reflect Congressional intent in establishing the several CAPTA programs. It should go further, however, to guide the Federal Government--acting in cooperation with State, Tribal, and local governments and other concerned public and private organizations--in all of its activities to protect children from abuse and neglect.

Undoubtedly, there are many possible approaches to the content of a national child protection policy. **The approach preferred by the Board can be found in the text of Recommendation B-1 within the report.**

Relationship of The Policy to Child Welfare Reform Efforts

The vitality of the nation's child welfare, family support, health, education, justice, and mental health systems are key determinants of the ability of society to protect its children from abuse and neglect. In ***Recommendation B-2***, therefore, the Board calls upon the Federal Government to ***assist in building a supportive service delivery system for all families, troubled or otherwise, thereby providing a critical foundation for the prevention of child maltreatment and the protection of children.***

Clearly, child welfare services and family resource and support services are the most critical to the prevention of child maltreatment. Regrettably, the quantity and quality of both sets of services are inadequate to meet the needs generated by the stressors that are a prominent feature of contemporary family life.

The Board hopes that changes in the Federal child welfare services and family resources and support services programs will quickly be made. To the extent possible, the reforms of the child protection system which it is proposing in this report, especially the promulgation of a national child protection policy, should be harmonized with such changes. In seeking this integration of policies and programs, it should be recognized that improving the delivery of child welfare services and family resources and support services will not alone respond to the child protection emergency.

Relationship of The Policy to the Elimination of Corporal Punishment

Article 28 of the Convention on the Rights of the Child, adopted by the United Nations in 1989, addresses the need for schoolchildren to be disciplined in a manner reflecting their inherent dignity as human beings. The Board believes that the use of corporal punishment in schools is intrinsically related to child maltreatment. It contributes to a climate of violence, it implies that society approves of the physical violation of children, it establishes an unhealthy norm. More than 22 States have prohibited it by law. Its outright abolition throughout the nation must occur immediately.

In Recommendation B-3, consonant with the intent of its proposed National Child Protection Policy, the Board calls upon the Federal Government to ***take all necessary steps to eliminate the use of corporal punishment in all activities, programs, institutions, and facilities which receive Federal financial support of any kind.*** Such activities, programs, and facilities would include (but are not limited to) foster care, day care, juvenile correctional facilities, runaway and homeless youth shelters, and programs providing treatment to youthful substance abusers. The Board recognizes that in some situations caretakers in schools, residential institutions, and other situations that care for children may lack skill and familiarity with alternative, non-violent methods of discipline. In many instances, therefore, reorientation and retraining will be needed by caretakers, foster parents, and others.

Determining the Cost of the Policy

Recommendation 30 in the Board's 1990 report called for the determination of "...the cost of developing and implementing a comprehensive national program for the prevention and treatment of child abuse and neglect, as well as the projected cost of not developing such a program." In the context of the recommendation in this report that a national child protection policy be enacted, in Recommendation B-4 the Board calls upon the Federal Government to ***commission an appropriate Federal research agency to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.*** This latter point is especially important because many child protection experts believe that the cost of not implementing a new child protection policy could be far greater than implementing that new policy.

The Board further believes that existing Federal expenditures in many instances are inconsistent with the proposed policy. Presented with thorough cost-benefit analyses, the leaders of the Federal Government may find it possible to reallocate funds from less useful programs to the admittedly costly programs being herein recommended.

Preventing and Reducing Child Maltreatment by Strengthening Neighborhoods and Families

The Role of Neighborhoods in Preventing Child Maltreatment

Children growing up in dysfunctional neighborhoods are virtually becoming a form of endangered species. The Board believes that the nation should show no less concern for the environments its children live in than it does for the environments of endangered species of wildlife. Accordingly, in Recommendation C-1 the Board calls upon the Federal Government to ***take all steps necessary to facilitate the development of neighborhood improvement initiatives to prevent child maltreatment, including neighborhoods in urban, rural, and Native American communities.***

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Neighborhood quality is highly related to the rate of child maltreatment. Physical factors--such as deterioration of housing--and social factors--such as an increase in social isolation--result in a decrease in neighborhood quality and, therefore, an increase in the rate of child maltreatment because of an unraveling of the social fabric. Unsafe physical environments create conditions that make injuries from child neglect more likely.

Fostering neighborhood improvement initiatives is a critical element of a new national strategy for child protection. In such initiatives, ecological approaches for the strengthening of neighborhoods and communities with inadequate environments for families and children would be developed and tested. Local governments would work with community residents, religious institutions, voluntary organizations, and businesses to develop and implement the initiatives.

The Role of Volunteers in Preventing Child Maltreatment

Volunteer programs have obvious relevance in any neighborhood-based service delivery system. They link directly to a reduction of social isolation among families with children, provision of grassroots social support, and strengthening of neighborhoods through the efforts of the residents themselves. Volunteer programs are exemplary of the principle of "neighbor helping neighbor" in its most literal form. In addition, volunteers gain opportunities to: develop new skills; broaden their perspectives; achieve greater cultural competence and understanding; develop possible career interests; and foster compassion in themselves and others. Accordingly, in **Recommendation C-2** the Board calls upon the Federal Government to ***take all steps necessary to facilitate the development of volunteer programs for the prevention and treatment of child abuse and neglect.***

Evaluation research on child and family services has established that the effect of such programs is enhanced through the use of volunteers and paraprofessionals. Achievement of such effects has occurred, however, in programs where volunteers obtained a high level of training and professional supervision and consultation--resources that would likely be especially important in assistance to families with serious multiple problems, where maltreatment has occurred or is at high risk of occurring. Thus, although volunteer programs obviously are cost-effective, most do require financial support for recruitment, training, and supervision of volunteers.

The Role of Religious Institutions in Preventing Child Maltreatment

Many different kinds of voluntary organizations have important roles to play in the nation's efforts to restore its neighborhoods and communities. In this report the Board has chosen to single out the role of religious institutions in the prevention of child maltreatment by calling upon the Federal Government in **Recommendation C-3** to *provide the religious community with information about ways that it can assist in the prevention of child maltreatment.*

The Board believes that, because of their broad base and deep historical roots, as well as their accessibility to children, family, neighborhood, and community, religious institutions often possess a unique capacity to initiate those activities necessary for the promotion of a responsive community child protection system. Although responsibility for solving the complex problem of child maltreatment cannot be placed at the doorstep of the nation's religious institutions, the Board believes that--because they have been, and will continue to be, an integral part of neighborhood and community life--their potential as agents of positive change in connection with child maltreatment needs to be tapped more effectively.

To that end, the Board believes that national organizations of religious institutions should adopt proactive measures that:

- place the "national emergency" of child maltreatment at the very top of their national as well as congregational agendas;
- increase the level of awareness among their congregations;
- aggressively pursue critical linkages and partnerships with the professional community to foster educational initiatives that, over time, can diffuse within both congregations and neighborhoods; and
- develop strategies that lead to a proactive and preventive approach to the many families who find themselves in crisis.

The Federal Government can provide religious organizations with information useful to them in fulfilling such tasks. Because of the Establishment Clause of the First Amendment of the United States Constitution, in its provision of such information, the Federal Government needs to be appropriately sensitive to Constitutional concerns.

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Providing a New Focus on Child Abuse and Neglect and Strengthening Families in All Relevant Federal Agencies

Redefining the Mission of the National Center

For 17 years the implementation of CAPTA has required that NCCAN, acting largely as a surrogate for the entire Federal Government, attempt somewhat valiantly to carry out a set of activities that are comprehensive and affect all relevant disciplines involved in child protection. That approach has led to other Federal agencies not assuming their fair share of the burden of Federal child protection activities.

Worse yet, in trying to carry out those activities, NCCAN has not been able to devote adequate attention to the function of providing leadership for State, Tribal, and local CPS activities as well as the function of planning and coordination of the entire Federal effort. This leads the Board in Recommendation D-1a to call upon the Federal Government to *redefine the mission of the National Center on Child Abuse and Neglect so that the exclusive focus of the agency becomes either: (1) providing leadership for all Federal efforts to strengthen the State and local CPS function; or (2) planning and coordinating the entire Federal child protection effort.* To the Board, because of the overriding importance of these two functions, the choices of a mission for NCCAN come down to either one or the other.

In NCCAN's current form it is unrealistic to expect adequate fulfillment of either role--aggressive leadership for child protection within the social services system or forceful leadership within the child protection system as a whole. Thus, either choice necessarily entails restructuring the agency and moving it to another location within the Executive Branch. (Either choice also probably means renaming the agency). For example, a choice of the CPS function suggests merging NCCAN again with the Children's Bureau. A choice of the planning and coordination function suggests moving the agency to the highest reaches of DHHS. Whichever choice is made, a corollary decision will be required concerning what should happen to the existing NCCAN grant and contract programs.

If NCCAN is transformed into the Federal leader of CPS improvement efforts, the Federal Government should designate a separate entity to lead the planning and coordination of Federal child protection efforts (see Recommendation F-1). If NCCAN is transformed into the planning and coordination entity, the mission of the Children's Bureau should be expanded to include support for the CPS activities of the child welfare system (see Recommendation D-2).

Common Responsibilities of Other Federal Agencies

A basic premise of the Board is that the bulk of Federal responsibility for child protection should not be vested in a single agency. Even if that were possible, it is not desirable. It follows, therefore, that multiple agencies need to assume much greater responsibility than they are now doing. Recommendations D-1.b through D-8 speak to that necessity.

In Recommendation D-1.b the Board calls upon the *administrators of all Federal agencies operating programs which are or could be relevant to addressing one or more aspects of child abuse and neglect to ensure that those programs are capable of making full, meaningful, measurable, and visible contributions to the total Federal effort*. The Board believes that, whether one is talking about treatment programs for incarcerated child molesters, in-service training programs for elementary school teachers focused on early recognition of child abuse, or research on the childhood causes of chronic substance abuse among adults--a substantial capacity for child maltreatment-related activity exists, or could exist, throughout the Federal Government.

For this capacity to be successfully realized, however, the existence within multiple Federal agencies of **specially targeted efforts** is required. In Recommendations D-2 through D-8 the Board makes a series of recommendations about aspects of child maltreatment directly relevant to each of the agencies administering **specially targeted efforts**.

The Board believes that, in implementing these efforts, each of the agencies should carry out a set of **common functions**. These functions--tailored, of course, to the specific program concerns of each effort--are:

- the exercise of national leadership in activities related to the strengthening of families and child protection, including the prevention of child maltreatment;
- the generation of knowledge about child abuse and neglect, through support for knowledge building efforts, including data collection and program evaluation;
- the diffusion of knowledge about child abuse and neglect to professionals within the program's constituency;
- the provision of technical assistance to State, Tribal, and local governments, including legislative bodies, in the development and implementation of activities related to child protection, including the prevention of child abuse and neglect;

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- the development of models of, and of support for, the training of professionals, paraprofessionals, and volunteers in activities related to child protection, including the prevention of child abuse and neglect;
- the development and dissemination of guidelines for the design and delivery of services related to child protection, including the prevention of child abuse and neglect;
- the gathering and diffusing of information about the child protection activities of States, Tribes, and local authorities and private organizations, so that child protection officials may be informed about innovative approaches in other jurisdictions;
- the provision of financial assistance to States and Tribes for services in the child protection system, including services designed to prevent child abuse and neglect; and
- the participation in inter-agency collaborative endeavors which will ensure that the overall Federal effort related to child maltreatment is comprehensive, planned, and coordinated.

Obviously, some of the functions are more readily applicable to certain agencies than others. Nonetheless, the Board believes that all of the agencies can and should carry out all of the functions.

Federal programs which are, or could be, relevant to the total Federal effort are authorized through myriad Congressional committees and subcommittees. This multiplicity of jurisdictions constitutes a major barrier to the implementation of this recommendation. Overcoming this barrier will require extraordinary Congressional leadership.

Providing Leadership to State and County CPS Agencies

Although the Children's Bureau is the DHHS unit most involved with the administration of State and local public child welfare services, the Children's Bureau pays scant continuing attention to the administration of the State and local CPS function. The National Center also plays virtually no role in the administration of CPS agencies.

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The DHHS neglect of the CPS function exists side by side with the series of problems which the Board identified in Recommendations 18-22 in its 1990 report. Whether focusing on the lack of professional status for CPS case workers, the absence of suitable minimum educational requirements for these workers, the lack of adequate training, the lack of appropriate caseload controls, or the lack of an adequate number of culturally competent staff--the problems persist.

Clearly, DHHS must organize itself more effectively in this regard. The State, Tribal, and local CPS function requires: forceful Federal leadership; much more continuing attention from DHHS senior management; the involvement of much more DHHS staff expertise; more knowledge development effort focused specifically on CPS; and far greater collaboration between the Children's Bureau and NCCAN.

In Recommendation D-2 the Board calls upon the Federal Government to *take all necessary measures to ensure that, within the nation's system of public social services, State, Tribal, and local CPS agencies deliver high quality services. Such services should include:*

- *the development of linkages with other service providers and community resources to ensure that children and families are receiving coordinated, integrated services;*
- *the development of a focus on prevention and early intervention with high-risk families;*
- *the prompt, thorough, and family-sensitive investigation of cases of suspected maltreatment;*
- *the appropriate use of risk assessment in cases of suspected or substantiated child abuse and neglect;*
- *the assessment and management of such cases (including in-home crisis services and other services designed to increase children's safety, strengthen families in crisis, and prevent unnecessary out-of-home placements);*
- *relating CPS to respite and other out-of-home care for the purpose of child protection; and*
- *relating CPS to permanency planning and adoption services for children who have been removed from their families due to maltreatment.*

Providing Leadership to State and County Mental Health Agencies

Although some maltreated children have no apparent lasting effects of their abusive experiences, few phenomena are as likely to have adverse consequences on mental health. In Recommendation D-3b the Board calls upon the Federal Government to *take all necessary measures to ensure (a) that effective mental health treatment is available and accessible to abused and neglected children and their families (including biological, adoptive, and foster families) and (b) that mental health programs for children and families collaborate with other agencies and community groups in the prevention of child maltreatment.*

That mental health treatment of abused and neglected children remains a relatively rare practice is intolerable. Similarly, the Board is concerned about the common lack of application of mental health professionals' expertise in behavior change to the problem of prevention of child abuse and neglect.

The Board believes that a major initiative is necessary to improve the availability and accessibility of mental health services for abused and neglected children and their families and for families at risk of child abuse and neglect. At a minimum, such an initiative requires a significant investment in the development of States', Tribes', and communities' capacities to provide such services.

Given the complexity of the problem, there needs to be provided not just more but **different** mental health services for maltreated children and their families. Similarly, preventive mental health services must take into account both specific psychological needs (e.g., parental needs for self-esteem) and the diverse "reality" needs (e.g., the need for safe housing) faced by many families at risk of child abuse and neglect.

Addressing the Connection between Substance Abuse and Child Maltreatment

Fortunately, the national trend in use of illicit drugs, especially cocaine, is downward. Although this trend is encouraging, the challenge that the problem of substance abuse raises for the child protection system remains formidable. Drug abuse remains common, and the drop in use has been limited largely to occasional users. Alcohol abuse may be an even greater threat to child health.

In short, although the National Drug Control Strategy appears to be having some effect, hundreds of thousands of drug- and alcohol-exposed babies are born each year. Although publicity has focused on major coastal cities, the problem is a national one.

Although much remains to be known about the effects of pre- and postnatal exposure to illegal drugs, research on short-term effects of such exposure and on short- and long-term effects of heavy prenatal exposure to alcohol indicate high risk for drug-exposed children. The potential negative effects of parental substance abuse on children are obvious and alarming.

The problem is not just one of pre- and postnatal exposure. Many children experience neglect as a result of their parents' being physically or psychologically absent while seeking alcohol and other harmful drugs or under their influence. Intoxication also is a precipitating factor for every kind of abuse. Moreover, for parents already having difficulty in caring for their children, the problem is exacerbated when the child is relatively unresponsive or uncooperative because of the developmental effects of pre- and postnatal exposure to alcohol or other harmful drugs.

Nonetheless, as the Board noted in its 1990 report, services for substance abusing parents and substance-exposed children are unacceptably inadequate in most parts of the nation. Even the policy that should be followed is unclear.

States have moved rapidly to enact new legislation to deal with these problems. However, no consensus has emerged about the optimal policy. This lack of consensus is at least partly the result of the complexity of the problem.

Accordingly, in **Recommendation D-3b** the Board calls upon the Federal Government to **take all steps necessary to ensure that substance abusing parents have access to both effective programs for the prevention and treatment of child abuse and neglect as well as substance abuse itself. To be effective, Federal efforts must include initiatives to increase (1) the availability and accessibility of prevention and treatment programs and (2) knowledge about the relationship between substance abuse and child maltreatment, including the effects of various policies and programs designed to prevent children's pre- and postnatal exposure to alcohol and other harmful drugs.**

Child Protection and the Schools

Traditionally, American society has expected the family unit to raise, nurture, and motivate children to become confident, caring adults. While the Board believes that families must retain the primary responsibility for childrearing, a growing number of families need support. Because of their universality and access to children, elementary and secondary schools are uniquely situated to provide such assistance in an easily accessible, non-stigmatizing manner.

The Board believes that the educational system has the potential to be the linchpin of community-based efforts to protect children from maltreatment. That system cannot, however, be expected to take on extensive family support responsibilities without additional funding and professional back-up.

Federal support to assist in building the schools' capacity to fulfill such a role is critical. There is no national standard for data collection within schools on child maltreatment. The Federal Government, therefore, knows very little about the programs and procedures for identifying child abuse and neglect in school settings across the nation, the effectiveness of these programs, and the nature and extent of school-identified maltreatment.

Accordingly, in Recommendation D-4a the Board calls upon the Federal Government to *take all necessary measures to ensure that the nation's elementary and secondary schools, both public and private, participate more effectively in the prevention, identification, and treatment of child abuse and neglect. The objective of such measures should be the development and implementation by State Educational Agencies (SEAs) in association with Local Educational Agencies (LEAs) and consortia of LEAs, of:*

- *inter-agency multidisciplinary training for teachers, counsellors, and administrative personnel on child abuse and neglect;*
- *specialized training for school health and mental health personnel on the treatment of child abuse and neglect;*
- *school-based, inter-agency, multidisciplinary supportive services for families in which child abuse or neglect is known to have occurred or where children are at high risk of maltreatment, including self-help groups for students and parents of students;*
- *family life education, including parenting skills and home visits, for students and/or parents; and*
- *other school-based inter-agency, multidisciplinary programs intended to strengthen families and support children who may have been subjected to maltreatment.*

Family Life Education as a Preventive Tool

Family life education can be an effective technique for preparing adolescents and young adults to assume the responsibilities of parenthood. Through such education, younger persons can be taught qualities which characterize competent parenting such as nurturance, discipline, and coping. Such education cannot only be successful prior to parenthood but also can be a remediating measure for young parents not previously exposed to good parenting models.

In particular, family life education programs of the Cooperative Extension Service of the Department of Agriculture have considerable potential for serving as an effective prevention measure, especially when systematically directed toward families in crisis. Accordingly, in **Recommendation D-4b** the Board calls upon the Federal Government to *stimulate new family life education initiatives specifically aimed at adolescents and young adults which have as their underlying purpose the prevention of child maltreatment.*

Child Protection and Health

The recognition and substantiation of physical and sexual abuse often relies heavily on an accurate medical diagnosis. Linkages are required by CPS workers with those who conduct such evaluations.

Too often health professionals are weak links in the multidisciplinary network required in communities to deal with child abuse and neglect. Surveys have shown that health professional schools provide little training on child maltreatment issues at the undergraduate, graduate or post-graduate levels. Although the number of pediatricians working at least part-time in the field of abuse and neglect has grown appreciably, there are few family physicians, emergency room, or other specialist physicians contributing to the field. The same is true in nursing, dentistry, the allied health professions, and alternative health care providers.

The public health sector, especially through the federally funded Community Health Center programs and Indian Health Service and other State and city health clinics, provides care to millions of children. This public health involvement is especially important given the already-high rate of alcohol-related child neglect and increased reports of sexual abuse involving Native American children. The erosion of the traditional supportive role of the public health nurse and its concomitant replacement by disease oriented activities has left a void in the prevention of child abuse and neglect.

Thus, in **Recommendation D-5** the Board calls upon the Federal Government to *take all necessary measures to ensure that the nation's health care system plays a more effective role in the prevention and treatment of child abuse and neglect. In planning for involvement of the health care system in child protection, attention should focus on the roles of community health centers, public health authorities (including visiting nurse programs), general and pediatric hospitals, primary health care providers, self-help support networks, and alternative health delivery systems. In addition, attention should be given to reducing the prevalence of child maltreatment among children with disabilities, amelioration of the health consequences of child maltreatment, and provision for coordinated responses to child maltreatment fatalities.*

Child Protection and the Justice System

Although much of the nation's legal literature and training related to child protection was originally produced with the assistance of DHHS financial support (largely through NCCAN), the Department of Justice (DoJ), particularly since the mid-1980s, has increasingly been involved in support of activities related to child maltreatment. In the opinion of the Board, there will never be a total national investment in the response to child maltreatment by legal institutions until DoJ undertakes more visible Federal leadership in this area.

Support of DoJ activities related to child maltreatment has been fragmented among many divisions of the Department. Consequently, grants have been awarded by the Department's many entities without any effort of Department-wide planning or coordination.

Coordinated Federal leadership by DoJ is also critical in view of the recent enactment of several Federal laws addressing such topics as the: involvement of the Federal courts in cases involving child witnesses; mandatory reporting obligations of professionals working with children on Federal lands (including collaboration with the Bureau of Indian Affairs which is implementing requirements for child abuse reporting on Indian Reservations); criminal record screening of prospective employees of Federally-operated facilities serving children; and the response system to child abuse occurring on Indian Reservations. Without a planned, focused response to these new Federal statutory responsibilities, the Board fears that their implementation will be unduly slow and chaotic.

Thus, in Recommendation D-6 the Board calls upon the Federal Government to *take all necessary measures to ensure that the nation's courts, attorneys, law enforcement agencies, probation departments, parole agencies, and correctional institutions provide a prompt, sensitive protective response to all forms of child maltreatment. Such a response should involve improving the administration of civil and criminal justice related to child maltreatment, advocacy on behalf of abused and neglected children, and treatment for and monitoring of offenders both in communities and correctional settings. The measures should ensure that cases involving allegations of child maltreatment in family settings, in the community, and within residential institutions are all given an adequate focus.*

Funding Child Protection Efforts

Appropriations for child protection programs have increased at a rate nowhere close to the increase in suspected and substantiated cases of child maltreatment. Indeed, support actually has declined in the aggregate in real dollars. Action to provide a fiscal foundation for an improved child protection system is overdue.

In Recommendation D-7 the Board calls upon the Congress to *authorize and appropriate for each new specially targeted effort recommended in this report an amount necessary to implement the effort at a reasonable level.* In this regard the Board urges the Federal Government to consider the reallocation of existing resources for child welfare services from a focus on supporting the costs of out-of-home placement to a focus on "front-end," intensive, home-based services.

Also, in the award of Federal child protection funds, the Board urges the Federal Government to give due attention to geographic variations in need. Because of (a) the link between poverty and child maltreatment and (b) the limited resources available in impoverished communities, Federal aid for child protection should be distributed with due regard to relative financial need of States, their political subdivisions, Tribes, and Community Mental Health Center catchment areas.

As do all citizens, the Board understands the fiscal difficulties faced by the Federal Government and the necessity of the Office of Management and Budget (OMB) to act with zeal to keep Federal expenditures under control. Nonetheless, the Board believes that OMB is taking too narrow a view of the full and extended costs to the nation over time of the child protection emergency.

Staffing Child Protection Efforts

A conclusion which leaps out of the Board's review of the Federal role related to child protection is the imperative to strengthen the resource base of all Federal agencies involved in the child protection effort. Without doing so, the possibility of these agencies accomplishing their child protection mission is minimal.

It is important that staff of all relevant Federal agencies involved in child protection efforts have the expertise and the resources necessary to fulfill their assigned tasks. It is also important that those staff possess credentials of sufficient stature--including graduate and professional education, experience, and professional certification--to make them credible leaders in the field.

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Thus, in Recommendation D-7 the Board urges that, *for each new specially targeted effort recommended in this report, all program staff, excluding clerical and grants management staff, should have demonstrated professional competence in the field of child abuse and neglect. Moreover, program staff should possess at least those professional credentials generally recognized as necessary for competent practice or research in their disciplines. The number of program staff and the support available to those staff should be sufficient to fulfill their technical assistance mission and to achieve the visibility necessary for national leadership in the various disciplines in the child protection field.*

Enhancing Federal Efforts Related to the Generation, Application, and Diffusion of Knowledge Concerning Child Protection

Need for More and Better Data

For an adequate data base for Federal, State, Tribal, and local planning, information is needed about the actual and reported incidence and prevalence of child maltreatment. Information is also needed about the systemic response to child maltreatment, not only in the public child welfare system, but also in the public judicial, educational, health, and mental health systems, as well as in the private, non-profit sector.

In Recommendation E-1a the Board calls upon the Federal Government to *create a comprehensive, mandatory, 50-State and Tribal, aggregate and case-specific child abuse and neglect data collection system. This system should be administered collaboratively by several Federal agencies. In total, it should yield an accurate, uninterrupted, comprehensive picture of child abuse and neglect, as well as the response to it, throughout the nation.*

The Board believes that a new data collection system should collect data on child maltreatment from: CPS; foster care and adoption agencies; residential facilities other than foster homes caring for children, such as juvenile training schools and residential child care facilities, including juvenile training schools, group homes, and psychiatric hospitals; mental health clinics; schools; courts; law enforcement agencies; hospitals, on both emergency room admissions as well as in-patient discharges; and physicians' offices. The system should also incorporate data on "home-based" services provided through child welfare agencies at the State, Tribal, and local level.

The Board believes that a new data system should be designed by the Bureau of the Census in conjunction with the several Federal agencies presently collecting data. A one-time grant should be available to the States and Tribes to develop or enhance their capability to comply with new data collection and reporting requirements.

Need for More and Better Research

The performance of the Federal Government in child protection research has been inadequate. Given the seriousness and magnitude of the problem of child abuse and neglect and the dearth of knowledge necessary for program planning and decision-making in the lives of individual children and families, the lack of a major Federal program for research on child maltreatment is appalling.

That is why, in Recommendation E-1b, the Board calls upon the Federal Government to *take all steps necessary to promote systematic research related to child abuse and neglect. Such steps should include establishing a new program within the National Institute of Mental Health (NIMH) as the primary Federal research effort concerned with the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect, as well as vesting responsibility in that program for the provision of Government-wide leadership concerning research.*

The term "primary" should not be construed as "only." As the Board envisions it, the NIMH program would be a complement to--not a substitute for--research efforts in other agencies relevant to the Federal child protection role (i.e., child welfare; education; justice; etc.) Those efforts would not only continue, they would be considerably strengthened because of the leadership role of the NIMH program. Leadership would focus on such issues as long-range planning for the entire Federal research effort, budgeting that effort, and the quality and quantity of research personnel in knowledge-building institutions throughout the nation.

Need for More and Better Evaluation

When caseworkers and administrators are constantly beleaguered, inattention to evaluation and to application of the research that is available is understandable. Nonetheless, if the nation is serious about ensuring that its children are protected, such an approach cannot be tolerated.

For example, CPS agencies investigate at least several million cases a year. In every such case, they make initial judgments about the level of risk entailed if the child is to remain at home, and they must decide what combination of services is likely to reduce risk appreciably. Often such judgments are repeated multiple times in a given case; similar judgments must be made about reunification of children who have been placed in foster care. Yet, almost nothing is known about worker decision-making, and relatively little is known about the effectiveness of standard protocols for risk assessment.

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Even when evaluation studies of adequate quality have been conducted, they rarely have been followed up. Demonstration projects typically have not built on previous efforts, and evaluation researchers rarely have contributed multiple studies.

Given the seriousness of errors in judgment, it is impossible to defend a situation in which so little care has been taken in systematically recording workers' decisions and evaluating their validity. Thus, in Recommendation E-1c the Board calls upon the Federal Government to ***ensure that child protection activities supported with Federal funds are subjected to rigorous evaluation and that findings of such studies are applied in the design and implementation of programs in the child protection system.***

Need for More Skilled Professional Staff

In its 1990 report the Board presented evidence that the nation's entire child protection system is operating under a terrible crisis. All parts of the system are understaffed, underpaid, undertrained, and often underqualified.

It is not just an increase in numbers that is needed. Child protection professionals need to be competent. In a decade where, for example, the interpretation of certain medical findings as "diagnostic" for sexual abuse has changed, it is imperative for professionals to maintain their qualifications through changing times.

There is a clear need to increase dramatically the numbers and qualifications of all professionals in the field of child protection: CPS workers, physicians, nurses, law enforcement officers, lawyers, judges, and mental health professionals of all types. That is why, in Recommendation E-2, the Board calls upon the Federal Government to ***expand incentives and grant programs significantly to increase the numbers and qualifications of professionals available to work in the child protection system.***

Need for Implementation of Standards of Practice

Like the States and Counties, the Federal Government has a clear duty to provide services to the families who reside, or are governed, under its jurisdiction. The Board believes that those families should be able to benefit from the very best professional protective response that American society can offer. Developing exemplary services has an added benefit. In the process of providing support for the improvement of the state of the art in child protection, the Federal Government assists the States and Tribes by providing them with models that they can adopt.

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The development and implementation of Federal standards of practice, and the careful evaluation of their implementation, would go far toward making the child protection system that operates within Federal jurisdiction an exemplar of good practice. Thus, in **Recommendation E-3** the Board calls upon the Federal Government to ***take all necessary measures to ensure that each Federal agency directly providing services in the child protection system meets standards of competent practice. The first of these measures should be commissioning the development of national standards of competent practice for the various professionals and agencies involved in child protection cases at the State, Tribal, and local levels.***

**Need for the Provision of Technical Assistance
to State and Tribal Child Protection Efforts**

In the late 1970s, ten DHHS regions harbored Regional Resource Centers on Child Abuse and Neglect, Child Welfare, and Adoption--30 centers in all. In 1982, funding for these centers was dramatically cut, and ten centers were funded to cover the three topic areas for each region. Two years later, all the centers were dropped.

In 1985-86, ACYF, the Children's Bureau and NCCAN rediscovered resource centers, but instead of funding programs in 10 regions, they decided to fund "National Resource Centers"--one for each of ten topical areas. In the 1988 CAPTA reauthorization, Congress required that DHHS develop resource centers to serve "defined areas." The FY 1991 Coordinated Discretionary Fund announcement solicited proposals for two national resource centers--one to cover child abuse (e.g., physical abuse and neglect), the other to cover sexual abuse.

During the last decade, while resource centers focused exclusively on child abuse and neglect were reduced five-fold (from 10 to 2), the number of reported cases nationally increased four-fold (from 669,000 to 2.5 million). In view of the increased complexity of investigating and treating child sexual abuse, and the recognition of newer forms of abuse, the need for a significant expansion in resource centers is clear.

In **Recommendation E-4** the Board calls upon the Federal Government to ***establish a mechanism to stimulate development of State or regional resource centers for training, consultation, policy analysis, and research in the field of child protection. Such centers should be interdisciplinary and should involve collaboration between universities and relevant State and Tribal agencies, including opportunities for university-based sabbaticals for senior State and Tribal officials and agency-based sabbaticals for university professors.*** The investment in State resource centers is apt to be repaid many times over in increased quality of child protection services and in the level and diffusion of knowledge about child abuse and neglect.

Need for the Diffusion of Knowledge

The Board believes that it is particularly important to increase both public and professional sophistication about child abuse and neglect. To that end, there should exist within the Federal Government an entity capable of serving as a source of accurate, comprehensive information about child maltreatment.

That entity should be designed so that its staff can itself answer virtually any general question about child protection, both in terms of its current manifestations as well as its past manifestations, and can refer any technical question it may receive quickly and accurately. Further, that entity should be so prominent, so well-known, that it would be the obvious first place for a questioner to turn. In a time when it can take hours to explain to a reporter from the news media what the child protection system is and how it works, the entity which the Board envisions must be proactive rather than reactive, including as an important part of its mission the education of public opinion shapers on the problem of child abuse and neglect.

There is another important task for such an entity. The public has increasingly perceived reporting to a hotline as the solution not only for child abuse, but for other problems too, including some that would have been handled on a neighborly basis in an earlier era. It is time now to focus public attention not only on when to report, but also on when not to report and on what to do instead.

For many years NCCAN has attempted to accomplish the information diffusion function through a series of contracts. Although the contractors have been quite capable, the scope of the contracts has not embraced the mission which the Board believes must be undertaken. Moreover, as the contract periods have concluded, the responsibility has been shifted from one contractor to another. This practice is unwise, because it inevitably disrupts the continuous flow of information when the contracts end.

That is why, in Recommendation E-3, the Board calls upon the Federal Government to ***develop a highly visible entity that takes whatever steps are necessary to ensure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, state-of-the-art information on child abuse and neglect.*** The Board believes that the information diffusion function should no longer be contracted out but, rather, be carried out by Federal employees.

Improving Coordination among Federal, State, Tribal, and Private Sector Child Protection Efforts

Establishing a Structure for Planning and Coordination at the Federal Level

Far greater coordination of Federal activities than now exists is required. That coordination needs to extend to Federally-supported activities at the State, Tribal, and local levels. Recommendations F-1 through F-3 speak to the issue of coordination.

In Recommendation F-1 the Board calls upon the Federal Government to ***establish an agency or entity to plan and coordinate the accomplishment of the goal of reducing the prevalence of child abuse and neglect. The agency or entity should be mandated to develop--in concert with the agencies throughout the Federal Government whose programs constitute the collective Federal effort--both a long-range strategy for accomplishment of the goal as well as short-term approaches leading toward that end. The agency or entity should also be required to set forth that strategy and those approaches in the form of a readily achievable, comprehensive plan.***

In addition to developing the plan, the agency or entity should:

- assist the President, the Secretary of Health and Human Services, and the heads of other relevant agencies in enlisting opinion leaders in efforts:
 - to reduce societal influences that may increase the probability of family violence, child abuse and neglect, and violent crime;
 - to increase social and material support for families that will decrease child abuse and neglect and other forms of family dysfunction; and
 - to increase social support for children that will ameliorate the effects of abuse and neglect when maltreatment does occur;
- identify problems related to child abuse and neglect that are receiving inadequate national attention;
- convene meetings to facilitate the active and constructive response to such problems;
- support educational campaigns designed to increase the sophistication of citizens of the nature and complexity of child abuse and neglect and to inform them about alternative steps that they may take to increase the safety of children;
- develop public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect;
- coordinate the provision of technical assistance to Federal, State, and Tribal agencies;

- coordinate the multi-agency review of the single comprehensive State and Tribal plans described in Recommendation F-2;
- monitor policy and program implementation at all levels of government; and, as necessary
- convene key actors from throughout the Federal Government for collaborative policy formulation, program design, and investment in joint funding ventures.

The agency or entity should be located at an appropriate organizational level. It should be vested with authority commensurate with the nature of its responsibilities. It should be given adequate resources.

Establishing a Structure for Planning and Coordination at the State and Tribal Level

The unplanned nature of Federal child protection policy is unfortunately replicated in most States, Tribes, and communities. A Federal mandate for comprehensive State, Tribal, and community planning is an appropriate exercise of leadership to ensure that Federal, State, Tribal, and local resources are used effectively and efficiently. If crafted sensitively, such a mandate will permit flexibility so that plans will be responsive to State, Tribal, and local needs. A planning requirement and the flexibility of funding that accompanies it provide the opportunity for developing an integrated approach in the child protection programs of States, Tribes, and communities. Indeed, many States are already voluntarily developing variants of such plans.

That is why, in Recommendation F-2, the Board calls upon the Federal Government to *require any State or Tribe receiving any formula grant for child protection (including--but not limited to--any grants legislated in response to this report, grants pursuant to CAPTA, the existing Social Services Block Grant, and Titles IV-B and IV-E of the Social Security Act) to submit a comprehensive three-year plan for multidisciplinary investigation, prevention, and treatment of child abuse and neglect. This single comprehensive plan should be a major eligibility requirement for these Federal formula grants, providing States and Tribes with the opportunity to make a single application to the agency or entity described in Recommendation F-1 for funds from several agencies. That agency or entity should be authorized to exercise discretion in waiving discretionary grant requirements that may impede the blending of Federal funds. As an alternative to full-scale implementation of the comprehensive State or Tribal planning requirement, the Federal Government should initiate a multi-year series of pilot projects aimed at testing the core concepts underlying the requirement.*

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A major feature of the planning requirement would be that, by meeting it, States and Tribes would entitle themselves to "one-stop shopping" for Federal funding for their child protection efforts. Currently, States and Tribes attempting to integrate such efforts must run the gauntlet of meeting myriad Federal grant requirements. That task is a principal barrier to the development of integrated approaches. Yet, the nature of child protection demands those very approaches.

Managing this "one-stop shopping" feature will be one of the two chief responsibilities of the agency or entity described in Recommendation F-1 (the other being the management of coordinated Federal planning). While not attempting to minimize the obstacles to the effective discharge of this responsibility, the Board believes that the advantages to cooperating Federal agencies will quickly become manifest.

In proposing this requirement, the Board is not asking States and Tribes to "do more with less." Although the major responsibility for designing the particular strategies to be used in a given child protection effort properly belongs to the States and local communities, the Federal Government should assist States in the development of the capacity to construct and fulfill a comprehensive child protection plan. Some of that assistance should be technical in nature. Often it also should be financial.

The proposed planning requirement may be too big a dose for the Federal, State, and Tribal Governments to swallow at one time. If that proves to be the case, the Board proposes a series of coordinated pilot projects to study the barriers to coordinated action by State governments aimed at the development and implementation at the neighborhood level of comprehensive, multi-agency, multidisciplinary, private-public "model" programs for the improvement of prevention, investigation, identification, intervention, and treatment of child abuse and neglect.

Providing for Comprehensive Federal Planning and Coordination in Response to Child Maltreatment Fatalities

The 1990 report of the Board directed the nation's attention to the tragic reality that thousands of American children are estimated to die each year as a result of child abuse and neglect. The exact numbers are unknown due to inadequate case identification and a lack of uniform data gathering. The Board noted that by carefully reviewing these tragic deaths, important lessons can be learned by Federal, State, Tribal, and local policymakers and administrators that can guide the improvement of all systems addressing the problem of child abuse and neglect. Moreover, this is an area with important practice implications for health care, legal, educational, and social services professionals.

Thus, if there is one area where the value of effective coordination by States, Tribes, and communities in responding to child maltreatment is most clearly demonstrated, it is in the review of child deaths due to child maltreatment. The report presents four actual case examples from a local child death review team to prove this point.

The Board believes that at the Federal level it is essential for relevant agencies of DHHS and the Department of Justice to be significantly involved in child fatality-related efforts. Other Federal agencies that are responsible for the provision of direct services to families must also address this subject. It is especially critical for all relevant Federal entities to pay attention to the barriers, such as confidentiality laws and agency regulations, that may inappropriately inhibit the effective review of child death cases at any level of government.

In Recommendation F-3 the Board calls upon the Federal Government to *ensure that issues related to child deaths resulting from abuse or neglect are properly addressed by all relevant Federal agencies, acting collaboratively. Such collaborative efforts should address such issues as:*

- *the review of Federal statutes and regulations that may create barriers to inter-agency, multidisciplinary collaboration at the Federal, State, Tribal, and community level in the investigation, intervention, and review of suspected child fatalities;*
- *the development of model protocols and procedures for both individual State, Tribal, and local agencies, as well as for inter-agency, multidisciplinary collaboration in the investigation, intervention, and service provision in cases of child fatalities;*
- *the development of uniform national data gathering and analysis related to child fatalities; and*
- *the on-going funding of research and training relating to the responses of the Federal, State, Tribal, and local governments to the problem of child fatalities, including how such responses contribute, if at all, to the prevention of child maltreatment in general as well as child maltreatment fatalities.*

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Implementing a Dramatic New Federal Initiative Aimed at Preventing Child Maltreatment--Piloting Universal Voluntary Neonatal Home Visitation

Twenty years ago, research was begun which showed that one could identify families at high risk for physical abuse and neglect of children in the perinatal period. Fifteen years ago, the use of lay home visitors was shown to prevent the abuse of infants in high risk families.

Beginning 17 years ago, the Federal Government funded three successive waves of demonstration projects to test alternate approaches to treating and preventing child abuse and neglect. Intensive evaluation of those projects showed that, of the several techniques which the projects tested, support by parent aides--a form of home visiting--was among the most effective.

Five years ago, David Olds of the University of Rochester and his colleagues demonstrated again the effectiveness of home visitors, using public health nurses for a high-risk adolescent parent population. Not only was abuse prevented, but the use of costly emergency health services declined, immunization rates improved, and, perhaps most significantly, subsequent pregnancy was delayed for two years longer than in the comparison group which had a second baby within the next year.

Subsequently, the Olds group found evidence of other positive benefits of home visitation programs. Such programs increase parental educational achievement and income; they decrease parental reliance on public assistance.

Recently, the U.S. General Accounting Office (GAO) reviewed home visiting. After GAO studied and documented the characteristics of successful home visitor programs, the Comptroller General of the United States, the head of GAO, found home visiting to be "an effective service delivery strategy" and called on the Secretary of Health and Human Services to focus the Federal Government's efforts in home visitation.

Last year the Board noted that "the best documented preventive efforts are for home visitation sources for families of infants which are universal in many developed countries but are not now widely available in the United States." In the year that has ensued since its first report, hundreds more infants throughout the United States have died or been severely damaged, in part because the nation has again delayed implementing what is known to work.

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The Board presents a case study to illustrate this tragedy. The hospitalization for the baby's brain injury is expected to cost \$75,000, and his life-long long-term care will cost \$20,000 to \$50,000 per year depending on where he can find placement. There are also the costs of civil and criminal court proceedings against his father brought by the County. The provision of home visitor services to the baby and his parents, at an estimated cost of \$2000 in this case, might have prevented his abuse and subsequent disability. It also might have kept his father from facing criminal prosecution and incarceration for felony child abuse at an estimated cost to the State of \$200,000.

Since the publication of its 1990 report, many public officials, the media, and private citizens have asked the Board to prioritize among that report's 31 recommendations. While it believes all are required, it also believes that the single most important recommendation in the 1990 report dealt with the prevention of maltreatment through home visitation. That is why, in **Recommendation G-1**, the Board calls upon the Federal Government to *begin planning for the sequential implementation of a universal voluntary neonatal home visitation system. The first step in the planning process should be the funding of a large series of coordinated pilot projects. Instead of reaffirming the efficacy of home visiting as a preventive measure--already well-established--these projects should aim at providing the Federal Government with the information needed to establish and administer a national home visitation system.*

Through a home visitation system, as the Board envisions it, services would be made available to all new parents who requested it. The system would also accept referrals from health and child welfare agencies of families who are at risk of developing--but have not yet developed--abusive behavior.

Some will wonder about the wisdom of a voluntary, universal approach. The Board believes that a more limited, targeted effort would be stigmatizing. Moreover, it believes that all new mothers and fathers need some help and support, and that the judicious use of volunteer lay home visitors for families at low risk for abuse is a good screening mechanism for identifying those at high-risk who may need extra, professional services.

Low-risk families could be served through networks of volunteers recruited by religious, business, corporate, neighborhood, and voluntary organizations and groups. High-risk families could be served by expanded public health nurse and/or parent aide teams.

Complex problems like child maltreatment do not have simple solutions. While not a panacea, the Board believes that no other single intervention has the promise that home visitation has.

IV. WHAT DIFFERENCE WILL IT MAKE? FROM POLICY TO ACTION

In its 1991 report, without a doubt, the Board is asking for a major commitment by the Federal Government to resolving the national emergency in the child protection system and preventing its recurrence. Indeed, it is going further to demand adoption in law of a policy obligating Federal agencies "to act with due urgency" and "to use all means practicable" so that "all steps necessary will be taken to ensure that every community in the United States has the resources...required to develop and implement a child protection strategy that will ensure the safety of children" and in fact will "prevent child maltreatment, whenever possible."

In view of the Federal Government's lack of comprehensive, concerted involvement in child protection thus far, skeptics may reasonably ask whether this blueprint really would make a difference in the lives of children and families. How can changes made "inside the Washington, D.C. Beltway" translate into caring communities across America? Will a major Federal initiative not result simply in new layers of bureaucracy and new reams of paperwork rather than an increase in the level of protection available to children?

The Board's answer is two-fold. First, it makes no apology for the scale of the reform that it is advocating. The scale of the problem of child maltreatment is enormous, its nature is complex, and its significance is profound, both for individual children and families and for the nation.

Second, although the Board concurs that Federal action alone is insufficient for the social transformation that is necessary for the protection of children, it is also clear that such fundamental change cannot occur on a national scale without a reformation of Federal policy. Indeed, it is clear that community change--even more basically, comprehensive services for individual maltreated children and their families--will remain difficult to accomplish without Federal reform.

The Board asks the nation's leaders to consider the changes that will occur at the community level if the Board's recommendations are fully implemented.

- **Local program administrators and practitioners in the child protection system will be guided by a coherent sense of mission.**
- **Neighborhood-based strategies for child protection will be developed in a comprehensive community plan.**

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- **Communities will have substantial new fiscal resources for prevention and treatment of child abuse and neglect, and they will have great flexibility in planned integration of such funds.**
- **Communities will have substantial new human resources for the purpose of child protection.**
- **Services will be comprehensive.**
- **Services will be of substantially higher quality.**
- **Child protection will be high on the community agenda.**

Part IV of the Report explains in detail what each of these changes will mean for individual communities.

Federal action can make a difference in community life. Ultimately, though, the test of the efficacy of reform is the difference that it can make in the lives of individual children and families. The 1990 report of the Board presented a composite scenario of how the current child protection system functions. That illustration described how young "J" endured a multi-level, complex and lengthy process, driven primarily by the agendas of CPS, law enforcement and the judicial system. This report began with the story of "Anna" and "Beth." That story graphically illustrates why a coordinated, comprehensive, community-based child abuse prevention, identification and treatment system must begin with the child.

V. CONCLUSION: *EVERYTHING BEFORE US*

Child maltreatment is a serious, complex, and widespread problem--often with lasting consequences. It demands a comprehensive, high-priority response. The failure to provide such a response has led tragically to a system that is *overwhelmed* and *on the verge of collapse*--a collapse so grave that *children will be even more seriously at risk than they are now, thus causing countless additional American children to suffer irreparable harm.*

Reasonable people can disagree about the range of social programs that government should provide. None of them would debate the proposition that, at a minimum, society owes children protection of their personal, psychological, and physical security.

Failure to provide the most basic protection to children is a grievous collective assault that communicates a lack of respect for the dignity of children as people. At the same time, the nature and complexity of child maltreatment are such that the problem negatively affects every member of American society. No other problem may equal its power to cause or exacerbate a range of social ills. In short, the national emergency in the child protection system represents not only a moral lapse but also the threat of disintegration of the nation's social fabric.

To use the Dickens quote from the Board's first report, the nation has been "going direct the other way" as if "we had nothing before us." Now, though, the Board sees "everything before us."

This report is entitled **Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect.** The words "a caring community"--from the 1990 report--reflect the Board's continuing vision of an American nation that recognizes that its youngest members are entitled to protection for their personal integrity, both physical and psychological, a nation that is willing to establish, monitor, and support the structures necessary to ensure such protection.

Realizing this vision will require an "age of wisdom," informed by careful research and planning, invigorated by moral fervor, and sustained by a national commitment to invest the resources necessary to ensure the safety of America's children. In 1991, in partnership with State, Tribal, and local governments as well as the private sector, the Federal Government has the opportunity and the duty to lead in the development of a new national, comprehensive, child-centered, family-focused, and neighborhood-based child protection system--to start the nation moving toward that day when every American child will be living in a caring community.

ACKNOWLEDGMENTS

CHAIRPERSON'S ACKNOWLEDGMENTS

This report could not have been produced without the extraordinary dedication, expertise, and time commitment of the Board's two staff members, **Byron D. Metrikin-Gold** and **Eileen H. Lohr**. My colleagues and I have never seen better examples of outstanding "public service" within the Federal Government. I wish that all who work in government programs serving children and families would model their efforts on these two wonderful people. At a time when many Americans find it easy to be critical of the Federal bureaucracy, Byron and Eileen serve as examples of the difference that can be made by exceptional civil servants.

Many of our private sector associates in the field of child maltreatment prevention and intervention (especially those from member organizations of the **National Child Abuse Coalition**), as well as those within the Federal Government (especially members of the **Federal Inter-Agency Task Force on Child Abuse and Neglect**), provided valuable guidance and assistance throughout the development of this report. These colleagues helped us focus and structure the report appropriately, and they gave us many helpful comments on the various drafts. I thank them here collectively, as they are too numerous to name individually.

While all of our Board members contributed to this report, two deserve to be singled out for their efforts. **Gary B. Melton** and **Howard A. Davidson** devoted an exceptional amount of time, energy, and insight to the preparation and editing of six separate drafts of this document. We on the Board are deeply appreciative of their wisdom and enterprise. Given the amount of work involved in writing and revising the document based on extensive suggestions received from Board Members and others in the field, Gary and Howard deserve special credit for their patience and endurance.

Many months ago, when the Board first decided to devote this report to the Federal Government's efforts related to child abuse and neglect, many of us were privileged to meet with and receive advice from a former Secretary of the U.S. Department of Health, Education, and Welfare. For his sagacity and encouragement, I wish to thank **Secretary Arthur S. Flemming**.

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I also want to express my appreciation to the two Board Interns who, while spending a semester in Washington, participated in a field placement with our staff: **Suzanne Spencer** and **Melissa Kidd**. Their assistance was extremely helpful, and I only hope that what they were able to learn from us came close to the level of their contributions to our efforts.

Finally, there is one group of individuals which has, for two years now, been a vital asset to this Board. This group is comprised of the **families of the Board Members and the Board Staff**. For their help and emotional support (and occasional food and lodging in Washington), I thank them all.

I. INTRODUCTION

A. Creating a Caring Community for "Anna" and "Beth"

[C]hild abuse and neglect in the United States now represents a national emergency.¹

With those words in its first report, Child Abuse and Neglect: Critical First Steps in Response to a National Emergency, the U.S. Advisory Board on Child Abuse and Neglect drew the attention of the nation to the severe physical and sexual abuse and neglect of hundreds of thousands of America's children each year. One year after the release of that report, the emergency remains.

In this, its second report, the Board has chosen to focus on the nature of the response of the Federal Government to child maltreatment. The management of Federal programs is a subject that would seem to be remote from the lives of maltreated children and their families.

The Board knows otherwise. The composite description which follows graphically illustrates the critical difference which an effective Federal response could make in a typical case of child maltreatment.

Picture a child named Anna born into this world totally dependent on her caretakers, her neighborhood, and a system of services designed to nurture, educate, and protect her from harm.² This child is the reference point for the 1991 Board report. All the services and support systems that are the focus of this report must be evaluated in terms of how they affect her life and assure she has every opportunity to grow and develop into a healthy adult.

¹Except when referring to quotes from reports by other agencies (all such references occurring in Part II), indented paragraphs are drawn from the findings of the U.S. Advisory Board on Child Abuse and Neglect in its first report, Child Abuse and Neglect: Critical First Steps in Response to a National Emergency (1990) (available from the Superintendent of Documents, U.S. Government Printing Office; Stock No. 017-092-00104-5). Italicized portions are direct quotes.

²The children portrayed in this illustration are composite figures drawn from the experiences of Members of the Board.

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The most important influences on the welfare of Anna will be family, friends and neighborhood. If her caretakers provide a safe and caring home environment for her, and if they live within a community providing opportunities for her healthy growth and development, the child abuse prevention system need only assure that services are available and coordinated.

Those services may consist of non-intrusive and voluntary support. Income supports, WIC (the Federal nutrition program for women, infants, and children), Head Start and housing supplements may be needed if Anna's family lacks funds. Home health visitors, other preventive health services, and educational and recreational opportunities may be augmented by developmental evaluation and community outreach--all intended to build a supportive network and reduce family stress.

In Anna's case, there is a second minor in the picture. This child is **Beth, Anna's mother**. Anna was born slightly premature to Beth, a single, 17-year-old high school dropout, who sought prenatal care in her third trimester of pregnancy. She began abusing cocaine and alcohol at age 14.

Beth's brother had a juvenile probation officer because of substance abuse and auto theft. Her absent father had a parole officer for numerous offenses and had molested her from age 5-10 years with no intervention. Her mother drank excessively and had been battered recently by her new husband. Beth's three year old brother is developmentally delayed.

When Beth sought prenatal care, a health care evaluation noted that, based upon a school-based prevention program, Beth stopped abusing substances when she found out she was pregnant. She kept her medical appointments, attended a parenting group with other single mothers, and began to work on her General Equivalency Degree (GED). When Anna was born, a home health visitor helped her understand and adjust to her baby's needs and demands. The child protective services (CPS) and social service workers assisted Beth in securing AFDC (the Federal-State income assistance program for families with dependent children), WIC, parenting classes and family counseling, and helped Beth in her efforts to secure housing.

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A team intervention helped the family work with 13 agencies in a coordinated effort that brought services to all family members. Systematic follow-up indicated that appropriate service contacts were made with all members, including some conjoint sessions. With Beth's concurrence, her CPS worker was designated as the family's primary liaison with other agencies.

Anna is now three, attending Head Start, and appears well-adjusted. Her family is connected to a community network that provides support that enables them to function at a healthy level. Beth has her GED and is seeking employment, her brother is back in school, and her mother received counseling at a domestic violence center and may divorce her abusive husband.

The agency interventions helped this family build their own natural network within the community. The family is connected to a neighborhood family multi-service center, and has become involved in peer support activities at the neighborhood church. Through the support group, Beth has become close to two other young mothers who live near her; this represents her first experience with healthy friendships. They have begun socializing and exchanging child care. Beth's developmentally delayed brother, now 6 years old, was provided an assessment through EPSDT (the Federal-State program of early and periodic screening, diagnosis, and treatment for young children) and found to be hearing impaired. He is receiving special education.

Obviously, each family situation is different. The case of Anna and Beth is typical, though, in the multiplicity of problems that it presents. Unemployment, substance abuse, family conflict, illiteracy, lack of perinatal care, racial and cultural discrimination, mental health problems, and physical or developmental disability (among other problems) may mix with social isolation to increase the probability of abuse or neglect and ultimately of separation of a child from her family of origin.

If the nation is to prevent child abuse and neglect, it cannot ignore environments that predispose families to fail to protect their children. Neither can it ignore the personal problems that interfere with coping with the stressors of family life.

The task of child protection is difficult but "doable." It requires a community response to diminish the circumstances that threaten children's safety and to provide the family support and monitoring that make maltreatment less likely and that mitigate its effects when it occurs. It also requires a scientific foundation and clinical skills that permit

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accurate assessment of questionably safe situations and that foster interventions of sufficient immediacy, complexity, and intensity to sustain children and families in times of danger.

For such a constellation of community development, human resources, and knowledge to come together--for Anna to be protected and for Beth to acquire the skills and support that she needs to care for her adequately--**the Federal Government must begin to facilitate community efforts to protect children.** That change in Federal perspective implies a new commitment, a new comprehensiveness, a new investment in knowledge generation and diffusion, and greater leadership and flexibility--all features of the Board's blueprint for a new Federal policy and actions to implement it.

B. The 1990 Report of the U.S. Advisory Board on Child Abuse and Neglect

1. Summary of the Board's Conclusions

In declaring a *national emergency*, the Board made three broad findings on the basis of its examination of the child protection system:

- *...[I]n spite of the nation's avowed aim of protecting its children, each year **hundreds of thousands** of them are still being starved and abandoned, burned and severely beaten, raped and sodomized, berated and belittled.*

The Board noted further that many children will suffer the consequences of this maltreatment for the rest of their lives and that **hundreds--perhaps thousands--**each year will have their lives cut tragically short because of abuse or neglect. It is simply cruel, the report said, when adults responsible for the care of children use their authority "to degrade or exploit them."

When 2.5 million cases of suspected child maltreatment are reported each year, such numbers are simply stunning--a situation that should shock the conscience of the nation. In view, then, of the seriousness of child abuse or neglect, the Board found the sheer scope of the problem to merit a declaration of a national emergency.

- *...[T]he **system** the nation has devised to respond to child abuse and neglect is failing.*

It is not, the Board stated, a question of "acute failure of a single element of the system." Instead, the child protection system is plagued by "chronic and critical multiple organ failure." No matter which element of the system that it examined--prevention, investigation, treatment, training, or research--it found a system in disarray, a societal response ill-suited in form or scope to respond to the profound problems facing it. It was forced to conclude that the child protection system is so inadequate and so poorly planned that the safety of the nation's children cannot be assured.

- *...[T]he United States spends **billions** of dollars on programs that deal with the **results** of the nation's failure to prevent and treat child abuse and neglect.*

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The Board estimated that billions of dollars are spent each year in direct expenditures on a child protection system that is failing to protect children adequately. Child maltreatment results in costs for law enforcement, the courts, out-of-home care, and the treatment of adults recovering from child abuse. The indirect costs of child maltreatment are even greater. It noted that the nation continually pays for the social and personal costs of substance abuse, eating disorders, depression, adolescent pregnancy, suicide, juvenile delinquency, prostitution, pornography, and violent crime--all of which may have "substantial roots in childhood abuse and neglect."

The Board concluded that the costs of child abuse and neglect are so grave that the emergency represents a ***threat to national survival: such negligence threatens the integrity of a nation that shares a sense of community, that regards individuals as worthy of respect, that reveres family life, and that is competent in economic competition.*** Child maltreatment tears the social fabric; moreover, each incident weakens the fabric further, disconnects children and parents from the community, and increases the likelihood of further abuse and neglect and other personal and social problems.

Although the adverse consequences of child maltreatment are themselves sufficiently serious to warrant declaration of a national emergency, the Board warned against missing the most fundamental reason for making child protection a matter of the highest national priority:

Child abuse is wrong. Not only is child abuse wrong, but the nation's lack of an effective response to it is also wrong. Neither can be tolerated. Together they constitute a moral disaster....

Tolerating child abuse denies the worth of children as human beings and makes a mockery of the American principle of respect for the rights and needs of each individual.

The Board further asserted strongly that ***[c]hild neglect is also wrong:***

Children must be given the basic necessities of life--food, shelter, clothing, health care, education, emotional nurturance--so that they do not suffer needless pain. If children are to become full participants in the community, then they must be given basic sustenance so that they will then be in a position to develop their own personality and point of view. Children are not in a position to obtain such sustenance on their own.

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When those who have assumed responsibility for providing the necessary resources for children (usually parents) fail to do so, it is wrong. When parents and other caretakers have the psychological capacity to care for their children adequately but lack the economic resources to do so, society itself is derelict when it fails to provide assistance.

In such a context, the Board proclaimed, ***[a]ll Americans share an ethical duty to ensure the safety of children.*** As recognized by the United Nations in its Convention on the Rights of the Child,³ protection from harm is a basic human right essential to the preservation of children's dignity. Therefore, it argued, ***[a]ll Americans should be outraged by child maltreatment.*** All should join, it said, in resolving that its continued existence is intolerable and demanding that public officials immediately take whatever action is necessary to repair the nation's child protection system.

Central to an understanding of the Board's proposed strategy to deal with child maltreatment is its definition of the term **child protection system**. In its view the term child protection system refers to the entire system that serves children and their families in cases where: (a) a risk of child maltreatment exists; (b) maltreatment has been reported; or (c) maltreatment has been found to exist.

The child protection system includes but is not limited to ***State or County child protective service (CPS) agencies***, the public agencies mandated by law to protect abused and neglected children. Other components of the child protection system include **law enforcement, education, public health, mental health, court, and private non-profit agencies and organizations**. The Board maintains that if child abuse and neglect is viewed exclusively, or even primarily, as a public social service responsibility, the nation will never overcome the national emergency.

In examining the existing child protection system, the Board observed that past investment in solutions to the problem of child abuse and neglect has been inadequate. Too often the solutions offered have been based on incomplete analyses of the many facets of the problem.

³Since the Convention's unanimous adoption by the U.N. General Assembly in November 1989, more than 90 nations have ratified it, and scores more have signed the document. The United States is still not among either group.

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The Board suggested that the nation needs an approach to child protection that not only is expanded but also is different:

...the replacement of the existing child protection system with a new, national, child-centered, neighborhood-based child protection strategy.

Believing that the current situation in the child protection system required an immediate response, the Board decided to use its first report to alert the nation to the existence of the crisis and to recommend **31 critical first steps** that must be taken if the child protection system was (and is) to avoid collapse. (The 31 Recommendations contained in its first report are found in Appendix D.)

The Board made clear its understanding that the obstacles to counteracting the emergency are "enormous":

They are enormous because there are more cases of child abuse and neglect than the child protection system as now constituted can adequately handle. They are enormous because after nearly thirty years of responding to the problem of child maltreatment, the gap between what needs to be done and what is being done grows wider every year.

Notwithstanding the intensity and size of the challenge to alleviate the crisis, the Board is still convinced that if America establishes a new child protection system, beginning with major reform of the Federal child protection effort, a recurrence of the national emergency can be prevented.

2. The U.S. Advisory Board on Child Abuse and Neglect

The U.S. Advisory Board on Child Abuse and Neglect was established under provisions of Pub.L. 100-294, the 1988 Amendments to the Child Abuse Prevention and Treatment Act (CAPTA). (Material describing the Members of the Board, its staff, and organizational structure is found in Appendix B.)

The major Federal child protection law is CAPTA. The Congressional authorization for the several grant programs of CAPTA expires on September 30, 1991. Reauthorization of those programs is anticipated. (The text of CAPTA, current as of August 31, 1991, is found in Appendix C.)

The explicit provisions of CAPTA creating the Board require it to prepare an annual report to the Secretary of Health and Human Services, appropriate committees of the Congress, and the Director of the National Center on Child Abuse and Neglect (NCCAN). In its reports, it is charged with evaluation of the nation's efforts to accomplish the purposes of CAPTA and development of recommendations about ways that those efforts can be improved.

This is the second annual report of the Board. In its work on this report, it has been particularly guided by the charge it received at the May 30, 1989 ceremony at which its first Members were sworn in. In this charge, Secretary Louis W. Sullivan instructed the Board as follows:

"For me, for my colleagues in the Department, you are not going to be an advisory board. You are going to be working partners....

That means hard work. That means candor. That means that I want not only recommendations and suggestions from you but criticism as well....

First, I ask that you take an inventory of where we have been and where we are so that we can better chart our compass for the future.

Look first at the Federal effort, programs, direction. Are we spending...dollars entrusted to us by the Congress and the President with insight, imagination and effectiveness?

Are the Federal inter-departmental gears meshing smoothly and productively? How can we make sure that our colleagues in [other departments] have the same sense of urgency about this problem [that] we have?

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Are our communications with the States and municipalities as good as they can be?

...Given the dollar crunch, what can we do to help the States do their all important job better?...

Excepting budgetary constraints, there are no 'off limits' signs on my charge to you."

With these words in mind, the Board is dedicated to the long-term development of a **new, carefully planned, coherent approach** for assuring the safety of American children. Design and implementation of an effective child protection system will require careful, incremental planning. This effort and the monitoring of its implementation will occupy its energies during the remainder of this decade.

The Board's approach to its work is incremental; it will be systematically developing its vision of a comprehensive national child protection strategy and recommending phased-in testing and implementation of the strategy. As a cornerstone of the new national strategy, it believes that the Federal role in child protection⁴ must be comprehensive and sufficiently flexible to allow for such planned experimentation. **Through provision of a blueprint for the Federal Government's role, this report is intended to identify the critical next steps toward a new national strategy for child protection.**

⁴The Board recognizes that, in talking about the Federal role in child protection, the context usually implied is the relationship between the Federal Government and State and local governments. Defined in that way, the term wrongfully excludes the unique status of Indian Tribes under American law as political entities and sovereign governments.

In June 1991 President Bush reaffirmed the government-to-government relationship between the Federal Government and Tribal governments. Although this report makes frequent specific references to Tribal governments, undoubtedly the report inadvertently neglects various ways in which its recommendation might affect Tribes. The Board anticipates that, as the various recommendations contained herein--for example, the development of a national child protection policy--are considered, the Federal Government will devote special attention to the implications of the recommendations for Tribes.

3. Response to the First Report

The release of the Board's first report brought considerable public attention to the emergency in the child protection system and a chorus of voices confirming its validity. However, as previously stated, the emergency that it described in the summer of 1990 has not abated. Although some steps have been taken to deal with the emergency, considerable action is necessary to ensure that they do not remain "episodic response[s] to a chronic difficulty":

One reason for the inadequacy of the governmental response is that legislative bodies at all levels have tended to focus on narrow issues raised by the many diverse critics of the child protection system....Although their issues have been important, they have frequently caused legislators to design piecemeal--as distinguished from comprehensive--solutions.

In response to the first report, Secretary of Health and Human Services Louis W. Sullivan has announced an initiative that, among other elements, will include his personal involvement in convening a series of meetings to plan Federal, State, and community action to deal with the crisis in child protection. Secretary Sullivan is the first Secretary of Health and Human Services in the 17 year history of CAPTA to acknowledge the problem of child abuse and neglect as a public priority and seek to develop a policy to address it. The Board wishes to institutionalize this priority, not only within the Department of Health and Human Services (DHHS), but throughout the Federal Government.

C. The Nature of this Report

1. Process for Developing the Report

In the process of developing its 1991 report⁵ the Board studied the structure and functioning of the National Center on Child Abuse and Neglect (NCCAN)--the Federal agency that is the focus of CAPTA. It interviewed all but one of the past directors of NCCAN, many of the Children's Bureau senior executives who have played an integral role in Federal child abuse efforts over the last 17 years, and many present and former staff of NCCAN.

The Board did not limit its Federal inquiries to NCCAN. It analyzed information it received from the Federal Inter-Agency Task Force on Child Abuse and Neglect (the Task Force). The information was of great assistance in understanding the scope of current Federal involvement in child protection and the problems of Federal interagency cooperation and coordination.

The Board heard from members of the research community, Federal Children's Justice Act grantees, State officials who maintain liaison with NCCAN, members of the Task Force, and some of the leadership of State and community prevention programs. It also met with Congressional staff involved in Federal oversight of the nation's child protection efforts, as well as with representatives of organizations that are part of the National Child Abuse Coalition. Finally, during its May 20-23, 1991, meeting, it held a public hearing on the second draft of this report.

⁵A complete description of the process in which the Board engaged during the development of this report is found in Appendix B. That Appendix also contains a description of its other activities during 1990-1991.

2. Organization of This Report

After much internal discussion, and conversations with the leadership of national organizations concerned with child maltreatment, the Board has concluded that reform of the Federal role related to child maltreatment can be divided into six major actions:

- **Developing and Implementing a National Child Protection Policy;**
- **Preventing and Reducing Child Maltreatment by Strengthening Neighborhoods and Families;**
- **Providing a New Focus on Child Abuse and Neglect and Strengthening Families in All Relevant Federal Agencies;**
- **Enhancing Federal Efforts Related to the Generation, Application, and Diffusion of Knowledge Concerning Child Protection;**
- **Improving Coordination among Federal, State, Tribal, and Private Sector Child Protection Efforts; and**
- **Implementing a Dramatic New Federal Initiative Aimed at Preventing Child Maltreatment--Piloting Universal Voluntary Neonatal Home Visitation.**

The significance of each of these actions is fully described in Part III of this report.

Each action encompasses one or more recommendations. Each recommendation is followed by a discussion of its relationship to the involvement of the Federal Government in the problem of child abuse and neglect.

The means whereby the Executive Branch or the Congress might take action to implement the recommendation are then set forth. These "options for action" are neither prioritized nor meant to be exclusive solutions.

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As a necessary background to these recommendations for change, the Board endeavors to describe the history of Federal involvement related to child abuse and neglect in Part II of this report. This historical analysis builds on the background information included in the Board's first report.

In Part IV, the Board has attempted to illustrate the potential combined impact of the proposed Federal policy reforms at the Federal, State, and community levels. This illustration is intended to provide an understanding, in very practical terms, of how the proposed reforms will change both policy and practice in the delivery of services to abused and neglected children and their families.

The Board believes that the President and the Congress now have the opportunity and the responsibility to undertake major policy reforms that will assist in alleviation of the American child protection emergency. These reforms will provide the foundation for planned implementation of a new child protection system.

II. THE PERFORMANCE OF THE FEDERAL GOVERNMENT IN CHILD PROTECTION

A. The Crisis in the Child Protection System

In preparing its first report, the Board took a comprehensive look at the child protection system, and it saw emergency conditions in every part of the system:

- The child protection system has a poorly defined sense of mission. Too often the system seems to disregard the needs of children.
 - The focus instead is on checking whether parents did/did not act in a particular way, did/did not fulfill a particular point of a service plan, etc.-- essentially, continual investigation.
 - Children themselves often do not receive services. Those services that are delivered often are not tailored to individual needs.
 - Often insufficient attention is given to the relationships important to children.
 - Children often are not given an active voice in decisions about them, and they typically are not given adequate feedback about the proceedings determining their lives.
 - Reforms often are adopted in the name of child protection without careful consideration of their meaning and significance to children themselves.
- Increasing numbers of children are living in poverty in communities so drained that individual families often lack support.
- Family life has become increasingly diverse and complex, and young families and families headed by women are increasingly and disproportionately subject to economic and social stressors.
- Modes of service delivery have failed to change in proportion to changes in family life.

- The number of foster children has increased dramatically, and their needs are becoming increasingly serious and complex, but the number of foster parents is shrinking.
- Whether the focus is prevention, investigation, adjudication, or treatment, resources have failed to grow at a rate anything close to the explosive rise in the number of reports of child maltreatment or the parallel increase in the complexity of reported cases.
- Child protection has been perceived as primarily the responsibility of CPS agencies, with the result that an ever-increasing proportion of resources in the child protection system has gone to investigation of allegations of child abuse and neglect. Indeed, in some States and counties, it may be said that the public child welfare program of services to children and their families is CPS.
- Maltreated children, even when receiving care or supervision from a governmental body, rarely receive treatment.
- Interventions that disrupt families are more readily available than those that preserve families in crisis or that prevent serious problems which threaten children's safety from occurring at all.
- The data system on child protection is too poorly developed to give an adequate picture of the scope of the problem of child abuse and neglect and the nature of the child protection system's response. In general, child abuse and neglect is one of the most inadequately studied major social problems, and the knowledge that does exist has rarely been systematically diffused and applied in practice.
- Major deficits exist in the number of trained professionals in child protection.
- Child protection policy is largely unplanned; it has consisted primarily of ad hoc responses to crises.
- Coordination is a serious problem at all levels.

The Board believes that many of these shortcomings in the nation's child protection system can be traced to deficiencies in the Federal response to child maltreatment. The nature of that response and how it developed are described in the following section.

B. The Federal Role in the Child Protection System

1. Overview of the Federal Role

Explicit references to child abuse and neglect are now found in 64 sections of the U.S. Code, including those provisions included in CAPTA. Information provided by the Task Force to the Board showed that this statutory framework does not begin to capture the breadth of Federal involvement in issues related to child protection. At least 28 agencies were found to have specific activities pertaining to child abuse and neglect.

A specific office or center for child protection programs does not exist in any agency other than within DHHS. The National Center on Child Abuse and Neglect is that agency. Outside NCCAN, current policies and programs have developed largely as a by-product of other efforts. The largest programs which impact on the child protection system are Titles IV-B, IV-E, and XX of the Social Security Act, none of which is typically identified as a child maltreatment program.

To be clear, the Board does not believe that a program must be labeled as pertaining to child abuse and neglect to be important in child protection. Indeed, several current statutes that show particular promise of providing a foundation for child-centered, family-focused, and neighborhood-based child protection contain no mention of child abuse and neglect at all. Two examples are the recently-enacted Claude Pepper Young Americans Act and the National and Community Service Act. The Pepper Act, if funded adequately, has the potential for stimulating the development and implementation of a planned, coordinated national child and family policy and comparable State and community policies. Both laws include incentives for community involvement to enhance family welfare.

The Board also notes the enactment of the Indian Child Protection Act of 1990 which contains a family-focused approach. That Act also encourages the inclusion of local communities in shaping Native American child protection policy.

2. The History of the Federal Role through the Enactment of the Child Abuse Prevention and Treatment Act

In the mid-1950s--in response to the efforts of the American Humane Association--the U.S. Children's Bureau first took formal notice of the area of "child protection." At that time child protection generally was focused on child neglect rather than abuse. By the late 1950s, the Bureau began to pay attention to the emerging concern over physical abuse of children, a concern that was prompted by a group of physicians led by C. Henry Kempe, M.D.

By 1963 the Bureau, without any specific Congressional mandate, had compiled a comprehensive national inventory of child protective service agencies, held a series of meetings and planning sessions on steps needed to control the problem of child abuse, and promulgated one of the most influential pieces of model State legislation ever produced in the United States: a model child abuse mandatory reporting law. Between 1963 and 1967 every State and the District of Columbia passed some form of this Federally-developed model statute.

It is important to note that the Children's Bureau of the early 1960s, in which child abuse was given its first Federal focus, was divided into a Health Services Division and a Social Services Division. The former was able to mobilize a cadre of physicians in the response to making child abuse a legislative policy issue. The latter initiated a series of important intra-mural (internal) and extra-mural (external) child abuse research projects focusing on social services questions. Thus, thirty years ago, child abuse had become a major concern of the Children's Bureau because it fit into both its public health and child welfare services components.

However, by the late 1960s, that focus was gone, the health programs of the Children's Bureau transferred to the Public Health Service and most of the Bureau's child welfare research budget eliminated. Between 1967 and 1973 the States that had universally adopted mandatory child maltreatment reporting laws were left by the Federal Government without the benefit of nationally collected data, the dissemination of information, or technical assistance on how child protective service agencies might cope effectively with the dramatic growth of cases that the new reporting laws had generated. The Department of Health, Education, and Welfare (DHEW, now DHHS) had in essence left the nation's physicians and public child welfare agencies to act on their own in response to child maltreatment.

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In 1973 Senator Walter Mondale introduced S. 1191, the proposed Child Abuse Prevention and Treatment Act. The bill was immediately opposed by the Nixon Administration, particularly because it was a new (albeit small) categorical Federal social services program. In testimony before Mondale, although DHEW objected to any proposed new Federal mechanism to address child maltreatment, it was clear that the Department had little idea of how the States were coping with a growing national problem. Nonetheless, on January 31, 1974 President Nixon signed CAPTA into law.

It is instructive to note that the original Senate version of CAPTA took the view that child maltreatment was not merely a social services problem. **The Mondale Bill, if enacted as first drafted, would have required States receiving CAPTA funds to make cooperative arrangements between social services, health, education, and other appropriate agencies to assure coordination in dealing with child abuse and neglect cases.** This provision was significantly watered down in the final version of the law, and the Federal Government missed an opportunity to guide the States into a true Statewide multidisciplinary, inter-agency approach to child protection efforts.

3. The Child Abuse Prevention and Treatment Act and the National Center on Child Abuse and Neglect

a. *History of the Child Abuse Prevention and Treatment Act from 1974 to the Present*

Since 1974 CAPTA has been the Federal legislation that is most focused on the topic of child maltreatment in America. Shortcomings in the 1974 Federal legislation have been compounded by successive CAPTA amendments which have occurred with surprising frequency.

The 1974 Act required DHEW to create a National Center on Child Abuse and Neglect. The implicit mission of NCCAN was to administer grant programs, to identify issues and areas needing special focus for new research and demonstration project (R&D) activities, and to serve as a focal point for the collection of information, the improvement of programs, and the dissemination of materials and information on best practices to States and localities.

The 1974 Act was silent concerning the placement of NCCAN in the Executive Branch, other than requiring that it be established by the Secretary of Health, Education, and Welfare as "an office" within the Department. Immediately upon implementation of the Act by DHEW, a decision was made to place NCCAN within the Children's Bureau. In the past year, the DHHS Commissioner of the Administration on Children, Youth, and Families elevated NCCAN, placing the agency on the same organizational level as the Children's Bureau.

Since 1974, successive reauthorizations of CAPTA have consistently enlarged NCCAN's subject matter jurisdiction. For example, in 1978 the Federal definition of child abuse was amended to include "sexual exploitation" of children. In 1984, several additional types of child maltreatment were added to NCCAN's focus: the withholding of medically indicated treatment from disabled infants with life-threatening conditions, and the abuse of children in day care centers and by family day care providers. In 1988, NCCAN was required to conduct a number of specific studies, including the relationship between child abuse and family alcoholism and child abuse and children with disabilities. In 1989, a focus on child maltreatment-related substance abuse issues was added, and in 1990 a focus on child maltreatment-related homelessness issues was added. The legislative history of the Act classically illustrates the phenomenon described by the Board in its 1990 report, a governmental response to increased reports of maltreatment which "was and continues to be fragmented, often simplistic, ill-conceived, ...crisis oriented...symbolic and driven by political expediency."

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The majority of funds appropriated under the Act to date have been earmarked for R&D grants, including funds to support a national information clearinghouse, various national resource centers, national data collection efforts, and periodic national "incidence studies." In addition to the R&D grant program, the original CAPTA legislation created a categorical child abuse and neglect State formula grant program. These unrestricted grant-in-aid funds to State child welfare agencies, ranging from less than \$4 million in 1977 to approximately \$19.5 million in 1991, are conditioned on State compliance with a number of statutory standards for State child abuse and neglect laws and child protective service agency operations.

In recent years this grant program (known as the Basic State Grant Program) has been complemented by three additional State grant programs. The first is a grant to assist State child maltreatment prevention efforts (known as the Challenge Grant Program.) The second is a grant focused on State programs to improve the investigation and prosecution of child abuse, particularly child sexual abuse (known as the Children's Justice Act Grant Program.) The third is a grant designed to help States deal with cases involving the withholding of medical care from disabled infants (commonly called the Medical Neglect/Baby Doe Grant Program.) No State can receive a CAPTA Basic State Grant or a Children's Justice Act Grant, if it fails to comply with the enumerated CAPTA State eligibility criteria.

In 1989, in response to grave concerns about the alarming increase in reports of maltreatment as a result of substance abuse (particularly "crack" cocaine), Congress added a new, narrowly-focused, CAPTA discretionary grant program that, alone, is larger (\$19.5 million) than the entire R&D CAPTA budget of any prior year (which until 1991 never exceeded \$14 million). This program, entitled "Emergency Child Abuse Prevention Services Grant," is focused on State and local grants for projects related to the protection of children of substance abusing parents.

By constantly adding new areas of concern and duties for the NCCAN staff, without also adding sufficient funding support, Congress has contributed to the difficulties faced by this small agency. In view of this, the Board believes that the NCCAN staff deserves to be commended for its hard work in turning the ever-expanding Congressional mandates into programmatic action.

Despite its modest budget, low organizational status, and understaffing, NCCAN has a number of accomplishments to its credit. In the late 1970s and early 1980s, NCCAN commissioned a series of manuals and practice guidebooks published by the Government Printing Office. These publications were widely disseminated to social workers, educators, physicians, judges, attorneys, and other professionals involved in child maltreatment-related work.

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When the issue of child sexual abuse first became a widespread national concern, NCCAN's publications; and the training and technical assistance work that it supported, were helpful to both frontline professionals and those involved in policy development in this area. The enhancement of practice nationwide in the investigation of child sexual abuse reports, especially during the early to mid-1980s, was to some extent a consequence of NCCAN-supported activities.

The National Center has supported the convening of a bi-annual national conference on child abuse and neglect that generally attracts several thousand CPS workers, supervisors, administrators, and other child protection professionals. Since its creation, NCCAN has also convened a number of invitational policy-focused meetings, addressing such critical topics as the institutional abuse of children, the use of guardians ad litem in child protection judicial proceedings, the development of consensus guidelines for CPS intake and investigation practices, and the development of a focus on cultural competence within the child protection system.

The State grant programs that NCCAN administers, particularly the aforementioned Basic State Grant, Child Abuse and Neglect Prevention Challenge Grants, and the Children's Justice Grants, have been used in a number of ways to help States improve their laws and programs. This is in part due to the leadership of NCCAN in bringing State grantees together for periodic discussions of current concerns in the field and how State and local agencies are dealing with them. NCCAN has encouraged the networking of State child protection agency leaders so that they can assist each other in addressing common barriers.

b. *Congressional Reviews of NCCAN*

Despite NCCAN's accomplishments and its assumption of expanded responsibilities, there have been a number of Congressional reviews of NCCAN that have produced critical findings. The Board's current analysis of NCCAN echoes, and expands upon, many concerns previously addressed by those who have examined the agency's operations.

In 1980, the General Accounting Office (GAO) issued a serious critique of NCCAN including its lack of necessary resources to properly perform its mission. The GAO auditors found that NCCAN had given scant attention to the coordination of Federal programs related to child maltreatment, and that NCCAN staff were poorly informed about other agencies' programs on child abuse and neglect. The general picture highlighted by GAO was of an agency isolated from its field and lacking the leadership ability necessary for a Federal agency with such a vital task:

The Center has provided little guidance and assistance to States and localities on effective approaches and programs to deal with child abuse and neglect,...[it] has not been able to identify programs that work best because of poor evaluation policies and procedures,...[it] has not assessed States' and localities' programs and problems, and consequently has no assurance that its efforts are targeted toward the States' greatest needs.

The GAO emphasized that NCCAN was not completely responsible for problems found in State and local CPS, but that "given its responsibilities, it should do more to help the States." The GAO also concluded that the Center was inadequately supported by the (then) Department of Health, Education, and Welfare. During the preparation of that report, NCCAN staff themselves cited as significant problems a lack of adequate staff, a lack of time to coordinate federal child protection activities, and a resistance in some of the other agencies whose work needed to be coordinated with theirs. The GAO concluded that more support and resources were needed if NCCAN was to fulfill its mission.

In 1986, the House Select Committee on Children, Youth, and Families issued a report entitled Abused Children in America: Victims of Official Neglect. The Select Committee noted that the dual burden of increased reports and decreased resources had compelled many States to abandon or curtail their most effective child abuse and neglect prevention and treatment programs. The report concluded that "the commitment of public resources has been far from adequate and that the greatest shortfall has come as a result of cuts in federal assistance."

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The Select Committee noted that Federal assistance to the States through the CAPTA Basic State Grant program had been reduced in Fiscal Year 1981 from \$23 million to \$17.2 million--a 30 percent loss. It further noted that funds were increased to \$26 million in Fiscal Year 1986, but stressed that they remained well below the Fiscal Year 1981 level in real dollars. Finally, the report noted that Federal programs on child abuse and neglect lost a total of \$131 million in constant 1982 dollars between Fiscal Years 1981 and 1985, at the same time that the States experienced increases of suspected child maltreatment by as much as 250 percent.

The Subcommittee on Human Resources of the House Committee on Government Operations held oversight hearings on NCCAN in 1986. The Subcommittee heard from the National Child Abuse Coalition that: (a) the NCCAN staff could not work up to their potential because of the lack of support by the Administration which created, at times, serious obstacles to their effective functioning; (b) the field's contribution to the development of NCCAN's priorities had been ignored; (c) the DHHS Office of Human Development Services (OHDS) had exacerbated the distance that it had created between NCCAN and the child protection field nationally that it was meant to serve; and (d) the directions that NCCAN had chosen were developed in a void by undersupported and overburdened staff and administrators who were isolated from the field. Researchers testified before the Subcommittee that NCCAN was drastically out of touch with the research community. One researcher observed: "This state of affairs would not be tolerated in other areas where activities in scientific knowledge are critical to the development of public policies promoting the health, safety and welfare of our nation's citizens. Why then is it permissible in the area of child abuse?"

In 1987, the House Committee on Government Operations issued a report on Mismanagement of OHDS: Undermining Programs for Children, the Disabled, and the Elderly. In its analysis of NCCAN's effectiveness, the Committee found that "NCCAN has repeatedly failed to fund appropriate evaluations of the research it has supportedThe reports that were done did not provide any objective information about program effectiveness or the costs of successfully treating abused children or their parents. These evaluations represent an almost complete waste of several million dollars."

c. *The Current Reality of NCCAN*

The Board wishes to emphasize that in making the following observations about NCCAN, it does not mean to denigrate the efforts that NCCAN staff members have made and are making. Because of those efforts, the nation is more aware of the problem of child maltreatment, and more is known about its causes and the steps that may be taken to reduce its incidence and consequences. Faced with extremely trying working conditions, NCCAN staff has consistently performed in an admirable manner.

Moreover, the Board applauds recent efforts by DHHS officials--especially Wade F. Horn, Ph.D., Commissioner of the Administration on Children, Youth, and Families (ACYF)--to increase the size of the NCCAN staff and his selection of David Lloyd, an experienced professional in the field of child maltreatment, as the Director of NCCAN. The Board hopes that these efforts--a good start at remedying past problems--will not only continue but accelerate in the Administration for Children and Families (ACF), the newly established DHHS operating agency within which NCCAN is now located.

What is the current condition of NCCAN? The Board believes that its observations, which follow, accurately answer this question.

- Despite an ever-increasing number of Congressional expectations for NCCAN, as well as a dramatic growth in public awareness of the national emergency, the size of the NCCAN budget does not permit the agency to address the scope of the nation's child protection needs adequately. One fact well illustrates this gap: between 1975 and 1990, the total appropriated CAPTA budget administered by NCCAN, when adjusted for inflation, went down by 35 percent, while reports of child abuse and neglect over the same period increased by 273 percent.
- An increasing gap has emerged between what the child maltreatment field needs and what NCCAN staff is able to provide. Even after the current effort to raise the staff complement of NCCAN to 20 is completed, the number of NCCAN staff will remain woefully inadequate when measured against the agency's responsibilities.
- The 1982 DHHS Reduction-in-Force (RIF) and subsequent staff attrition during the 1980s NCCAN had insufficient resources to be a forceful leader in the Federal effort. The RIF resulted in the loss of considerable staff competency within NCCAN. Most of the current NCCAN staff have not had professional field experience relating to child abuse and neglect.

Shortcomings in staff experience have been exacerbated by inadequate funding which, until recently, has made staff site visits, participation in staff development opportunities, and interactions with the field rare events. Understandably, it has been very difficult for NCCAN staff to stay in close touch with emerging issues in the child maltreatment field.

Clearly, NCCAN staff are thoroughly qualified for many positions in the Federal civil service. However, during interviews with the Board,⁶ many members of the staff acknowledged their lack of qualifications for work in the field of child abuse and neglect. They acknowledged further that, as one interviewee observed, "we have little credibility or clout to lay out a vision." Another noted that "NCCAN can't hold its own in the field."

- According to staff, in recent years NCCAN has been subject to such tight administrative control that the agency's responses to inquiries from the field have been reduced, in effect, to "standardized form letters." They observed that support for the States by NCCAN staff had been reduced substantially.

The National Center's placement within DHHS results in bureaucratic handcuffing. Were NCCAN staff to prepare a response to a Governor's letter to the Secretary about sexual abuse treatment programs, for example, that response would require review by officials at a number of levels.

- A lack of effective planning in NCCAN during the 1980s was a constant theme that emerged in staff interviews. The National Center lacks a visible and coherent planning process. It tends to diffuse its energy in too many directions at once instead of concentrating on a circumscribed set of achievable objectives.
- The National Center has tried to achieve productive collaboration with sister Federal public health, mental health, education, justice, community development, and volunteer programs. Its success has been limited. To date, NCCAN has been unable to develop an effective strategy for leveraging the dollars of better-funded agencies, which has had adverse consequences for the total Federal child maltreatment research, training, and service delivery effort.

⁶These interviews were conducted before the recent appointment of the current NCCAN Director. The Board believes that, were they being conducted now, the staff observations might be different.

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- Placement of NCCAN within the social services component of DHHS impedes its ability to influence the public health component of the Department to take significant steps in the prevention of child maltreatment. Thus, clear Congressional intent that NCCAN attend to prevention goals is unlikely to lead to a concomitant increase in effective child maltreatment prevention activity within the DHHS Public Health Service.
- Paradoxically, within the social services component of DHHS, NCCAN has had remarkably little impact on the huge Title IV-B, Title IV-E, and Title XX programs which provide the largest Federal share of State and local CPS funding. There is no record of significant CPS policy reform undertaken anywhere in the nation in response to an NCCAN initiative. Given the NCCAN organizational location within the Children's Bureau from 1974 until 1990, this lack of NCCAN influence on State and local CPS behavior is surprising and disappointing.

The Children's Bureau--with its primary emphasis on foster care, home-based services as an alternative to foster care, permanency planning, and the adoption of children with "special needs"--is concerned with abused and neglected children after their cases have been reported and substantiated by State or local agencies. Many child protection experts believe that for this reason NCCAN and the Children's Bureau should be closely linked and regularly involved in collaborative efforts (e.g., joint involvement in the planning for the development of a comprehensive national data system relating to child maltreatment--see Recommendation E-1.a).

Although the recent elevation of NCCAN to an organizational level comparable to the Children's Bureau was generally praised by the child protection field nationally, there has been considerable concern expressed that the separation of NCCAN from the Children's Bureau might improperly fragment DHHS assistance to State and local child welfare agencies with CPS responsibilities. The National Center is still not high enough to effect significant policy changes but is now uncoupled from the Federal agency responsible for foster care, a system in which three-quarters of the children it deals with are abused or neglected.

- The NCCAN knowledge building effort has been consistently hampered by inadequate funds, undistinguished ad hoc review panels, yearly announcements which do not build on the work of previous years, and the absence of an ongoing mechanism which taps the expertise of scientists in the overall evolution of program direction. The National Center staff interviewed by the Board noted that the quantity of applications for research and demonstration grants had declined rather dramatically from approximately 400 per year to 75-100. The quality of reviews was said to remain poor and priority scores to be unreliable across panels.

During its 1990 hearing on research, the Board learned that much of the knowledge building community lacks confidence in the ability of NCCAN to manage an effective research effort. This impression has been confirmed in communications to the Board by national scientific societies. The lack of confidence in NCCAN even extends to some of the agency's own grantees.

- Over the last decade, most NCCAN demonstration projects have not had a scientifically sound evaluation component. Nor has NCCAN created a mechanism for assuring that the results of those few demonstrations that have had an evaluation component are translated into practice.

The Board is pleased to note that, in the July 11, 1991, program announcement for the new Emergency Child Abuse and Neglect Prevention Services Program grants, NCCAN has required that all projects supported in response to the announcement include a component that contains a third-party evaluation of the effectiveness and impact of each project. The Board also is pleased to acknowledge that the July request for applications showed greater conceptual sophistication than in many previous announcements issued by NCCAN.

- The National Center has not built a comprehensive system for data collection and analysis. Neither has it developed the capacity for accurate, consistent, uninterrupted diffusion of information to the child maltreatment field. An example is the multi-year gap in child maltreatment prevalence data. Another example is the extent to which information available from NCCAN's Clearinghouse on Child Abuse and Neglect Information is not current.
- National resource centers, which replaced regional resource centers in 1984, have not been able to achieve the level of visibility and access provided by the regional centers. The regional centers served as the Federal Government's prime agent for outreach in disseminating knowledge on child protection in various parts of the nation.

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In summary, the general picture of NCCAN is of an agency that, given its inadequate support, has had unrealistic expectations placed on it as the volume and complexity of child maltreatment reports have increased. In the spring of 1990, the GAO was requested by Congress to examine the current condition of NCCAN. Its testimony delivered at a recent House oversight hearing on CAPTA supports the Board's assessment.

4. The Federal Inter-Agency Task Force on Child Abuse and Neglect

The Federal Inter-Agency Task Force on Child Abuse and Neglect is the sister body of the Board. Also created under the 1988 amendments to the Child Abuse Prevention and Treatment Act, the Task Force consists of approximately 30 member agencies drawn from eight Cabinet departments and the Office of Personnel Management. The Director of NCCAN is the statutory Chairperson of the Task Force.

The Task Force serves several useful purposes. It provides a forum through which staff from relevant Federal agencies can communicate and exchange ideas concerning child protection programs. It collects information about Federal child protection activities.⁷ Further, it provides a basis for collective action through which funding and resources can be maximized.

The Board believes that the Task Force has not yet realized its full potential. It has not yet addressed such important issues as the Federal role in motivating the nation's education system to become a more significant actor in child protection activities or collaborative funding efforts between Federal substance abuse- and child maltreatment-focused agencies. Nor has it yet devised a comprehensive strategy, including points of measurement, for guiding Federal activities related to child protection.

The Board notes that the Task Force participants are essentially technical experts who are, for the most part, not the decision-makers in their respective agencies. Task Force deliberations, therefore, have suffered because the participants **do not have the authority to commit** the resources of their agencies to joint ventures related to child protection.

⁷The recent publication by NCCAN, A Guide to Funding Resources for Child Abuse and Neglect and Family Violence Programs, resulted from information compiled by the Task Force.

C. The Need for a New Approach to Federal Child Protection Efforts

As the Board noted in its 1990 report, no single Administration, branch, or level of government is to blame for the national emergency in child protection. Nonetheless, in considering the future Federal role in child protection, it is important to identify and understand the problems in existing Federal child protection policy.

Unfortunately, the general picture is one of an absence of a coherent Federal policy. In fact, the Child Abuse Prevention and Treatment Act has within it no stated purposes, an unusual deficiency in such far-reaching legislation.

Federal child protection planning has been relatively non-existent. By its omissions and its actions, the Federal Government--both Congress and the Executive Branch--has fostered a national child protection system that is fragmented, inadequate, and often misdirected.

The Federal Government has failed to exert the necessary leadership in child protection. Federal leaders--both in Congress and the Executive Branch--generally have failed to acknowledge publicly the seriousness of the problem of child abuse and neglect and to exhort the nation to assume responsibility for protection of children. Some progress has been made in this regard (e.g., the announcement of Secretary Sullivan's initiative to draw attention to the problem), but Federal officials have not yet used public occasions unrelated to child maltreatment to acknowledge the child protection emergency and the critical steps needed to respond to it.

Since many of the nation's leaders appear not to be alarmed by the emergency in the child protection system, many citizens fail to appreciate its seriousness and to join in taking personal responsibility for its remediation. This translates into a situation in which child protection authorities at all levels are not held accountable for their actions and, at the same time, private citizens and organizations engage in insufficient enterprises to support families and protect children.

The Board believes that the level of volunteer activity related to child protection that has been present throughout the nation is remarkable. Nonetheless, concerted Federal leadership is needed to help create a well-informed media focus on child maltreatment, to motivate and inspire the public to action, and to place child protection on the agenda of every civic, philanthropic, business, labor, and religious organization in the nation's communities.

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Since the problem of child abuse and neglect has multiple dimensions--justice, health, mental health, education, community development, substance abuse, developmental disabilities--Federal agencies responsible in multiple areas must be involved in formulating their own efforts and responses, in working collaboratively to promote the integration of services, and in developing and disseminating knowledge to the State and local agencies to which they provide guidance and funding. For the most part, this has not happened.

The approach which the Federal Government has pursued in child protection--vesting a small agency with authority for Federal leadership--has led to the inadequate involvement in child protection efforts by public health, mental health, substance abuse, developmental disabilities, justice, education, and community development agencies. No one agency can be expected to deal adequately with a problem as complex as child abuse and neglect, even if it is labeled as "national."

The lack of coordination among agencies administering Federal funding streams has impeded communities at the local level in their efforts to develop cohesive family services structures. Too often, regulations promulgated by different programs limit use of funds to one segment of a family's problem. The reality that children and families in need do not have problems that can be solved in isolation from each other has become increasingly evident. Lisbeth Schorr has documented well the debilitating results of this in terms of program effectiveness. (Schorr, Lisbeth, Within Our Reach, Doubleday, New York, 1989).

Federal policy provides fiscal incentives for removal of children from their homes. Absent in Federal policy are parallel, stronger incentives in the form of intensive child protection services that may prevent removal of maltreated children from their homes or may prevent the maltreatment altogether. Similar counterproductive funding criteria are present in Medicaid and CHAMPUS, the health care program of the uniformed services.

There is a clear need for Federal leadership in moving the predominant response to child abuse away from investigation and foster care toward services to help families overcome the stresses in their lives. While investigation and foster care are necessary for serious cases of child abuse, a large proportion of reports concern families in poverty who are unable to provide basic necessities for their children. Unfortunately, access to constructive services for many poor families is through the child protective system which requires an investigation and, often, foster care.

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The Federal Government's lack of leadership has also manifested itself in the small amount of funds that have been invested in knowledge building activities. The manner in which much of the funds that have been invested have been managed is a further manifestation of the deficiency in leadership.

Federal agencies, other than NCCAN, have in recent years not seen as part of their mission the development and diffusion of models for the prevention and treatment of child abuse and neglect. These agencies, as well as NCCAN, have also not seen as part of their mission the support of significant research about the nature, prevention, and treatment of child abuse and neglect, nor the preparation of trained personnel to conduct such research.

In addition, Federal agencies have not incorporated into their mission the development of the capacity to generate basic statistical information about the prevalence of child maltreatment and the adequacy of the child protection system's response--a gap that has impeded timely response to changes in the problems faced by child protection agencies. Nor has the Federal Government provided adequate attention to rigorous evaluation and has funded demonstration projects that lack a strong conceptual and empirical foundation.

Moreover, as illustrated by the low visibility of the Clearinghouse on Child Abuse and Neglect Information and the incompleteness of its data base, Federal agencies have often not diffused the knowledge that is available. Finally, the Federal Government has only to a limited extent provided support for the training of specialists in child protection or stimulated the infusion of information about child maltreatment into the basic curricula of the various professions serving children and families.

The result is a level of practice in which critical decisions that affect the lives of children and families are often made with little scientific foundation. The state of practice in the child protection system is rarely state-of-the-art, and the state of the art is frequently uninformed.

The Federal Government is the nation's largest single provider of child protective services in that it has jurisdiction over cases involving the maltreatment of the children of uniformed service members as well as the children of Native Americans. However, even in that role, the Federal Government has not provided the nation's CPS agencies with leadership by example. Only recently has the Congress enacted statutory authority for child protective services on Indian Reservations and procedural and evidentiary reforms in Federal Court cases of child abuse--provisions that it years ago mandated the States to adopt.

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The CAPTA State Grants not only fail to touch programs outside of State and County child welfare agencies, but they also do not encourage comprehensive State and community child protection planning. Even within State and County child welfare agencies, there is no requirement that plans developed under the CAPTA Basic State Grant Program be integrated with plans for the use of funds available under the Children's Justice Act Program, the Challenge Grant Program, or the Medical Neglect/Baby Doe Grant Program. Often, several agencies or offices manage these programs more or less independently of each other at the State level. Non-integrated planning at the State and County levels for the use of Federal child protection and foster care funds causes even more acute consequences. Tribal communities are particularly impacted by such fragmentation because of their need to access many sources of funding, both State and Federal.

Just as Federal policy implicitly focuses on investigation more than prevention and treatment, Federal child protection efforts have given more attention to State compliance with procedural requirements than fulfillment of substantive expectations for child protection and family preservation. The several recent and pending Federal Court decisions about State failures to provide minimally adequate "safety net" services for children and families illustrate the consequences of Federal enforcement efforts that focus more on whether "boxes were checked" than whether children were provided with services to promote their safety and strengthen their families. The parallel is unmistakable, with the tendency of State child protection authorities to focus more on checking boxes about parental behavior than providing comprehensive services to children and parents.

The Federal approach to child maltreatment has led to attitudes and practice in the child protection system that overemphasizes investigation and underemphasizes significant reforms in prevention, treatment, responsibility of the community, and provision of services based on a strong conceptual foundation which is tested by research. Child protection is much too important for such a model approach.

The Board looks now for the exercise of political will at the highest levels of the Federal Government--in both the Executive Branch and Congress--to develop and implement a coordinated, comprehensive reform of Federal child protection efforts. To that end, it offers a blueprint for such reform.

III. RECOMMENDATIONS FOR CHANGE

A. The Potential for Federal Leadership toward a New Child Protection System

The Board believes that the time has come for a Federal policy based on respect for the inherent dignity and inalienable rights of children as members of the human community. That policy should be rooted in the companion ideas that the family (whether biological, adoptive, or foster) is the unit in society most likely to secure children's safe and healthy development and that children have a meaningful right to live safely in a family environment.

Federal child protection policy should encourage concerted community action to protect children. As such, aiming at being comprehensive, it should model and support multidisciplinary involvement in child protection. It should stimulate and support a comprehensive emphasis in the diverse programs that affect children and families and that are directly or indirectly Federally funded. It should provide the knowledge base for the effective provision of help by State and community programs, regardless of whether they are public or private, professional or volunteer, formal or informal.

Child protection should be an ongoing function of community life. Federal leadership and resources should facilitate neighbors helping neighbors.

Federal child protection policy should support voluntary access to help for families. That help should be easily accessible in the various settings where children and parents live and work or study. Moreover, Federal policy should aim at assisting those communities in greatest distress to make voluntary access to help available.

The Board believes that the Federal statutory framework for child protection policy and programs should provide for the facilitation of community efforts, comprehensive planning at all levels of government and in the community (see Recommendation 31 in the 1990 Report), and the promotion of flexible, integrated approaches to child protection in all of the systems of service (e.g., health, education, justice, mental health) for children and families. The recommendations which follow identify the specific actions needed to erect such a framework.

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The recommendations are divided into six major areas of reform:

- **DEVELOPING AND IMPLEMENTING A NATIONAL CHILD PROTECTION POLICY;**
- **PREVENTING AND REDUCING CHILD MALTREATMENT BY STRENGTHENING NEIGHBORHOODS AND FAMILIES;**
- **PROVIDING A NEW FOCUS ON CHILD ABUSE AND NEGLECT AND STRENGTHENING FAMILIES IN ALL RELEVANT FEDERAL AGENCIES;**
- **ENHANCING FEDERAL EFFORTS RELATED TO THE GENERATION, APPLICATION, AND DIFFUSION OF KNOWLEDGE CONCERNING CHILD PROTECTION;**
- **IMPROVING COORDINATION AMONG FEDERAL, STATE, TRIBAL, AND PRIVATE SECTOR CHILD PROTECTION EFFORTS; AND**
- **IMPLEMENTING A DRAMATIC NEW FEDERAL INITIATIVE AIMED AT PREVENTING CHILD MALTREATMENT--PILOTING UNIVERSAL VOLUNTARY NEONATAL HOME VISITATION.**

Most recommendations conclude with at least two "options for action." Although the Board has deliberately refrained from recommending specific approaches to implementation, that decision should not be construed as a position that not implementing a recommendation is acceptable.

Some may view the options as proposals for the "micro-management" of the Federal Government, as too "prescriptive," or as overly idealistic. The findings, recommendations, and options presented in this report emerge from the collective experience and knowledge of the Board.*

The Board believes that implementation of each recommendation is essential. If the options it is presenting are deemed unacceptable, it would welcome the implementation of reasonable alternatives to them.

While all of the recommendations which follow are important, two are especially critical to the Board, the promulgation of a national child protection policy and piloting universal voluntary neonatal home visitation. These are the first and the last recommendations in the report.

*Page 223 contains the additional views of two members about the extent of their agreement with the findings, recommendations, and options presented in this report.

B. Developing and Implementing a National Child Protection Policy

RECOMMENDATION B-1

PROMULGATING A NATIONAL CHILD PROTECTION POLICY

The Federal Government should establish a national child protection policy. The goal of the policy should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children and youth. The policy should be incorporated into the United States Code as an intrinsic part of the Child Abuse Prevention and Treatment Act. The policy should drive the child protection-related actions of all Federal agencies.

If the safety of America's children is to be assured, there must be a new approach to child protection that builds a network of concern and support for children, youth, and families in every community. There also must be involvement of all of the major service systems so that prevention and treatment are given due attention and that the settings in which children live and study are havens from threats to their safety. Although a strong CPS agency is an important element in an effective child protection strategy, it cannot be all-encompassing or even primary.

It is time to build the framework for a new system. As the primary Federal statute on child abuse and neglect, CAPTA is the obvious starting point in construction of a new comprehensive, child-centered, family-focused, and neighborhood-based Federal child protection policy, particularly given that a new system will require the restructuring of existing programs (part of which are now authorized by CAPTA) as well as the development of new ones.

A comprehensive child protection system would integrate the contributions of social service, legal, health, mental health, and education professionals and would assure the protection of children while in each of these systems. Such a system also would provide for positive roles of (1) private child welfare and mental health agencies, (2) civic, religious, and professional organizations, and (3) individual volunteers, whether in organized programs or "natural" helping relationships. It also would provide for coordination of policy across levels of government.

A **child-centered** child protection system would (1) take children seriously as individuals, (2) give primary attention to their best interests, as reflected in their needs and experiences, (3) provide opportunities (including legal representation) for children to be heard in proceedings affecting them, and (4) respond flexibly to the diversity of children's cultural backgrounds and of the circumstances in which they find themselves.

Unfortunately, current policy and practice too frequently have been distorted by an inattention to the meaning of State action to children themselves. The result is the obsession with investigation--checking off what parents have or have not done, both prior to adjudication of child maltreatment and after a disposition--with a loss of concern for children's own experience. Accordingly, maltreated children themselves (1) rarely receive therapeutic services, (2) often are given minimal information about the decisions affecting their lives, (3) often are essentially unrepresented in legal proceedings and other official actions, (4) find themselves the subjects of well-intended but fragmented and misdirected reform efforts that often seem isolated from the matters most significant to the children themselves, and (5) are often left in unsafe homes or placed in foster homes equally as dysfunctional as their natural homes.

A **family-focused** approach is consistent with the concept of a child-centered system. Taking the perspective of the child will lead in most instances to a concern with strengthening families. Indeed, the ethical foundation of a strong family policy and concern for family preservation rests in the significance of the family for the development of children. The Board believes that serious attention to the perspective of the child would lead to a substantial increase in supports for families and a concomitant decrease in the inappropriate removal of children from their homes of origin.

Nonetheless, the Board also recognizes that some parents are so unable to provide a secure and safe environment for their children that coercive State intervention, sometimes including removal from the home, is necessary. At the same time, the Board believes that coercive intervention should not be the centerpiece of the child protection system. An effective child protection system should begin with the general question of how best to promote the security of children and their families, not with the specific question of when such a goal requires the coercive power of the State. Use of the latter question as the starting point leads policymakers down the path of disproportionate concern with the investigatory process.

In sketching the blueprint for a new system to ensure the safety of children, the Board is convinced that an additional focus should be on the community. It uses the term **neighborhood-based** to refer to strategies that are focused at the level of urban and suburban neighborhoods and rural communities. It is concerned not only with development of social and economic supports for troubled families and children at the neighborhood level (where **neighborhood** is defined by geographic boundaries) but also with the provision of both formal and informal services (e.g., self-help programs) that are based on the principle of **neighbor helping neighbor**, regardless of whether access to such services is determined by specific place of residence. Such a principle also embraces the idea of people from diverse groups coming together to focus on a specific problem.

Family life has changed dramatically in the United States--indeed, in most of the developed world--in the last quarter-century. Although the family remains central in the lives of most Americans (especially children), family structure is much more diverse and the demands placed on families are much more complex than they were 25 years ago. Moreover, young families and single parent households have felt particular economic and social stress in the last decade. Despite this dramatic change in the social context of child development and family life, social services have changed minimally in response. Indeed, to the extent that change in the service system has occurred, it often has been in the direction of less flexibility and more bureaucratization.

Treatment and secondary prevention programs also are best organized at the neighborhood level. Help should be easily available and accessible, whether for children who have suffered maltreatment or for families that have experienced maltreatment or are on the brink of such incidents. For those families at highest risk, intensive home- and community-based services that integrate many elements to deal with multiple social, economic, and psychological problems have the best documented effectiveness. Such an approach necessarily involves flexible, individualized case planning at the community level. Similarly, the best validated preventive measure--neonatal home visitation--involves a community response to the needs, in that instance, of young families in general as well as the families under the most stress and with the fewest resources.

The Federal Government can lead the way in development of a new national strategy, but it should not erect artificial barriers to the integrated, coordinated implementation of the strategy at the State, Tribal, and community level through unnecessary restrictions on eligibility for and use of funds. The Federal Government can stimulate comprehensive planning, but in general it should refrain from tacitly or expressly dictating the specific methods that a community is to use in implementing a child

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protection plan in the various settings (e.g., the schools) that should be involved in the effort.

Besides stimulating and supporting child protection efforts in communities across the nation, the Federal Government has a particular responsibility for strengthening community supports for those families (e.g., Native Americans; military families) with whom it has a direct relationship. The Federal Government's own direct child protection services should be exemplary in quality and should provide models of culturally competent child protection efforts that may be used in other communities.

A national child protection policy should reflect Congressional intent in establishing the several CAPTA programs. It should go further, however, to guide the Federal Government--acting in cooperation with State, Tribal, and local governments and other concerned public and private organizations--in all of its activities to protect children from abuse and neglect.

Undoubtedly, there are many possible approaches to the content of a national child protection policy. The approach preferred by the Board appears on the following outlined pages.

PROPOSED NATIONAL CHILD PROTECTION POLICY⁸

Definitions:

Child protection system refers to the entire system that serves children and their families in cases where:

- risk of child maltreatment exists,
- maltreatment has been reported, or
- maltreatment has been found to exist.

The child protection system includes but is not limited to **child protective service**, the State or County child welfare agencies mandated by law to protect abused and neglected children. Other components of the child protection system include law enforcement, education, health and public health, mental health, developmental disabilities, and court agencies. The system includes public, private, and voluntary agencies and organizations.

A **comprehensive** child protection system is one that incorporates the provisions identified on p. 45 *infra*.

A **child-centered** child protection system is one that:

- takes children seriously as individuals,
- gives primary attention to their best interest, as reflected in their needs and experiences,
- provides opportunities and such representation as may be necessary for children to be heard in matters pertaining to them (when children are capable of such expression), and
- responds flexibly to the diversity of their cultural backgrounds and the circumstances in which they find themselves.

Adoption of the perspective of the child will lead in most instances to a concern with strengthening families.

⁸Underlined language is drawn from the United Nations Convention on the Rights of the Child, sometimes with minor revision for grammatical form.

A **family-focused** child protection system is one that, consistent with p. 42 and p. 47 *infra*, recognizes the paramount importance of the family for the development of children.

A **neighborhood-based** child protection system is one in which:

- primary strategies are focused at the level of urban and suburban neighborhoods and rural communities,
- social and economic supports for troubled families and children are developed at the neighborhood level, where neighborhood is defined by geographic boundaries, and
- both formal and informal services (e.g., volunteer, professionally-facilitated self-help programs) that are based on the principle of voluntary help by one citizen for another are widely available, regardless of whether access to such services is determined by place of residence.

Declarations:

Respect for the inherent dignity and inalienable rights of children as members of the human community requires protection of their integrity as persons.

Children have a right to protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child, including children residing in group homes and institutions.⁹

Children have a right to grow up in a family environment, in an atmosphere of happiness, love and understanding.¹⁰

The several Governments of the United States share a profound responsibility to ensure that children enjoy, at a minimum, such protection of their physical, sexual, and psychological security.

The several Governments of the United States bear a special duty to refrain from subjecting children in their care and custody to harm.

Children have a right to be treated with respect as individuals, with due regard to cultural diversity and the need for culturally competent delivery of services in the child protection system.

Children have a right to be provided the opportunity to be heard in any judicial and administrative proceedings affecting them,¹¹ with ample opportunity for representation and for provision of procedures that comport with the child's sense of dignity.

The duty to protect the integrity of children as persons implies a duty to prevent assaults on that integrity whenever possible.

⁹*Id.*, art. 19, § 1.

¹⁰*Id.*, preamble.

¹¹*Id.*, art. 12.

Findings:

Each year, hundreds of thousands of American children are subjected to abuse, neglect, or both.

Often the child protection system fails to protect such children from further maltreatment or to alleviate the consequences of maltreatment.

The child protection system has developed largely in unplanned fashion, with resulting failure (a) to reach many of the children in need of protection and (b) to provide effective services to them and their families.

Substantial gaps exist in knowledge about child abuse and neglect, the diffusion of that knowledge, and the development of a pool of trained professionals who are specialized in child protection.

Tolerance of child abuse and neglect threatens the integrity of the nation because of its inconsistency with core American values: regard for individuals as worthy of respect, reverence for family life, concern for one's neighbors (especially those who are dependent or vulnerable), and competence in economic competition.

Failure to provide an effective system of child protection also imperils the nation by increasing the risk of crime and physical and mental disability, diminishing the level of educational achievement, and threatening the integrity of the family.

Such consequences of child abuse and neglect cost the nation billions of dollars each year in direct expenditures for health, social, and special educational services and in long-term loss of worker productivity.

Deterioration in the quality of urban neighborhoods and rural communities increases the isolation of families from their neighbors and, therefore, the rate of child abuse and neglect; child maltreatment itself tears the social fabric of the community and thus escalates the decline of neighborhoods and communities in crisis.

Although the family remains the most fundamental unit in American society, the family has undergone substantial change in recent decades, and the nature of child maltreatment has become more complex. The complexity of the task of child protection has increased commensurately.

An effective response to the problem of child abuse and neglect requires a **comprehensive** approach that:

- integrates the contributions of social service, legal, health, mental health, and education professionals,
- provides for coordinated roles of (a) private child welfare, mental health, and advocacy agencies, (b) civic, religious, self-help, and professional organizations, and (c) individual volunteers,
- assures the protection of children while in each of the relevant service systems,
- provides for coordinated roles of all levels of government, in cooperation with the private sector, and
- ensures that adequate provision is made in the child protection system for prevention, investigation, adjudication, and treatment.

The prevention and treatment of child abuse and neglect are most effective when they are organized and delivered at a neighborhood level.

Failure to provide a comprehensive child protection system integrated across and within levels of government (in cooperation with relevant private-sector organizations) results in waste of many of those resources now allocated for child protection.

Substantial reduction of the prevalence of child abuse and neglect and alleviation of its effects when it occurs are matters of the highest national priority.

The following tenets are hereby declared to be the child protection policy of the United States:

The child protection system should be comprehensive, child-centered, family-focused, and neighborhood-based.

The principal goal of governmental involvement in child protection should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children.

Federal authorities should exercise due care to ensure that standards and procedures for public financing of child protection efforts promote and do not inhibit flexible, integrated approaches to child protection in all of the systems of service (e.g., education, mental health) for children and families.

Because of (a) the link between poverty and some forms of child maltreatment and (b) the limited resources available in impoverished communities, Federal aid for child protection should be distributed with due regard to relative financial need of States, their political subdivisions, Tribes, and community health and mental health catchment areas.

Recognizing the complex nature of child maltreatment, Federal authorities should stimulate, integrate, and coordinate leading child protection programs, at least in those public, private, and voluntary agencies that have responsibility for carrying out Federal efforts in social services, health, mental health, advocacy, education, law enforcement, corrections, housing, cooperative extension, volunteer action, and the administration of justice.

Federal authorities should ensure that direct child protection services to children and families within Federal jurisdiction (e.g., military families; Native Americans) are exemplary in quality and that relevant Federal agencies provide models of culturally competent child protective strategies that may be adopted in other communities.

The child protection system should incorporate all appropriate measures to prevent the occurrence or recurrence of child abuse and neglect.

The child protection system should incorporate all appropriate measures to promote physical and psychological recovery and social re-integration of a child victim of any form of neglect, exploitation or abuse; such recovery and re-integration should take place in an environment which fosters the health, self-respect and dignity of the child.¹²

As the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, the family should be afforded protection and assistance necessary for it to assume its responsibilities fully within the community.¹³ The several Governments of the United States, in cooperation with private organizations, should act:

- to strengthen families in general to minimize the circumstances that may cause or precipitate child abuse and neglect,
- to provide intensive services to avoid the removal of children from family environments at times of crisis, and
- to make all reasonable efforts to reunify families when abuse or neglect has resulted in removal of a child.

Comprehensive child protection plans should be developed regularly at all levels of government and should show due sensitivity to the cultural diversity and individual needs of children and families.

Child protection efforts should be integrated with broader child and family policy, pursuant, e.g., to the recently-enacted Claude Pepper Young Americans Act.

¹²*Id.*, art. 39.

¹³*Id.*, preamble.

Federal agencies are hereby directed to use all means practicable, including financial and technical assistance--in cooperation with State, Tribal, and local governments and other concerned public and private organizations--to fulfill this policy and to act with due urgency in doing so.

To that end, the several agencies of the Federal Government with responsibility for child protection should take all steps necessary to ensure that every community in the United States has the resources--fiscal, human, and technical--required to develop and implement a child protection strategy that will:

- ensure the safety of children,
- prevent child maltreatment, whenever possible,
- result in timely, sensitive, and accurate investigation and assessment, whenever child maltreatment is suspected or known to have occurred,
- result in treatment to ameliorate the effects of abuse and neglect on children and family members,
- aim, whenever possible, to rebuild the families whose ties have been frayed by maltreatment, and
- assure safe, stable, and nurturing substitute family environments when children are temporarily or permanently unsafe in their biological families.

Among the steps that should be taken by the Federal Government to assist communities in their child protection and family strengthening efforts are the following:

- facilitation of community planning;
- generation and diffusion of knowledge relevant to child protection, including models for prevention and service delivery;

- strengthening of States' capacities to assist communities, particularly with respect to moving toward more voluntary preventive services as opposed to emphasizing investigation and foster care;
- stimulation of the growth of human resources (professional, paraprofessional, and volunteer) that communities may use in fulfillment of their plans for child protection;
- sharing of financial resources necessary to implement community plans;
- leadership in uniting caring communities unwilling to tolerate the abuse and neglect of their youngest members.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Until a national child protection policy is enacted, explore the possibility of using existing statutory authority to promulgate elements of that policy in the form of Federal regulations.
- **CONGRESS:** Use the next CAPTA reauthorization to enact a national child protection policy.

RECOMMENDATION B-2

RELATING A NATIONAL CHILD PROTECTION POLICY TO POLICY REFORMS IN CHILD WELFARE SERVICES AND FAMILY RESOURCE AND SUPPORT SERVICES

The Federal Government should assist in building a supportive service delivery system for all families, troubled or otherwise, thereby providing a critical foundation for the prevention of child maltreatment and the protection of children. To the extent possible, any statutory or regulatory reforms of the child protection system should be sensitive to and harmonized with the purposes and content of statutory or regulatory reforms of child welfare services and family resource and support services programs.

The child protection system does not exist in a vacuum. The vitality of the nation's child welfare, family support, health, education, justice, and mental health systems are key determinants of the ability of society to protect its children from abuse and neglect.

Clearly, child welfare services and family resource and support services are the most critical to the prevention of child maltreatment. Regrettably, the quantity and quality of both sets of services are inadequate to meet the needs generated by the stressors that are a prominent feature of contemporary family life.

Moreover, as the National Commission on Child Welfare and Family Preservation¹⁴ recently observed, "the lack of a coherent national family policy places tremendous social and economic strains on many families." The Commission called for "a fundamental change in the [F]ederal [G]overnment's approach to family services."

The Board believes that the nation needs to make a comprehensive investment in strengthening the ability of families to protect, nurture, and support their children. Preliminary efforts are underway in both the Congress and the Executive Branch to

¹⁴The Commission was created by the American Public Welfare Association in 1988. In 1990, the Commission issued a landmark report entitled A Commitment to Change.

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examine the possibility of making such an investment. Related to this examination is Congressional consideration of major changes in and increased funding for the Federal child welfare services and family resources and support services programs.

The Board hopes that changes in the Federal child welfare services and family resources and support services programs will quickly be made. To the extent possible, the reforms of the child protection system which it is proposing in this report, especially the promulgation of a national child protection policy, should be harmonized with such changes. In seeking this integration of policies and programs, it should be recognized that improving the delivery of child welfare services and family resources and support services will not alone respond to the child protection emergency.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Until child welfare reform legislation is enacted and the Young Americans Act is adequately funded, use existing statutory authority to begin the process of building a supportive service delivery system for all families.
- **CONGRESS:** Enact legislation to reform child welfare and family resource and support services. Two bills introduced in the 102nd Congress, S. 4 and H.R. 2571, amended appropriately so that they are harmonized with the national child protection policy described in Recommendations B-1, are likely vehicles.
- **CONGRESS:** Appropriate necessary funds so that full implementation of the Young Americans Act of 1990 can begin.

RECOMMENDATION B-3

ELIMINATING THE USE OF CORPORAL PUNISHMENT IN ACTIVITIES SUPPORTED WITH FEDERAL FUNDS

Consonant with the intent of the National Child Protection Policy proposed by the Board, the Federal Government should take all necessary steps to eliminate the use of corporal punishment in all activities, programs, institutions, and facilities which receive Federal financial support of any kind.

The National Child Protection Policy proposed by the Board calls upon the nation to protect children from all forms of physical violence. This element of the Policy clearly reflects the contents of the Convention on the Rights of the Child, adopted by the United Nations in 1989. The Convention, in Article 28, specifically addresses the need for schoolchildren to be disciplined in a manner reflecting their inherent dignity as human beings.

The Board believes that the use of corporal punishment in schools is intrinsically related to child maltreatment. It contributes to a climate of violence, it implies that society approves of the physical violation of children, it establishes an unhealthy norm. More than 22 States have prohibited it by law. Its outright abolition throughout the nation must occur immediately.

In the current session of Congress, Congressman Major Owens of New York has introduced legislation which would facilitate the accomplishment of this objective by denying Federal financial assistance to any school system anywhere in the nation which permits its pupils to be subjected to corporal punishment. The Board applauds this courageous legislative effort.

The Board believes that Congress should extend the principle embodied in Congressman Owens's bill to all other activities, programs, and facilities receiving Federal financial support. Such activities, programs, and facilities would include (but are not limited to) foster care, day care, juvenile correctional facilities, runaway and homeless youth shelters, and programs providing treatment to youthful substance abusers.

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The Board recognizes that in some situations caretakers in schools, residential institutions, and other situations that care for children may lack skill and even familiarity with alternative, non-violent methods of discipline. Banning corporal punishment alone, therefore, is not enough. In many instances, reorientation and retraining will be needed by caretakers, foster parents, and others.

OPTIONS FOR ACTION

- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Write to the Governors requesting that they take whatever action is necessary to eliminate the use of corporal punishment in all activities, programs, and facilities receiving Federal financial assistance.
- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Develop and disseminate information on non-violent methods of discipline for children receiving care through or in activities, programs, and facilities receiving Federal financial assistance.
- **SECRETARY OF EDUCATION:** Write to all school superintendents, in those States in which corporal punishment has not yet been prohibited by law, requesting that they eliminate the use of corporal punishment.
- **CONGRESS:** Enact legislation to prohibit the use of corporal punishment in all activities, programs, and facilities receiving Federal financial assistance.
- **CONGRESS:** Enact legislation to prohibit the use of corporal punishment in all school systems receiving Federal financial assistance.

RECOMMENDATION B-4

DETERMINING THE COST OF IMPLEMENTING A NATIONAL CHILD PROTECTION POLICY

An appropriate Federal research agency should be commissioned to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.

Recommendation 30 in the Board's 1990 report called for the determination of "...the cost of developing and implementing a comprehensive national program for the prevention and treatment of child abuse and neglect, as well as the projected cost of not developing such a program." In the context of the recommendation in this report that a national child protection policy be enacted, the Board renews its earlier call. This point is especially important because many child protection experts believe that the cost of not implementing a new child protection policy could be far greater than implementing that new policy.

The Board further believes that existing Federal expenditures in many instances are inconsistent with the proposed policy. Presented with thorough cost-benefit analyses, the leaders of the Federal Government may find it possible to reallocate funds from less useful programs to the admittedly costly programs being recommended in this report.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct that an appropriate component(s) of DHHS contract for a study to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.
- **CONGRESSIONAL SUBCOMMITTEES WITH JURISDICTION OVER CAPTA:** Communicate to the Office of Technology Assessment the need for a study to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.

C. Preventing and Reducing Child Maltreatment by Strengthening Neighborhoods and Families

...[T]he prevalence of child maltreatment is not just a matter of the level of economic resources that individual families have available to them. Child maltreatment is especially likely to occur when communities have been so drained that individual families under stress lack support from their neighbors. Such dysfunctional communities include many inner city neighborhoods, rural trailer parks, and rural communities where economic factors have squeezed out farming and local businesses.

When neighborhoods of similar social class are compared, those that are regarded as less desirable places to live have higher rates of child maltreatment. In such communities, neighbors have less involvement with other families. Such a common lack of social support complements the well-established finding that child maltreatment occurs more frequently among families that are socially isolated.

No society can safely ignore its communities and neighborhoods, for those constitute the environment which will mold its children in their growth toward adulthood.... Today, far too many neighborhoods have become dysfunctional, unable to provide even the basic necessities of food, clothing, shelter, and employment for large numbers of their residents--let alone amenities that most Americans take for granted, such as adequate health care, adequate education, and opportunities for recreation and personal development in legitimate and constructive activities. In these communities, [Child Protective Service] agencies have become overwhelmed by families with serious problems; too many children need help and there are not enough resources to provide it.

RECOMMENDATION C-1

IMPROVING THE QUALITY OF DETERIORATING NEIGHBORHOOD ENVIRONMENTS

The Federal Government should take all steps necessary to facilitate the development of neighborhood improvement initiatives to prevent child maltreatment, including neighborhoods in urban, rural, and Native American communities.

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Children growing up in dysfunctional neighborhoods--where violence and death are a way of life, where jobs, housing, health care and schools are absent or grossly inadequate--are virtually becoming a form of endangered species. The Board believes that Federal, State, Tribal, and local officials must develop an awareness of and concern for the physical and social environments in which the nation's children are growing up. It believes that the nation should show no less concern for the environments its children live in than it does for the environments of endangered species of wildlife.

The 1990 report noted that neighborhood quality is highly related to the rate of child maltreatment. The Board believes that strengthening neighborhood environments--including strengthening social relationships among young people and among families--must be a critical element of efforts to reduce the incidence and severity of child maltreatment.

Physical factors--such as deterioration of housing--and social factors--such as an increase in social isolation--result in a decrease in neighborhood quality and, therefore, an increase in the rate of child maltreatment because of an unraveling of the social fabric. Unsafe physical environments create conditions that make injuries from child neglect more likely.

In Native American and rural communities, service delivery to families in need of assistance is extremely limited. Deficiencies in transportation are a barrier to the use of services, even when they exist.

The reduction of stressors that may precipitate incidents of child maltreatment is a matter that can be best accomplished at the community level--e.g., in the workplace, in the church or synagogue, in the school, or on the block in the neighborhood. Thus, fostering neighborhood improvement initiatives is a critical element of a new national strategy for child protection--**neighbor helping neighbor to strengthen families.**

In such initiatives, ecological approaches for the strengthening of neighborhoods and communities with inadequate environments for families and children would be developed and tested. Local governments would work with community residents, religious institutions, voluntary organizations, and businesses to develop and implement the initiatives.

The Federal role would involve encouraging the creation of such initiatives, providing extra funds and, where necessary, waiving inhibiting categorical restrictions. Eligibility for Federal assistance would be established on a neighborhood or community basis rather than on an individual basis.

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Improving the environment in urban neighborhoods and rural communities with the greatest need would be the goal of Federal intervention. Attention would be given to the physical, as well as the social, neighborhood environment.

In communities undertaking such initiatives, for example, housing and other building projects would be planned to promote safety for children and to reinforce family life. Funds might be made available to construct or renovate buildings or portions of buildings for social and recreational uses (e.g., neighborhood centers, family resource centers, and other modern day equivalents of the early settlement houses), and to staff such facilities for the provision of various human services specifically oriented to preventing child abuse and neglect and other social problems.

In rural areas, development and implementation of such initiatives would be accomplished through Area Development Districts, Community Action Programs, Cooperative Extension Agencies, or, in some instances, Local School Authorities. Initiatives would involve creative programming to provide similar benefits for those living in trailer parks and small villages which have lost many of their community institutions. Services in some areas, for example, might best be provided by mobile vans which can serve various small settlements on a weekly or biweekly basis.

OPTIONS FOR ACTION

- **SECRETARY OF HOUSING AND URBAN DEVELOPMENT:** Encourage the recipients of Community Development Block Grants to devote more existing resources to child maltreatment-related and family strengthening activities. Because of its emphasis on community planning (including social planning), the Community Development Block Grant is well suited to provide a structure for attention to the relationship between neighborhood quality and child maltreatment, especially in urban communities.
- **SECRETARY OF HOUSING AND URBAN DEVELOPMENT:** Explore ways in which other existing HUD legislative authorities (e.g., the McKinney Amendments; Public and Indian Housing) can be used to prevent child maltreatment through improvements in the quality and quantity of low-cost housing.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the Office of Rural Health Policy encourages the incorporation of child protection into public health planning in rural communities and stimulate the development of capacity for such an integration.

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- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Expand the responsibilities and training of Community Health Representatives working with Native American communities to encompass work with multi-problem families, including transportation of such families to community mental health, guidance, or human services programs for intervention services.
- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES AND CONGRESS:** Develop child maltreatment-related and family strengthening activities in rural communities, especially those with a high proportion of families in poverty. The Area Development Districts in the various Federal economic development programs may provide avenues for rural community planning to protect children. Where targeted programs for rural community planning do not exist in a given region, Community Action Programs may be the avenue for planning and implementation of neighborhood-based strategies in rural communities.
- **CONGRESS:** Require recipients of Community Development Block Grants to set aside five percent of such funds for the purposes of (a) planning and implementing neighborhood-based strategies for strengthening families and the prevention and treatment of child abuse and neglect and (b) the integration of housing programs and child protection efforts. Increase the authorization and appropriations for the Community Development Block Grant Program commensurately.

RECOMMENDATION C-2

ENHANCING VOLUNTEER EFFORTS FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

The Federal Government should take all steps necessary to facilitate the development of volunteer programs for the prevention and treatment of child abuse and neglect.

Volunteer programs have obvious relevance in any neighborhood-based service delivery system. They link directly to a reduction of social isolation among families with children, provision of grassroots social support, and strengthening of neighborhoods through the efforts of the residents themselves. Volunteer programs are exemplary of the principle of "neighbor helping neighbor" in its most literal form. In addition, volunteers gain opportunities to: develop new skills; broaden their perspectives; achieve greater cultural competence and understanding; develop possible career interests; and foster compassion in themselves and others.

Evaluation research on child and family services has established that the effect of such programs is enhanced through the use of volunteers and paraprofessionals. Achievement of such effects has occurred, however, in programs where volunteers obtained a high level of training and professional supervision and consultation--resources that would likely be especially important in assistance to families with serious multiple problems, where maltreatment has occurred or is at high risk of occurring. Accordingly, although volunteer programs obviously are cost-effective, most do require financial support for recruitment, training, and supervision of volunteers.

Federal programs which relate to volunteers have potential relevance to the prevention of child maltreatment. Two programs of the ACTION agency, Foster Grandparents and VISTA, have particular promise. So does Serve-America--the Community Service, Schools, and Service-Learning Act of 1990--which offers the foundation for school-based service by both adult volunteers and youth themselves (e.g., peer counselors). The Cooperative Extension Service of the Department of Agriculture, which uses volunteers in its operations throughout the nation, is well equipped by both structure and ideology to build community supports for "at risk" children.

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OPTIONS FOR ACTION

- **DIRECTOR OF ACTION:** Establish a new program priority on child maltreatment.
- **SECRETARY OF AGRICULTURE:** Undertake a major initiative to give a greater focus to child maltreatment-related activities (including prevention) in the programs of the Cooperative Extension Service.
- **HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Undertake initiatives to emphasize the roles of volunteers in child maltreatment-related activities (especially prevention activities).
- **CONGRESS:** Establish a new program priority on child maltreatment within relevant programs of ACTION and provide additional funding for this purpose.
- **CONGRESS:** Amend Serve-America to provide support for school volunteer programs aimed at the (1) prevention of child maltreatment, (2) provision of social supports for maltreated children and their families, and (3) development of additional peer counseling and peer mediation services. This amendment would complement existing emphases in Serve-America on substance abuse prevention and school drop-out prevention.
- **CONGRESS:** Specifically charge the Cooperative Extension Service to give a greater focus to child maltreatment-related activities (including prevention) and provide additional funds for it to do so.

RECOMMENDATION C-3

MOBILIZING RELIGIOUS INSTITUTIONS IN THE PREVENTION OF CHILD MALTREATMENT

The Federal Government should provide the religious community with information about ways that it can assist in the prevention of child maltreatment.

The 1990 Board report noted that:

... "public/private" partnerships are now considered, by many, to be the most effective way out of many overwhelmingly difficult and expensive societal predicaments.

Throughout the nation, a wide array of voluntary organizations concerned with the quality of neighborhood and community life participate in such partnerships. While all such organizations have important roles to play in the nation's efforts to restore its neighborhoods and communities, in this report the Board has chosen to single out the role of religious institutions in the prevention of child maltreatment.

The Board believes that, because of their broad base and deep historical roots, as well as their accessibility to children, family, neighborhood, and community, religious institutions often possess a unique capacity to initiate those activities necessary for the promotion of a responsive community child protection system. Moreover, where necessary, they are often able to foster the accountability of that system.

Responsibility for solving the complex problem of child maltreatment cannot be placed at the doorstep of the nation's religious institutions. Still, the Board believes that--because they have been, and will continue to be, an integral part of neighborhood and community life--their potential as agents of positive change in connection with child maltreatment needs to be tapped more effectively.

To that end, the Board believes that national organizations of religious institutions should adopt proactive measures that:

- place the "national emergency" of child maltreatment at the very top of their national as well as congregational agendas;
- increase the level of awareness among their congregations;

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- aggressively pursue critical linkages and partnerships with the professional community to foster educational initiatives that, over time, can diffuse within both congregations and neighborhoods; and
- develop strategies that lead to a proactive and preventive approach to the many families who find themselves in crisis.

The Federal Government can provide religious organizations with information useful to them in fulfilling such tasks. Because of the Establishment Clause of the First Amendment of the United States Constitution, in its provision of such information, the Federal Government needs to be appropriately sensitive to Constitutional concerns.

Within that context, the Federal Government might provide information to the national organizations of religious institutions--along with the heads of other national voluntary organizations concerned with the quality of neighborhood and community life--about:

- how the Board's first report can be used by community-based organizations in activities related to the prevention of child maltreatment;
- how community-based organizations can participate in assessing the State of child and family services provided within their communities;
- how community-based organizations can provide leadership in various efforts related to child maltreatment including volunteer activities, sponsorship of parent self-help groups, respite child care, foster care, and adoption;
- how community-based organizations can participate in local accountability activities, such as foster care review boards and legislative action focused on the needs of children;
- how community-based organizations can participate in activities leading to the elimination of the use of corporal punishment in all activities, programs, and facilities (including schools) operated within their communities;
- how community-based organizations can participate in activities leading to the improved reporting of child abuse and neglect within their communities; and
- how community-based organizations can obtain Federal child maltreatment grants for which they may be eligible to apply.

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OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Convene a series of meetings with the heads of the national organizations of religious institutions--along with the heads of other national voluntary organizations concerned with the quality of neighborhood and community life--aimed at exploring ways in which the Federal Government can provide information which might be of assistance in community-based efforts focused on the prevention of child maltreatment.

D. Providing a New Focus on Child Abuse and Neglect and Strengthening Families in All Relevant Federal Agencies

1. The Collective Federal Effort

RECOMMENDATION D-1a

REDEFINING THE MISSION OF THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

The Federal Government should redefine the mission of the National Center on Child Abuse and Neglect so that the exclusive focus of the agency becomes either: (1) providing leadership for all Federal efforts to strengthen the State and local CPS function; or (2) planning and coordinating the entire Federal child protection effort. Either choice necessarily entails restructuring the agency and moving it to another location within the Executive Branch; either choice probably means renaming the agency. Whichever choice for the redefinition of the National Center's mission is made [(1) or (2) above], a program to carry out the focus not chosen must also be established.

To the Board, the nature of child protection requires that a multitude of child maltreatment-related activities be cooperatively undertaken by a large number of individual agencies located throughout the Executive Branch of the Federal Government. All such activities constitute the collective Federal effort.

Clearly, the collective Federal effort is currently not functioning as well as it should. The Board believes that, whatever the reasons for this shortfall are, the failure of the Executive Branch and Congress to close the gap between the ideal and the real has significantly contributed to the inability of government at all levels to protect the most vulnerable of the nation's children and youth.

The question confronting both the Executive Branch and Congress now is: what direction should remedial steps take? The Board believes that there is no easy answer to this question, nor is there only one answer.

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Certain principles do suggest themselves. **First**, a basic premise of the Board is that the bulk of Federal responsibility for child protection should not be vested in a single agency. Even if that were possible--and the 17 years of NCCAN's history shows that it is not possible--it is not desirable. It follows, therefore, that multiple agencies need to assume much greater responsibility than they are now doing. Recommendations D-1.b through D-8 speak to that necessity.

Second, Federal knowledge building activities need to be markedly strengthened. Recommendations E-1.a through E-5 suggest how that goal can best be accomplished.

Third, far greater coordination of Federal activities than now exists is required. That coordination needs to extend to Federally-supported activities at the State, Tribal, and local levels. Recommendations F-1 through F-3 speak to the issue of coordination.

Fourth, the mission of NCCAN needs much sharper definition. For 17 years the implementation of CAPTA has required that NCCAN, acting largely as a **surrogate for the entire Federal Government**, attempt somewhat valiantly to carry out a set of activities that are comprehensive and affect all relevant disciplines involved in child protection. That approach has led to other Federal agencies not assuming their fair share of the burden of Federal child protection activities.

Worse yet, in trying to carry out those activities, NCCAN has not been able to devote adequate attention to the function of **providing leadership for State, Tribal, and local CPS activities** as well as the function of **planning and coordination of the entire Federal effort**.

To the Board, because of the overriding importance of these two functions, the choices of a mission for NCCAN come down to either one or the other. It believes that the Executive Branch and Congress should either: (1) narrow NCCAN's mission so that its exclusive responsibility is the technical and financial support of the State, Tribal, and local CPS function--see Recommendation D-2; or (2) make NCCAN's exclusive responsibility that of serving as the central coordinating entity for the entire Federal effort--see Recommendations F-1 and F-2.

In NCCAN's current form it is unrealistic to expect adequate fulfillment of either role--aggressive leadership for child protection within the social services system or forceful leadership within the child protection system as a whole. Thus, this choice has far-reaching implications for program, staffing, budget, and organizational location. For example, a choice of the CPS function suggests merging NCCAN again with the Children's Bureau. A choice of the planning and coordination function suggests moving the agency to the highest reaches of DHHS.

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No matter which choice is made, the necessity to improve NCCAN staff capability is especially urgent. Ideally, DHHS leadership would long ago have recognized the importance of using more of the resources appropriated to DHHS for "salaries and expenses" to strengthen NCCAN. Unfortunately, such NCCAN resources have never been adequate, and history suggests they may never be fully adequate without Congressional action.

Whichever choice is made, a corollary decision will be required concerning what should happen to the existing NCCAN grant and contract programs. It would seem logical to redistribute these responsibilities--the Challenge Grant Program, for example--to other agencies of the Federal Government. The Board believes, however, that such redistribution should only occur when the continuity of those programs is assured.

Finally, if NCCAN is transformed into the Federal leader of CPS improvement efforts, the Federal Government should designate a separate entity to lead the planning and coordination of Federal child protection efforts (see Recommendation F-1). If NCCAN is transformed into the planning and coordination entity, the mission of the Children's Bureau should be expanded to include support for the CPS activities of the child welfare system.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Appoint a high-level ad hoc Work Group to study and make recommendations on the appropriate mission of NCCAN.
- **CONGRESSIONAL SUBCOMMITTEES WITH JURISDICTION OVER CAPTA:** Hold hearings on the appropriate mission of NCCAN and develop amendments to CAPTA reflecting the conclusions reached as a result of those hearings.

RECOMMENDATION D-1b

ASSURING A FOCUS ON CHILD MALTREATMENT AND STRENGTHENING FAMILIES THROUGHOUT THE FEDERAL GOVERNMENT

The administrators of all Federal agencies operating programs which are or could be relevant to addressing one or more aspects of child abuse and neglect should ensure that those programs are capable of making full, meaningful, measurable, and visible contributions to the total Federal effort.

Although much of this report is focused on the performance of NCCAN, the Board notes that it is difficult to evaluate other agencies for actions which those agencies are not undertaking at all. NCCAN and a few other Federal agencies are to be commended for their efforts to protect children. Not so, those Federal agencies which could have, but have not, chosen to interpret their missions as broad enough to embrace child protection activities.

The Board believes that throughout the Federal Government there exists an unrealized capacity, which, if it were effectively mobilized, would have a profound impact on the problem of child maltreatment. Whether one is talking about treatment programs for incarcerated child molesters, in-service training programs for elementary school teachers focused on early recognition of child abuse, or research on the childhood causes of chronic substance abuse among adults--a substantial capacity for child maltreatment-related activity exists, or could exist, throughout the Federal Government.

For this capacity to be realized, several steps must be taken:

- more resources need to be made available or existing funding priorities need to be reoriented;
- more staff possessing professional expertise must be recruited; and
- a multi-faceted Federal effort must be planned.

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The Board is convinced that a successful Federal child maltreatment effort requires the existence within multiple Federal agencies of **specially targeted efforts**. At the least, it envisions such **specially targeted efforts** within: the Administration on Children, Youth, and Families of DHHS; the Alcohol, Drug Abuse, and Mental Health Administration of DHHS; the Maternal and Child Health Programs of DHHS; the Cooperative Extension Service of the Department of Agriculture; the Department of Education; and the Department of Justice.

Deliberately, this list of **specially targeted efforts** does not include Federal program efforts related to the exercise of Federal jurisdiction over, and responsibility for, service delivery to certain populations such as children who are military dependents, children who reside on Indian Reservations, and children of diplomatic personnel--both Americans serving abroad and non-Americans serving in the United States. Federal responsibilities in these instances are covered in Section E of this Part of the report. (The Board recognizes that some of the agencies administering **specially targeted efforts** will want to organize a child maltreatment program effort which affects all children--both those living under Federal jurisdiction and those who are not.)

The Board has not included among the **specially targeted efforts** important programs affecting certain specific segments of children and youth populations such as Federal programs focused on children living in low-income housing, children living in homeless families, differently-abled children, runaway and homeless youth, and children enrolled in Head Start programs. It believes that in varying ways child maltreatment issues are relevant to such programs, and it anticipates that the administrators of such programs **will participate** in the overall Federal effort.

In Recommendations D-2 through D-8 the Board makes a series of recommendations about aspects of child maltreatment directly relevant to each of the agencies administering **specially targeted efforts**. It believes that, in implementing these efforts, each of the agencies should carry out a set of **common functions**. These functions--tailored, of course, to the specific program concerns of each effort--are:

- the exercise of national leadership in activities related to the strengthening of families and child protection, including the prevention of child maltreatment;
- the generation of knowledge about child abuse and neglect, through support for knowledge building efforts, including data collection and program evaluation;
- the diffusion of knowledge about child abuse and neglect to professionals within the program's constituency;

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- the provision of technical assistance to State, Tribal, and local governments, including legislative bodies, in the development and implementation of activities related to child protection, including the prevention of child abuse and neglect;
- the development of models of, and of support for, the training of professionals, paraprofessionals, and volunteers in activities related to child protection, including the prevention of child abuse and neglect;
- the development and dissemination of guidelines for the design and delivery of services related to child protection, including the prevention of child abuse and neglect;
- the gathering and diffusing of information about the child protection activities of States, Tribes, and local authorities and private organizations, so that child protection officials may be informed about innovative approaches in other jurisdictions;
- the provision of financial assistance to States and Tribes for services in the child protection system, including services designed to prevent child abuse and neglect; and
- the participation in inter-agency collaborative endeavors which will ensure that the overall Federal effort related to child maltreatment is comprehensive, planned, and coordinated.

After examining this list, some may question the applicability of all of the **common functions** listed to all of the **specially targeted efforts**. In presenting the notion of a set of **common functions**, the Board does not intend slavish adherence by each of the agencies administering the efforts. Obviously, some of the functions are more readily applicable to certain agencies than others. Nonetheless, it believes that all of the agencies can and should carry out all of the functions.

On the list of **common functions**, the ninth function--the participation in coordinated efforts with other agencies--is the most important. The full significance of the function is discussed in connection with Recommendations F-1 and F-2 below. Recommendation F-2 is particularly important because it addresses coordination of Federally-supported activities at the State, Tribal, and community levels.

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Federal programs which are, or could be, relevant to the total Federal effort are authorized through myriad Congressional committees and subcommittees. This multiplicity of jurisdictions constitutes a major barrier to the implementation of this recommendation. Overcoming this barrier will require extraordinary Congressional leadership.

OPTIONS FOR ACTION

- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Explore the development of a common Federal approach to the problem of child maltreatment.
- **SPEAKER OF THE HOUSE OF REPRESENTATIVES; PRESIDENT PRO TEMPORE OF THE SENATE; MAJORITY AND MINORITY LEADERSHIP OF BOTH CHAMBERS OF CONGRESS:** Convene meetings of the Chairs and their Minority counterparts for all Committees and Subcommittees with jurisdiction over any Federal programs that are, or could be, relevant to the total Federal effort. The purpose of these meetings would be to devise a legislative strategy for assuring a focus throughout the Federal Government on strengthening families and preventing and treating child maltreatment. Such a strategy might involve the drafting and introduction of a "chain bill" that links the various Federal programs in a common approach to the problem of child maltreatment.

2. Child Protection and the Child Welfare System

RECOMMENDATION D-2

STRENGTHENING CHILD PROTECTION EFFORTS IN THE CHILD WELFARE SYSTEM

The Federal Government should take all necessary measures to ensure that, within the nation's system of public social services, State, Tribal, and local CPS agencies deliver high quality services. These measures should include knowledge building, program development, program evaluation, data collection, training, and technical assistance on:

- *the development of linkages with other service providers and community resources to ensure that children and families are receiving coordinated, integrated services;*
- *the development of a focus on prevention and early intervention with high-risk families;*
- *the prompt, thorough, and family-sensitive investigation of cases of suspected maltreatment;*
- *the appropriate use of risk assessment in cases of suspected or substantiated child abuse and neglect;*
- *the assessment and management of such cases (including in-home crisis services and other services designed to increase children's safety, strengthen families in crisis, and prevent unnecessary out-of-home placements);*
- *the relationship of CPS to respite and other out-of-home care for the purpose of child protection; and*
- *the relationship of CPS to permanency planning and adoption services for children who have been removed from their families due to maltreatment.*

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To some extent, public child protective service agencies present the nation's public administrators with a series of disquieting paradoxes:

- Although the families who are directly involved with CPS constitute only a small percentage of the families who, at one time or another, require family support services, CPS-involved families consume a hugely disproportionate share of public child welfare resources.
- Although CPS workers in dealing with the protection of children from abuse and neglect must make decisions which at times have life or death consequences, many of these workers are frighteningly overburdened with cases, undertrained, and unprepared to carry out this responsibility capably.
- Although CPS agencies consume enormous public resources, perform work that is highly valued by the public, and, frequently, receive extraordinary attention from the media, they are often treated as "step-children" by the overall human services system.

Evidence of this last paradox is particularly striking within DHHS. Although the Children's Bureau is the DHHS unit most involved with the administration of State and local public child welfare services, the Children's Bureau pays scant continuing attention to the administration of the State and local CPS function. The National Center also plays virtually no role in the administration of CPS agencies. Moreover, to the extent that the funds States and counties use to carry out the CPS function come through the Social Services Block Grant, DHHS--in keeping with the philosophy underlying all of the Federal block grants--assumes no substantive responsibility in connection with the uses to which Social Services Block Grant funds are applied.

The DHHS neglect of the CPS function exists side by side with the series of problems which the Board identified in Recommendations 18-22 in its 1990 report. Whether focusing on the lack of professional status for CPS case workers, the absence of suitable minimum educational requirements for these workers, the lack of adequate training, the lack of appropriate caseload controls, or the lack of an adequate number of culturally competent staff--the problems persist.

Clearly, DHHS must organize itself more effectively in this regard. The State, Tribal, and local CPS function requires: forceful Federal leadership; much more continuing attention from DHHS senior management; the involvement of much more DHHS staff expertise; more knowledge development effort focused specifically on CPS; and far greater collaboration between the Children's Bureau and NCCAN.

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Senator Christopher Dodd of Connecticut has introduced a bill in the current session of Congress to strengthen the Federal role in the enhancement of the State and local CPS function. The Board commends this legislative effort, although it has some concern that the bill's near-exclusive focus on CPS reflects too narrow a view of the deficiencies of other components of the child protection system, also in need of reform.

It appears that Senator Dodd's bill intends that NCCAN will administer the proposed CPS-enhancement program. Unfortunately, the bill is silent on any changes aimed at strengthening the capacity of NCCAN to carry out these large additional responsibilities--responsibilities with which the agency has had little experience.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Clearly assign NCCAN responsibility for Federal leadership with regard to the CPS function--in coordination with, or as part of, the Children's Bureau--and measurably strengthen the capacity of the agency to assume that responsibility.
- **CONGRESS:** Statutorily assign NCCAN clear responsibility for Federal leadership with regard to the CPS function, but, in doing so, legislatively strengthen NCCAN's capacity to assume that responsibility.

3. Child Protection and the Mental Health System

[T]he investment in prevention remains inadequate, fragmentary, and inefficient.

It is a national tragedy that most maltreated children, even after they have been identified as such by public authorities, do not receive treatment. They even fail to receive treatment after they have been placed in the custody of the State or County. Many maltreated children even fail to receive minimal counseling or support services.

...[T]here are very few [treatment programs] specifically oriented to severely neglectful and emotionally abusive parents. There are even fewer for parents who are in jail or prison for child abuse, physical or sexual, even though it seems clear many could benefit from treatment.

RECOMMENDATION D-3a

STRENGTHENING CHILD PROTECTION EFFORTS IN THE MENTAL HEALTH SYSTEM

The Federal Government should take all steps necessary to ensure (a) that effective mental health treatment is available and accessible to abused and neglected children and their families (including biological, adoptive, and foster families) and (b) that mental health programs for children and families collaborate with other agencies and community groups in the prevention of child maltreatment.

Although some maltreated children have no apparent lasting effects of their abusive experiences, few phenomena are as likely to have adverse consequences on mental health. All forms of child abuse and neglect substantially increase the risk of depression, aggression, and a myriad of other mental health consequences.

That mental health treatment of abused and neglected children remains a relatively rare practice is intolerable. Whenever there is harm to children (whatever the cause), society should act to ameliorate the effects of the maltreatment and, by so doing, restore child victims' integrity as persons.

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Similarly, the Board is concerned about the common lack of application of mental health professionals' expertise in behavior change to the problem of prevention of child abuse and neglect. The duty to protect the integrity of children as persons implies a duty to prevent attacks on that integrity whenever possible--an obligation that mental health authorities, with their understanding of causes and precipitants of child abuse and neglect, surely must bear.

The duty of prevention extends to efforts to reduce abusive and neglecting behavior and prevent its recurrence. In that regard, the Board has noted the significance of mental health problems of parents and other adults who maltreat children:

In some instances, placing one's children at risk is simply one element of syndromes of impulsive and irresponsible behavior. More commonly, the picture is one of simple inadequacy, with substantial deficits in social skills, difficulty in integrating and controlling emotion, and a chronic sense of powerlessness and low self-esteem.

Whichever picture is dominant, child maltreatment rarely is the only problem manifested by a maltreating adult. Rather, the norm is a multitude of mental health problems [but typically not including psychosis].

The Board believes that a major initiative is necessary to improve the availability and accessibility of mental health services for abused and neglected children and their families and for families at risk of child abuse and neglect. At a minimum, such an initiative requires a significant investment in the development of States', Tribes', and communities' capacities to provide such services.

Given the complexity of the problem, there needs to be provided not just more but **different** mental health services for maltreated children and their families. Hour-per-week psychotherapy often is ill-suited to the needs of maltreated children and their families; rather, greater flexibility and intensity may be necessary than is customary in traditional mental health services reimbursed through conventional financing mechanisms. Similarly, preventive mental health services must take into account both specific psychological needs (e.g., parental needs for self-esteem) and the diverse "reality" needs (e.g., the need for safe housing) faced by many families at risk of child abuse and neglect.

Federal mental health agencies should lead in ensuring the availability and accessibility of effective services for prevention and treatment. At the same time, Federal justice and child welfare agencies should lead in development of an awareness among child protection authorities of (1) the mental health needs of child victims and (2) the means of obtaining services to meet such needs.

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The needs of maltreated Native American children and their families also require special attention. In a Congressional Office of Technology Assessment (OTA) review of the mental health needs of Native Americans, OTA found only 17 mental health providers in the Indian Health Service trained to work with children and adolescents. This translates into less than one-half a mental health provider for 10,000 children and adolescents. Thus, mental health treatment is almost non-existent in many Tribal areas.

OPTIONS FOR ACTION

* To stimulate capacity-building efforts:

- **CONGRESS:** Require recipients of grants under the Alcohol, Drug Abuse, and Mental Health Block Grant to set aside an appropriate percentage of such funds for community-based mental health services for abused and neglected children and their families and for programs to prevent child maltreatment among families at risk. If such an action is taken, the Block Grant should be increased by a commensurate amount, and grantees should be required to demonstrate their collaboration with health, social service, and justice agencies, as well as private non-profit voluntary organizations.
- **CONGRESS:** Establish a new formula grant program for such a purpose. Such a grant program could be directed (1) to State mental health or health agencies (as designated by the Governors) for competitive distribution to community agencies, or (2) directly to community mental health or health centers (as designated by the Governors).

* To increase the involvement of the mental health system in child protection:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to establish a new unit within the Alcohol, Drug Abuse, and Mental Health Administration for the prevention and treatment of child abuse and neglect. The unit would have responsibility for leadership in activities related to child protection in the child mental health system, including program development, program evaluation, data collection, training, technical assistance, and administration of pertinent grant programs.
- **CONGRESS:** Statutorily mandate the establishment of such a unit.

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* To increase the involvement of State and community mental health agencies in child protection activities:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency provides technical assistance and guidelines for State mental health plans so that such plans include provisions for making mental health services to prevent or treat child abuse and neglect available and accessible. Such guidelines should address the handling of reported child maltreatment cases as well as the reporting of such cases.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the National Institute of Mental Health (NIMH), through technical assistance and guidelines for discretionary grants, encourages its Child and Adolescent Services System Program (CASSP) grantees to build their capacity for effective, accessible mental health services related to child abuse and neglect.

* To decrease real or perceived obstacles to use of existing financing systems for effective mental health services related to child abuse and neglect, including treatment of State wards:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Children and Families to ensure that NCCAN and the Children's Bureau, through the provision of technical assistance and the issuance of guidelines for formula grants under their respective jurisdiction, encourage their grantees to make use of provisions for mental health services under EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) and other Federal health programs, and, in general, to collaborate with State and community mental health agencies in the development of effective, accessible prevention and treatment services related to child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Administrator of the Health Care Financing Administration (HCFA) and the Assistant Secretary for Health to ensure that HCFA and the relevant Federal mental health agency collaborate in a study of fiscal barriers to effective mental health services related to child abuse and neglect, including non-traditional (e.g., intensive home-based) service models. After the study is completed, the Secretary should direct the Administrator of HCFA to take any administrative action necessary to eliminate such obstacles, including making recommendations for statutory changes when necessary.

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- **CHAIRPERSON AND RANKING MINORITY MEMBER OF THE HOUSE WAYS AND MEANS COMMITTEE; CHAIRPERSON AND RANKING MINORITY MEMBER OF THE SENATE FINANCE COMMITTEE:** Request that the General Accounting Office or the Office of Technology Assessment conduct such a study. Congress could further take any legislative action, including use of its oversight authority, necessary to eliminate such obstacles.

- * To improve the quality of mental health services related to child abuse and neglect:
 - **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency sets aside discretionary funds for demonstration grants for the development and application of models and techniques of mental health services related to child abuse and neglect.

 - **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency sets aside discretionary funds for graduate, professional, and continuing education of child and family mental health professionals in services related to child abuse and neglect. Such a program should be compatible with the various training models associated with the major mental health professions (clinical psychology, psychiatric nursing, psychiatric social work, and psychiatry), but it should require grantees to demonstrate an interdisciplinary approach, including education about the contributions of professionals outside the mental health professions and those of parent self-help groups.

 - **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the Indian Health Service hires a substantial number of additional masters and doctoral level psychologists and social workers to work with Child Protection Teams, Indian child welfare workers, and families who have abused their children, as well as to provide families who have abused their children with in-home services.

 - **CONGRESS:** Authorize and appropriate funds for such purposes.

RECOMMENDATION D-3b

ADDRESSING THE CONNECTION BETWEEN SUBSTANCE ABUSE AND CHILD MALTREATMENT

The Federal Government should take all steps necessary to ensure that substance abusing parents have access to both effective programs for the prevention and treatment of child abuse and neglect as well as substance abuse itself. To be effective, Federal efforts must include initiatives to increase (1) the availability and accessibility of prevention and treatment programs and (2) knowledge about the relationship between substance abuse and child maltreatment, including the effects of various policies and programs designed to prevent children's pre- and postnatal exposure to alcohol and other harmful drugs.

Fortunately, the national trend in use of illicit drugs, especially cocaine, is downward. The number of current cocaine users (those who have used the drug in the past month) dropped from 2.9 to 1.6 million between 1988 and 1990 and the number of current users of any illicit drug fell from 23 million in 1985 to 13 million in 1990.

Although this trend is encouraging, the challenge that the problem of substance abuse raises for the child protection system remains formidable. Drug abuse remains common, and the drop in use has been limited largely to occasional users. More than 6 percent of respondents to the 1990 National Household Survey on Drug Abuse reported illicit drug use in the past year. Six hundred and sixty-two thousand of the estimated 6.2 million cocaine users in 1990 used the drug at least once a day. Even more to the point, the Survey found that 8 percent of women of child-bearing and parenting age (ages 15-44) reported using an illicit drug in the last month.

Alcohol abuse may be an even greater threat to child health. Among women in the peak reproductive years (age 18-34), about 10 percent consume at least two drinks per day. Heavy alcohol abuse also is correlated with exposure to illegal drugs.

In short, although the National Drug Control Strategy appears to be having some effect, hundreds of thousands of drug- and alcohol-exposed babies are born each year. Although publicity about the problem has focused on major coastal cities, the problem is a national one.

Reviews for the General Accounting Office and the Office of Technology Assessment have revealed few rural-urban differences in rates of substance abuse. Last year in the charity hospitals of Kansas City, 40 percent of the infants in intensive care or their mothers had positive urine tests for cocaine. In a recent survey of CPS supervisors in Nebraska, respondents estimated that about half of their cases involve chemical dependency of one or both parents.

Although much remains to be known about the effects of pre- and postnatal exposure to illegal drugs, research on short-term effects of such exposure and on short- and long-term effects of heavy prenatal exposure to alcohol indicate high risk for drug-exposed children. The potential negative effects of parental substance abuse on children are obvious and alarming.

The problem is not just one of pre- and postnatal exposure. Many children experience neglect as a result of their parents' being physically or psychologically absent while seeking alcohol and other harmful drugs or under their influence. Intoxication also is a precipitating factor for every kind of abuse. Moreover, for parents already having difficulty in caring for their children, the problem is exacerbated when the child is relatively unresponsive or uncooperative because of the developmental effects of pre- and postnatal exposure to alcohol or other harmful drugs.

Nonetheless, as the Board noted in its 1990 report, services for substance abusing parents and substance-exposed children are unacceptably inadequate in most parts of the nation. Even the policy that should be followed is unclear:

The truth is that the problem is so new [or at least its identification is so new] that experts are still not sure what to do about it. In a setting of so many opinions and little reliable information on which to base policy, children are particularly vulnerable.

Not only policy but also practice is hampered by the lack of validated program models and related inter-disciplinary training programs. For example, the Nebraska survey of CPS supervisors revealed an estimated prevalence of suspected fetal alcohol syndrome or effects in about one-fourth of State wards, but fewer than 10 percent of those suspected to have the syndrome had been referred for diagnosis. The supervisors indicated a lack of knowledge about identification of syndromes resulting from pre- and perinatal exposure to alcohol and other harmful drugs, and about special service needs that result.

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States have moved rapidly to enact new legislation to deal with these problems. However, no consensus has emerged about the optimal policy. This lack of consensus is at least partly the result of the complexity of the problem. The following points are illustrative:

- Coercive intervention, even if justified by law, may have the effect of deterring admission into treatment. Conversely, lack of sanctions may deny an abuser external controls necessary for the safety of the child.
- In many communities, there is little likelihood of treatment if coercive or non-coercive intervention is exercised because of both a general shortage of treatment slots and the unwillingness (in part because of concerns about liability) of many substance abuse programs to treat pregnant women.
- Policies directed at substance abusing pregnant women and new mothers ignore the fact that their partners often are even heavier substance abusers and often are physically abusive; only a family approach may have any real chance of success.
- The greatest damage to the fetus may occur from exposure to harmful substances early in pregnancy--even before the pregnancy is known. Thus, ostensibly protective action may actually be punitive. This idea is given greater power when it is recognized that toxic effects may occur even before conception. In that regard, animal research gives reason to be concerned about effects of fathers' use of alcohol and other harmful drugs.
- The problems for the child protection system as a result of the drug epidemic may become increasingly serious and complex. Some research suggests that the behavioral effects of prenatal substance exposure may be most pronounced in later stages of development, rather than infancy and early childhood. If so, the challenges for family support, special education, and mental health services are likely to become ever greater.
- Despite the diversity of policies that States have adopted, Federal agencies have failed to launch initiatives to test the comparative effects of the various approaches.

Accordingly, the Board's recommendation accommodates (1) the severity of the problem, (2) the need for services, (3) the need for flexibility of approach in the face of an inadequate knowledge base, and (4) the need to generate such knowledge.

OPTIONS FOR ACTION

- * To increase the availability and accessibility of prevention and treatment programs for substance abusing parents:
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the ADAMHA Office of Substance Abuse Prevention and Office of Treatment Improvement as well as the relevant Federal mental health agency (see Recommendation D-3.a) set aside discretionary funds for an expanded program of joint demonstration grants on the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Children and Families to ensure that NCCAN continues to issue grants under its Emergency Services Program that promote the availability of comprehensive prevention and treatment services.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct components of DHHS to promote collaborative activities between parent self-help programs for substance abuse and parent self-help programs for child maltreatment in order to facilitate remediation of both problems.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Direct the agencies with responsibility for programs related to criminal justice (including probation), health, legal services, substance abuse, special education, child care, public housing, and child welfare, through the provision of technical assistance and the issuance of guidelines for formula and demonstration grants under their respective jurisdictions, to encourage their grantees to collaborate in the design and implementation of comprehensive community services aimed at the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.
- **CONGRESS:** Require recipients of grants under the Alcohol, Drug Abuse, and Mental Health Block Grant to set aside an appropriate percentage of such funds for community-based services aimed at the prevention and treatment of child maltreatment resulting from or complicated by substance abuse. Staff providing such services, including staff providing services to Native Americans, should include degreed mental health specialists, paraprofessionals, and volunteers.

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- **CONGRESS:** Statutorily mandate the establishment of a new formula grant program for this purpose.
- **CONGRESS:** Statutorily mandate the establishment of a new demonstration grant program and/or expansion of existing programs for this purpose.

* To enhance the state-of-the-art in the prevention of children's pre- and postnatal exposure to alcohol and other harmful drugs and to treat the effects of such exposure:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the ADAMHA Office of Substance Abuse Prevention and Office of Treatment Improvement as well as the relevant Federal mental health agency manage their demonstration grants in a manner designed to increase knowledge about programs and policies related to the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Children and Families to ensure that NCCAN manages the grants under its Emergency Services Program in a manner that increases knowledge about programs and policies related to the prevention and treatment of child abuse resulting from or complicated by substance abuse.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) establish programs for extramural research on (1) the relationship between substance abuse and child maltreatment and (2) the effectiveness of programs and policies for (a) the prevention and treatment of child maltreatment caused or precipitated by substance abuse and (b) the treatment of substance abuse caused in part by a history of child maltreatment. Research on treatment should include studies of the effectiveness of parent self-help groups.

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- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that NIAAA and NIDA collaborate with the National Institute of Child Health and Development, the Children's Bureau, and the National Institute on Disability and Rehabilitation Research of the Department of Education to stimulate research about (1) the long-term effects of pre- and postnatal exposure to alcohol and other harmful drugs, and (2) the treatment and education of children of substance abusing parents, including those children who have been removed from the care of their parents.
- **CONGRESS:** Statutorily require the Executive Branch to take the steps set forth above.

4. Child Protection and the Schools

RECOMMENDATION D-4a

STRENGTHENING THE ROLE OF ELEMENTARY AND SECONDARY SCHOOLS IN THE PROTECTION OF CHILDREN

The Federal Government should take all necessary measures to ensure that the nation's elementary and secondary schools, both public and private, participate more effectively in the prevention, identification, and treatment of child abuse and neglect. Such measures should include knowledge building, program development, program evaluation, data collection, training, and technical assistance. The objective of such measures should be the development and implementation by State Educational Agencies (SEAs) in association with Local Educational Agencies (LEAs) and consortia of LEAs, of:

- *inter-agency multidisciplinary training for teachers, counsellors, and administrative personnel on child abuse and neglect;*
- *specialized training for school health and mental health personnel on the treatment of child abuse and neglect;*
- *school-based, inter-agency, multidisciplinary supportive services for families in which child abuse or neglect is known to have occurred or where children are at high risk of maltreatment, including self-help groups for students and parents of students;*
- *family life education, including parenting skills and home visits, for students and/or parents; and*
- *other school-based inter-agency, multidisciplinary programs intended to strengthen families and support children who may have been subjected to maltreatment, including school-based family resource centers and after-school programs for elementary and secondary school pupils which promote collaboration between schools and public and private community agencies in child protection.*

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The Board believes that the educational system has the potential to be the linchpin of community-based efforts to protect children from maltreatment. It is in the nation's best interest, both in economic and human terms, that schools assume this role to a greater degree than they have done in the past.

National survey data show that far too often school personnel still do not report suspected child abuse and that many schools continue to impose administrative obstacles to reporting. Moreover, schools in some cases operate completely outside of the multidisciplinary child protection system and are often distrustful of the system's response to child maltreatment. Too often, schools have failed to develop the resources needed for emotional support of pupils and for assistance to troubled families of schoolchildren.

Such behavior sometimes occurs as a result of frustrating experiences with reporting in the past. In some cases school personnel may not have been provided the information or resources necessary to realize their collaborative potential. Also, many schools must focus their limited resources on basic safety issues related to community violence.

If schools are to assume a more proactive posture in the prevention, identification, and treatment of child abuse and neglect, the effort will need to involve school administrators, teachers, educational organizations, parent-teacher organizations, and parents. It will also require the active understanding and collaboration of elected officials, public and private service providers, businesses, and other appropriate community-based organizations.

The value of such collaboration can be seen in the small but growing number of programs throughout the nation in which health and social services are being effectively provided to young people by means of coordination between school systems and the agencies which provide these services. Often services are provided directly in the school. This kind of coordination shows much promise and should be encouraged, particularly in disadvantaged communities where it does not now exist.

Critical to the schools playing a larger role in child protection is Federal support to assist in building the schools' capacity to fulfill such a role. In the Task Force's survey of Federal involvement in child protection, the Department of Education reported only one project (a discretionary research grant) on abuse and neglect of school-aged children and two demonstration projects on service delivery for abused and neglected preschool children.

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Even more significantly, there is no national standard for data collection within schools on child maltreatment. The Federal Government, therefore, knows very little about the programs and procedures for identifying child abuse and neglect in school settings across the nation, the effectiveness of these programs, and the nature and extent of school-identified maltreatment.

Traditionally, American society has expected the family unit to raise, nurture, and motivate children to become confident, caring adults. While the Board believes that families must retain the primary responsibility for childrearing, a growing number of families need support. Because of their universality and access to children, elementary and secondary schools are well structured to provide such assistance in an easily accessible, non-stigmatizing manner. They cannot, however, be expected to take on extensive family support responsibilities without additional funding and professional back-up.

OPTIONS FOR ACTION

- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department to develop protocols for child abuse reporting, case management, resource referral, interagency case management, and maintenance of data management information systems within SEAs and LEAs.
- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department, in collaboration with appropriate components of DHHS, to provide technical assistance to the SEAs, based on such protocols, in the development of child abuse prevention and intervention programs in LEAs.
- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department, in collaboration with NCCAN and the Office of National Drug Control Policy, to develop and distribute model curricula for grades K-12 that include alcohol and substance abuse prevention, understanding child abuse, and accessing community resources.

- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department to develop a national data collection system--sensitive to the protection of confidentiality--to monitor and evaluate implementation of the protocols and to track numbers of reports and their pattern over time within school districts and entire States. These data would include, at a minimum, the number of reports made by schools each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim age, sex, and ethnicity, as well as data on follow-up, outcome, and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a).
- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department, in collaboration with appropriate components of DHHS, to undertake an initiative aimed at encouraging State, Tribal, and local school, health, and social services officials to increase the number of coordinated service delivery programs aimed at adolescents.
- **CONGRESS:** Establish a program of grants for the development and implementation of school-based efforts to address child maltreatment. Funds would be allocated by formula to SEAs which would then distribute them competitively to LEAs and consortia of LEAs. SEAs would retain a limited percentage of funds for the cost of providing technical assistance to LEAs and consortia of LEAs and for statewide inter-agency multidisciplinary training of school personnel. This program would be administered by the Department of Education, in collaboration with DHHS, or vice versa. Program collaboration should also include, where applicable, Bureau of Indian Affairs-operated schools.
- **CONGRESS:** Establish a program of grants for the development and implementation of public-private school-based efforts which focus on bringing community resources and services--including child care centers for teen mothers as well as relevant parent support/education services--into the schools to serve at-risk children and their families.
- **CONGRESS:** Establish a program of special grants for the employment of psychologists and social workers (including masters-level psychologists and social workers) by schools in rural areas heavily populated by Native American children as well as on reservations for the purpose of providing treatment services to maltreated children.

RECOMMENDATION D-4b

ENHANCING FAMILY LIFE EDUCATION OPPORTUNITIES FOR ADOLESCENTS AND YOUNG ADULTS TO PREPARE FOR RESPONSIBLE PARENTHOOD

The Federal Government should stimulate new family life education initiatives specifically aimed at adolescents and young adults which have as their underlying purpose the prevention of child maltreatment.

Family life education can be an effective technique for preparing adolescents and young adults to assume the responsibilities of parenthood. Through such education, younger persons can be taught qualities which characterize competent parenting such as nurturance, discipline, and coping. Such education cannot only be successful prior to parenthood but also can be a remediating measure for young parents not previously exposed to good parenting models.

Family life education programs of the Cooperative Extension Service of the Department of Agriculture have considerable potential for serving as an effective prevention measure, especially when systematically directed toward families in crisis. Excellent Cooperative Extension family life education materials as well as materials for training Extension Service volunteers on parenting education can be adapted to take into account research on the causes and precipitants of child abuse and neglect.

OPTIONS FOR ACTION

- **SECRETARY OF AGRICULTURE:** Undertake a major initiative to give a greater focus to child maltreatment-related activities (including prevention) in the programs of the Cooperative Extension Service.
- **HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Undertake initiatives to promote family life education programs.
- **CONGRESS:** Specifically charge the Cooperative Extension Service to give a greater focus to child maltreatment-related activities (including prevention) and provide additional funds for it to do so.

5. Child Protection and Health

RECOMMENDATION D-5

STRENGTHENING THE ROLE OF THE HEALTH SYSTEM IN THE PROTECTION OF CHILDREN

The Federal Government should take all necessary measures to ensure that the nation's health care system plays a more effective role in the prevention and treatment of child abuse and neglect. Such measures should encompass knowledge building, program development, program evaluation, data collection, training, and technical assistance on the role of the health system in the prevention, identification, investigation, and treatment of child abuse and neglect. In planning for involvement of the health care system in child protection, attention should focus on the roles of community health centers, public health authorities (including visiting nurse programs), general and pediatric hospitals, primary health care providers, self-help support networks, and alternative health delivery systems. Federal programs potentially involved in child maltreatment include the National Institute on Child Health and Development, the National Center on Nursing Research, the Center for Health Services Research, the Centers for Disease Control, the Health Care Financing Administration, the Office of Rural Health Policy, and the direct-service programs of the Public Health Service including the Indian Health Service. All of these agencies should participate in the design and implementation of the new effort. In addition, attention should be given to reducing the prevalence of child maltreatment among children with disabilities, amelioration of the health consequences of child maltreatment, and provision for coordinated responses to child maltreatment fatalities.

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Health professionals have three major roles in the child protection system: (1) recognition/reporting/evaluating physical findings; (2) treatment of physical and emotional injuries or other symptoms; and (3) prevention. All States require health professionals to report **suspected** as well as known cases of child maltreatment. Not all professionals do. Too often health professionals are weak links in the multidisciplinary network required in communities to deal with child abuse and neglect.

Surveys have shown that health professional schools provide little training on child maltreatment issues at the undergraduate, graduate or post-graduate levels. Although the number of pediatricians working at least part-time in the field of abuse and neglect has grown appreciably (300 members of the Child Abuse and Neglect Section of the American Academy of Pediatrics), there are few family physicians, emergency room, or other specialist physicians contributing to the field. The same is true in nursing, dentistry, the allied health professions, and alternative health care providers. Many Americans look to these professionals for daily guidance in parenting.

The paucity of training is a reflection, in part, of the lack of academic programs in health professional schools. The National Center provided start-up funding for ten interdisciplinary training programs which is a good beginning. However, because of the small number of professionals who have had specialized training in child abuse and neglect, the opportunity to create additional interdisciplinary programs is restricted.

The recognition and substantiation of physical and sexual abuse often relies heavily on an accurate medical diagnosis. Linkages are required by CPS workers with those who conduct such evaluations. For example, the American Academy of Pediatrics and the National Child Abuse and Neglect Clinical Resource Center developed a clinical consultation network to assist front-line CPS workers and law enforcement personnel. Patterned after the regional visitation of postnatal and newborn services developed in the 1970s, this network improved access to medical consultation, especially for rural CPS and law enforcement professionals.

The public health sector, especially through the federally funded Community Health Center programs and Indian Health Service and other State and city health clinics, provides care to millions of children. This public health involvement is especially important given the already-high rate of alcohol-related child neglect and increased reports of sexual abuse involving Native American children.

The role of public health nursing has historically been funded through the Social Security Act Title V Maternal and Child Health Programs. The erosion of the traditional supportive role of the public health nurse and its concomitant replacement by disease oriented activities has left a void in the **prevention** of child abuse and

neglect. Today, most public health nursing is funded to provide home-health care (paid by Medicaid/Medicare or other third-party insurance). Many more public health nurses are needed to provide preventive services in conjunction with volunteer or lay home visitors (see Recommendation G-1).

Recently the Executive Branch linked the AFDC Program, the WIC Program, and the immunization program of the Centers for Disease Control (CDC) to try to improve the percentage of children fully immunized. Similar efforts could be attempted to provide child abuse prevention and parenting education materials through links to the AFDC, WIC, and CDC immunization programs.

The Los Angeles County Department of Health Services provides an example of the impact of an enlightened public health approach to child maltreatment. The Department has an entire unit that addresses child abuse and neglect, coordinating public and private health services for a population of 9 million. This child abuse prevention program monitors 6,000 health system child maltreatment reports a year. All public hospitals in the County have established child abuse teams, protocols, and training. Private hospitals have adopted the model, and 65 percent of the health-based child abuse reports now are referred from private sector medical centers.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to require, through regulation, all health professional schools and training programs receiving Public Health Service (PHS) funds to include child abuse and neglect in their curricula.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to require PHS Commissioned Corps Officers who are providing direct services to children, especially PHS Indian Health Service personnel, to participate in appropriate continuing education on child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Children and Families to ensure that NCCAN devotes sufficient resources to the implementation of that portion of CAPTA which addresses resource centers so that a national network of State and regional resource centers would come into being, with each center to include a clinical consultation component as well as training for health professionals (see Recommendation E-4).

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- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct all DHHS Components focused on assistance for persons with developmental disabilities, sensory impairment, physical handicaps, and chronic illness to develop and implement a special emphasis on the prevention, identification, and treatment of child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to encourage organizations of health professionals to include child abuse and neglect material in their continuing education efforts.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to test the feasibility of using the AFDC, WIC, and CDC immunization programs to provide child abuse prevention and parenting education materials.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to develop an administrative unit to plan and coordinate all PHS knowledge building, program development, program evaluation, data collection, training, and technical assistance activities related to the diagnosis, prevention, and treatment of child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to set aside and focus a fixed percentage of total PHS funds on addressing child maltreatment issues.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct appropriate components of the Department to develop a national data collection system--sensitive to the protection of confidentiality--to track data from all hospitals and medical clinics receiving DHHS funds on numbers of child abuse reports and their pattern over time within cities, counties, and entire States. These data would include, at a minimum, the number of reports made by the hospitals and clinics each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim age, sex, and ethnicity, as well as data on follow-up, outcome, and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)

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- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the PHS Indian Health Service to require the participation of at least one health care professional with specialized training in child maltreatment in all Indian Child Protection Team meetings.
- **CONGRESS:** Statutorily require the Executive Branch to take the steps set forth above.

6. Child Protection and the Justice System

RECOMMENDATION D-6

STRENGTHENING CHILD PROTECTION IN THE JUSTICE SYSTEM

The Federal Government should take all necessary measures to ensure that the nation's courts, attorneys, law enforcement agencies, probation departments, parole agencies, and correctional institutions provide a prompt, sensitive protective response to all forms of child maltreatment. Such a response should involve knowledge building, program development, program evaluation, data collection, training, and technical assistance aimed at improving the administration of civil and criminal justice related to child maltreatment, advocacy on behalf of maltreated children, treatment for and monitoring of offenders both in communities and correctional settings. The response should be reflected in improved handling of child protection cases by:

- *Federal, State, and Tribal judges and other court personnel handling civil and criminal cases related to child maltreatment;*
- *attorneys involved in child maltreatment cases, both civil and criminal, including prosecutors, lawyers representing CPS agencies, court-appointed counsel and guardians ad litem for children, attorneys representing parents, as well as volunteer lay advocates (court appointed special advocates);*
- *law enforcement personnel involved in the investigation of child maltreatment cases;*
- *probation and parole officers involved in the supervision of juvenile and adult offenders in cases of child maltreatment; and*
- *administrators and staff of Federal, State, Tribal, and County correctional institutions where offenders in child maltreatment cases are confined.*

Such measures should ensure that cases involving allegations of child maltreatment in family settings, in the community, and within residential institutions are all given an adequate focus.

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Over the past decade, the number of the nation's individual laws, and the extent of court involvement, related to child maltreatment have risen rapidly. Legislators at the Federal and State levels have seized on certain statutory reform concepts thought by legal experts to promote the protection of children from abuse. Other reform efforts have focused on the reduction of trauma faced by child abuse victims in the investigative and court intervention process.

Attorneys and judges directly involved in juvenile and criminal court proceedings involving maltreated children have had increasing opportunities to receive specialized core training and continuing legal/judicial education related to this subject area. Legal material concentrating on child abuse and neglect was difficult to find in the 1970s, but now this literature could fill many library shelves.

Although much of the nation's legal literature and training related to child protection was originally produced with the assistance of DHHS financial support (largely through NCCAN), the Department of Justice (DoJ), particularly since the mid-1980s, has increasingly been involved in support of activities related to child maltreatment. This is particularly true in connection with cases of children who are abused outside of their homes. The State Justice Institute has also supported some efforts focused on the courts and their response to child maltreatment, but much more support of these efforts is needed.

In the opinion of the Board, no matter how much influential work NCCAN may support in the area of law and judicial policy reform, there will never be a total national investment in the response to child maltreatment by legal institutions until DoJ undertakes more visible Federal leadership in this area. Without such a central Federal focus, legal reform efforts will continue to be pursued piecemeal and will sometimes be ineffective in reaching their intended audience.

Support of DoJ activities related to child maltreatment has been fragmented among many divisions of the Department (e.g., the Office of Juvenile Justice and Delinquency Prevention, the Office of Victims of Crime, and the National Institute of Justice). Work related to legal and judicial knowledge building, program development, program evaluation, data collection, training, and technical assistance on the law, the administration of civil and criminal justice, and legal and lay citizen volunteers--all on behalf of maltreated children--has been supported by individual Federal grants that were awarded by the Department's many entities without any effort of Department-wide planning or coordination.

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Coordinated Federal leadership by DoJ is also critical in view of the recent enactment of several Federal laws addressing such topics as the: involvement of the Federal courts in cases involving child witnesses; mandatory reporting obligations of professionals working with children on Federal lands (including collaboration with the Bureau of Indian Affairs which is implementing requirements for child abuse reporting on Indian Reservations); criminal record screening of prospective employees of Federally-operated facilities serving children; and the response system to child abuse occurring on Indian Reservations. Without a planned, focused response to these new Federal statutory responsibilities, the Board fears that their implementation will be unduly slow and chaotic.

Because the Office of Juvenile Justice and Delinquency Prevention (OJJDP) is one of the principal entities of DoJ for addressing child protection issues, it is unfortunate that it has neglected a variety of issues related to children and the law, including important topics related to child protection. For example, research on the legal and judicial response to status offenders (juveniles charged with offenses, such as running away, that are not illegal if committed by adults)--many of whom are children who have been subjected to abuse and neglect--has been essentially non-existent in recent years. The OJJDP also has neglected the development of knowledge and training programs on the legal representation of children, including children involved in child protection proceedings, and on helping children to make use of such representation.¹⁵ Further, OJJDP has given inadequate attention to the responsibilities of juvenile correctional institutions to protect residents from abuse within these settings by both staff and other residents as well as to conduct effective investigations of reported abuse.

The protection from "institutional" abuse of all young people residing in correctional or treatment facilities should be given adequate attention by all appropriate DoJ agencies. Likewise, an effective national response--involving appropriate treatment and supervision for those who have physically or sexually abused children--will require a significant focus by DoJ.

Finally, it is critical that in any training supported by DoJ, NCCAN, or the State Justice Institute, judges, social workers, mental health professionals, attorneys, guardians ad litem, and court appointed special advocates better understand each other's roles within the child protection process. In any legal or judicial education program conducted with Federal support, training on the roles, responsibilities, expertise, and backgrounds of all of the actors in the process should be included.

¹⁵Surprisingly, this is also true of the Legal Services Corporation.

OPTIONS FOR ACTION

- **ATTORNEY GENERAL:** Convene an ad hoc Work Group, consisting of agency personnel from within all relevant entities in the Department of Justice, to explore ways of coordinating a Department-wide response to the strengthening of child protection efforts in the justice system nationwide.
- **ATTORNEY GENERAL:** Convene--together with the Secretaries of Health and Human Services, Defense, and the Interior, as well as the heads of the State Justice Institute and the Legal Services Corporation--an Inter-Departmental Work Group, consisting of agency personnel from all relevant Federal entities, to plan a collaborative, coordinated response to the strengthening of child protection efforts in the justice system nationwide. The Work Group would function under the aegis of the Inter-Agency Task Force (see Recommendation F-1).
- **ATTORNEY GENERAL:** Direct appropriate components of the Department to set aside discretionary funds for research and demonstration grants focused on the improvement of treatment for juvenile and adult offenders in cases of child physical and sexual abuse, both as part of the probationary period and within correctional facilities.
- **ATTORNEY GENERAL:** Direct appropriate components of the Department to develop a national data collection system--sensitive to the protection of confidentiality--to track data from all courts, probation departments, correctional facilities, and parole agencies on numbers of child abuse cases and their pattern over time within cities, counties, entire States, and the Federal system. These data would include, at a minimum, the number of cases handled each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim and perpetrator age, sex, and ethnicity, as well as data on outcomes and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)
- **EXECUTIVE DIRECTOR OF THE STATE JUSTICE INSTITUTE:** Establish, as a new priority area, grants to improve the response by State civil and criminal court systems to cases involving allegations of child maltreatment.
- **PRESIDENT OF THE LEGAL SERVICES CORPORATION:** Establish, as a new special priority area, grants to improve the legal representation of children and parents in civil child protective judicial proceedings.

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- **CONGRESS:** Direct the Department of Justice to develop a planned and coordinated focus for all justice system activities related to child maltreatment, and authorize and appropriate funds for this purpose. This focus should include but not be limited to the activities of: the Criminal Division; the Office of Justice Programs; the Federal Bureau of Investigation; the Executive Office of the U.S. Attorneys; the Administrative Office of the U.S. Courts; the Federal Judicial Center; the State Justice Institute; the Immigration and Naturalization Service; the National Institute of Corrections; and the Bureau of Prisons.
- **CONGRESS:** Mandate, as part of the reauthorization of, or amendments to, Federal crime and juvenile justice legislation, a new program of research and demonstration grants focused on the improvement of treatment for juvenile and adult offenders in cases of child physical and sexual abuse, both as part of the probationary period and within correctional facilities.
- **CONGRESS:** Mandate, as part of the reauthorization of juvenile justice legislation, a new program focus on the improvement of legal representation provided to all children in the nation's juvenile and family courts.

7. Funding Child Protection Efforts

RECOMMENDATION D-7

PROVIDING ADEQUATE FUNDING FOR THE NEW SPECIALLY TARGETED EFFORTS

For each new specialty targeted effort recommended in this report, Congress should authorize and appropriate an amount necessary to implement the effort at a reasonable level.

As the Board noted in its 1990 report, appropriations for child protection programs have increased at a rate nowhere close to the increase in suspected and substantiated cases of child maltreatment. Indeed, support actually has declined in the aggregate in real dollars. Similarly, Congress typically has not appropriated the amounts it has authorized for child protection programs.

Action to provide a fiscal foundation for an improved child protection system is overdue. When such action is undertaken, it should occur in a planned manner, with reasonable time periods for the phase-in of new programs and shifts of funding streams.

In this regard the Board urges the Federal Government to consider the reallocation of existing resources for child welfare services from a focus on supporting the costs of out-of-home placement to a focus on "front-end," intensive, home-based services. This principle of reallocation is included within the proposals for Federal child welfare reform described in connection with Recommendation B-2.

Also, in the award of Federal child protection funds, the Board urges the Federal Government to give due attention to geographic variations in need. Because of (a) the link between poverty and child maltreatment and (b) the limited resources available in impoverished communities, Federal aid for child protection should be distributed with due regard to relative financial need of States, their political subdivisions, Tribes, and Community Mental Health Center catchment areas.

As do all citizens, the Board understands the fiscal difficulties faced by the Federal Government and the necessity of the Office of Management and Budget (OMB) to act with zeal to keep Federal expenditures under control. Nonetheless, the Board believes that OMB is taking too narrow a view of the full and extended costs to the nation over

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time of the child protection emergency (see Recommendation B-4). That narrow view is exemplified in OMB's involvement in the implementation of the recently-enacted CAPTA program to provide services for drug-exposed children and their families.

Congress provided the first appropriation for this program--approximately \$20 million--in the fall of 1990. In the view of the Board, OMB--acting on behalf of President Bush--should have taken whatever steps were necessary to ensure the speedy implementation of this new program so that services immediately reached the children and families in need. Sadly, the opposite occurred, and DHHS program guidelines for the award of these vitally needed funds were not approved by OMB until July 1991.

Delaying the issuance of the program guidelines until July 11, 1991 forced DHHS to shorten the period of proposal development for applicants. The deadline for the submission of proposals was August 28, 1991. The brief period for proposal development put substantial stress on applicants. Setting the deadline so close to the end of the Federal fiscal year put substantial stress on NCCAN which had to review, process, and award a large number of new, complex grants before September 30, 1991.

Compressing the proposal development and review process to make up for the time used up by OMB can only result in an important program to assist drug- and alcohol-affected children being less effective than it would have been if the process had not been so rushed. While OMB is legally obligated to ensure that Federal funds are not misspent, such an obligation should not have prevented it from using its authority creatively to ensure that children of substance abusing parents received statutorily-mandated assistance expeditiously.

OPTIONS FOR ACTION

- **OFFICE OF MANAGEMENT AND BUDGET:** Undertake, in consultation with the chief financial officers of all relevant Federal agencies, a special review of the Fiscal Year 1992 and Fiscal Year 1993 Federal Budgets with the objective of redirecting substantial resources toward child protection and strengthening families and, once such resources are redirected, expedite program implementation.
- **OFFICE OF MANAGEMENT AND BUDGET:** Establish a "fast-track" process for the review and approval of all regulations, announcements, survey instruments, etc. related to child protection program initiatives.

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- **CONGRESS:** Reallocate existing resources for child welfare services from a focus on supporting the costs of out-of-home placement to a focus on preventive, "front-end," intensive and comprehensive services, including home-based services.
- **CONGRESS:** In providing any new funding for child protection, establish a formula that, whenever feasible, takes into account the size of the child population, the proportion of that population living in poverty, and the proportion of that population that is homeless.

8. Staffing Child Protection Efforts

RECOMMENDATION D-8

ASSURING ADEQUATE STAFFING FOR THE NEW SPECIALLY TARGETED EFFORTS

For each new specially targeted effort recommended in this report, all program staff, excluding clerical and grants management staff, should have demonstrated professional competence in the field of child abuse and neglect. Moreover, program staff should possess at least those professional credentials generally recognized as necessary for competent practice or research in their disciplines. The number of program staff and the support available to those staff, including funds for travel, should be sufficient to fulfill their technical assistance mission and to achieve the visibility necessary for national leadership in the various disciplines in the child protection field.

A conclusion which leaps out of the Board's review of the Federal role related to child protection is the imperative to strengthen the resource base of all Federal agencies involved in the child protection effort. Without doing so, the possibility of these agencies accomplishing their child protection mission is minimal.

It is important that staff of all relevant Federal agencies involved in child protection efforts have the expertise and the resources necessary to fulfill their assigned tasks. It is also important that those staff possess credentials of sufficient stature--including graduate and professional education, experience, and professional certification--to make them credible leaders in the field.

Failure to provide adequate staffing and staff support is likely to result in misdirection of funds. For example, the criticisms of the NCCAN research program must be attributed at least in part to the lack of appropriately trained program officers. (The Board does note the current Administration's desire to increase the number and to upgrade the quality of research staff in NCCAN, in part through a planned collaborative fellowship program with the Society for Research in Child Development.)

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Devote a larger percentage of salaries and expenses appropriations to staffing and staff support for the administration of programs related to child abuse and neglect.
- **CONGRESS:** Authorize Executive Branch agencies administering child abuse and neglect related programs, including those under CAPTA, to set aside up to 10 per cent of funds appropriated for those programs for Federal administration of those programs (comparable to the authority provided by Congress in the Young Americans Act). The authorization should require the agencies, before using set-aside funds, to spend from their salaries and expenses appropriations no less than the amount they are currently spending for administration of those programs.

E. Enhancing Federal Efforts Related to the Generation, Application, and Diffusion of Knowledge Concerning Child Protection

1. Need for More and Better Knowledge

Despite a range of Federal data gathering and analysis activities, the nation still has no adequate picture of the full scope and impact of child abuse and neglect.

The investment in research on child maltreatment has been inadequate and sometime[s] misdirected. The level of Federal investment in research on child maltreatment is minuscule, relative to the investment in other social and health problems.

Investment in basic research to illuminate the specific causes, precipitants, and sequelae of child maltreatment has been particularly lacking, with no Federal agency having assumed a mandate to stimulate such work....

...Federal funding priorities have not been based on long-term plans so that investigators might pursue key ideas to fruition....[T]he peer review process for Federal child maltreatment research has been so problematic for years that the process is no longer credible in the eyes of many researchers.

RECOMMENDATION E-1a

IMPROVING THE COLLECTION OF DATA

The Federal Government should create a comprehensive, mandatory, 50-State and Tribal, aggregate and case-specific child abuse and neglect data collection system. This system should be administered collaboratively by several Federal agencies. In total, it should yield an accurate, uninterrupted, comprehensive picture of child abuse and neglect, as well as the response to it, throughout the nation.

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For an adequate data base for Federal, State, Tribal, and local planning, information is needed about the actual and reported incidence and prevalence of child maltreatment. Information is also needed about the systemic response to child maltreatment, not only in the public child welfare system, but also in the public judicial, educational, health, and mental health systems, as well as in the private, non-profit sector.

The Board believes, therefore, that a new data collection system should collect data on child maltreatment from: CPS; foster care and adoption agencies; residential facilities other than foster homes caring for children, such as juvenile training schools and residential child care facilities, including juvenile training schools, group homes, and psychiatric hospitals; mental health clinics; schools; courts; law enforcement agencies; hospitals, on both emergency room admissions as well as in-patient discharges; and physicians' offices. The system should also incorporate data on "home-based" services provided through child welfare agencies at the State, Tribal, and local level.

To accomplish this coordinated data collection, the system should be linked to and built upon: the proposed voluntary NCCAN's National Child Abuse and Neglect Data System (NCANDS); the mandated adoption and foster care data collection system (AFCARS) to be operated by the Children's Bureau; vital statistics collected by the National Center for Health Statistics of the Centers for Disease Control; the emergency room data collection system operated by the Centers for the Disease Control; the Children in Custody and Juvenile Court data collection systems supported by the Office of Juvenile Justice and Delinquency Prevention; and the Uniform Crime Reports of the Federal Bureau of Investigation.

Establishment of such a new, comprehensive data base requires cooperation among the various Federal agencies involved in elements of the child protection system. It also requires a willingness on the part of those agencies to make uniform data collection a responsibility of their State and local grantees.

Design and maintenance of the data collection process which the Board envisions will require expertise in managing complex data systems. To be of maximum utility, therefore, the new data system should be the responsibility of a permanent Federal unit with such expertise. The Bureau of the Census possesses the experience in the complex epidemiological assessments necessary to carry out such a function.

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Thus, the Board believes that a new data system should be designed by the Bureau of the Census in conjunction with the several Federal agencies presently collecting data. In the aggregate, the data collected through such a system should have the potential of yielding in a timely manner an accurate, uninterrupted, comprehensive picture of child abuse and neglect, as well as the response to it, throughout the nation.

In addition to the Bureau of the Census, the agencies participating in this effort, at a minimum, should include: NCCAN, the Children's Bureau, the Bureau of Justice Statistics, the Centers for Disease Control, the National Institute of Mental Health, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Center on Educational Statistics. There should be at least annual reporting of summary data from this system.

Finally, the Board believes that a one-time grant should be available to the States and Tribes to develop or enhance their capability to comply with new data collection and reporting requirements. Such a grant could either be awarded as part of a separate Federal data improvement initiative or included as a part of the Federal financial support to the States and Tribes intended to help them with the costs of developing their comprehensive State Child Protection Plans (described in Recommendation F-2 below).

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Agree with the Director of the Bureau of the Census to establish an ad hoc Work Group, consisting of staff from appropriate components of both agencies, to explore the possibility of using existing statutory authority to begin the design of a new national child protection data collection system.
- **CONGRESS:** Use the next CAPTA reauthorization to enact the statutory authority for a new data collection system--sensitive to the protection of confidentiality--designed and implemented by the Bureau of the Census in coordination with other data-gathering agencies and include in that legislation authority to provide necessary financial assistance to States and Tribes so that they can develop or enhance their capacity to collect and report data in a manner consistent with Federal standards.

RECOMMENDATION E-1b

IMPROVING FEDERALLY-SUPPORTED RESEARCH

The Federal Government should take all steps necessary to promote systematic research related to child abuse and neglect. Such steps should include:

- *establishing a new program within the National Institute of Mental Health (NIMH) as the primary Federal research effort concerned with the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect;*
- *vesting responsibility in that program for the provision of Government-wide leadership concerning research;*
- *substantially increasing funds available for research in all relevant agencies;*
- *launching initiatives to increase the number and professional qualifications of scientists involved in studies of child abuse and neglect;*
- *making peer review and grants management in all relevant agencies consistent with scientific norms;*
- *engaging in long-range Government-wide planning for stimulation of knowledge on critical topics related to child maltreatment (including cultural and social factors); and*
- *when feasible, developing means for reducing obstacles to the generation of knowledge about child abuse and neglect.*

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Given the fundamental nature of the interests involved, and the enormous personal and social costs of errors in the child protection system, the need for research to guide decision-making about child protection programs and policies is indisputable. Yet, child protection research leaves much to be desired. A few salient characteristics of that research are:

- Although progress has been made, child maltreatment may still be the most underresearched major social problem.
- Research on child maltreatment has grown unsystematically. When major findings have occurred, there have been few efforts to pursue them.
- Public support for research on child abuse and neglect may actually have fallen in the past 15 years.
- There is a serious shortage of qualified researchers in the field. Some important researchers have left the field.
- Some particular research topics important to the development of effective prevention and treatment programs have been especially understudied.
- If knowledge in the field is to increase substantially, attention must be given to resolution of difficult problems in the conduct of research on child abuse and neglect. The methodological, legal, and ethical issues in such research are significant, and Federal agencies should lead in development of means to resolve such problems.

The performance of the Federal Government in child protection research has been inadequate. Although some important studies have been conducted with Federal support, Federal efforts have been unsystematic and paltry at best, and counterproductive at worst. Indeed, as the Board learned during its 1990 hearing on research, arbitrary actions by some agencies in the past decade have served actually to drive researchers from the field and to discourage research on important topics, such as cultural and social factors in child abuse and neglect.

Given the seriousness and magnitude of the problem of child abuse and neglect and the dearth of knowledge necessary for program planning and decision-making in the lives of individual children and families, the lack of a major Federal program for research on child maltreatment is appalling. The Board is convinced, therefore, of the potential benefits for the entire Federal Government of establishing a competently

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managed, major program for research on the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect within NIMH. This program would become the primary Federal research effort on child maltreatment.

The term "primary" should not be construed as "only." As the Board envisions it, the NIMH program would be a complement to--not a substitute for--research efforts in other agencies relevant to the Federal child protection role (i.e., child welfare; education; justice; etc.) Those efforts would not only continue, they would be considerably strengthened.

Such positive effects on other agencies would occur because the NIMH program would be charged with providing leadership for the child protection research efforts of other agencies located throughout the Government. Leadership would focus on such issues as long-range planning for the entire Federal research effort, budgeting that effort, and the quality and quantity of research personnel in knowledge-building institutions throughout the nation.

The Board believes that NIMH has the commitment and capacity necessary for planning and stimulating research and research training. A new emphasis on child abuse and neglect would complement NIMH's plan to increase attention to child mental health, and it would be analogous to the previous initiatives of NIMH in regard to research on rape and related traumatic stress.

OPTIONS FOR ACTION

- * To increase general knowledge about the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect:
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to establish a Center for Research on Child Abuse and Neglect in the National Institute of Mental Health and to provide it with adequate funding.
- **CONGRESS:** Using the next CAPTA reauthorization, amend the Public Health Act to provide the statutory authority for such a Center and, following authorization, appropriate adequate funds for its activities.

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* To increase knowledge about the child protection system:

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Establish programs or priorities for research on the response respectively of the child welfare, health, mental health, education, and justice systems to the problem of child abuse and neglect and the means of improving those responses.
- **CONGRESS:** Statutorily mandate the establishment of such programs or priorities.

* To increase specific knowledge about the social and cultural factors related to child maltreatment:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to establish within NIMH a priority for the systematic development of knowledge about the social and cultural factors in the causes, effects, identification, prevention, and treatment of child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct all components of the Department supporting or conducting research on any aspect of child maltreatment to require applicants for research grants to justify their failure to include culture or ethnicity as a variable in research on child abuse and neglect.¹⁶
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Attempt to persuade the heads of other relevant agencies to impose the same rule.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary of Health to ensure that NIMH conducts workshops on cultural competence for prospective applicants for research grants on child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary of Health to ensure that NIMH makes affirmative efforts to increase the number of ethnic-minority researchers on child abuse and neglect.

¹⁶This rule would be a broadened version of an existing rule of the National Institutes of Health that applicants justify the exclusion of ethnic groups from study samples.

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* To increase human resources in the field of research on child abuse and neglect:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to set aside an appropriate percentage of funds allocated under the National Research Service Award program and other NIMH programs for research training and career development related to child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that NIMH sponsors workshops for investigators entering the field to assist them in the preparation of scientifically sound proposals in the area of child maltreatment.
- **CONGRESS:** Amend the Public Health Service Act to mandate the set-aside of funds allocated under the National Research Service Award program and other NIMH programs for research training and career development related to child abuse and neglect.

* To ensure that procedures for stimulation and analysis of research on child abuse and neglect are scientifically credible:

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Instruct the heads of relevant research programs to establish standing review panels of leading experts in the field of child abuse and neglect and, absent a compelling justification for any contrary action, to adopt their priorities for the funding of proposed projects. When standing panels have been established, ensure that information about their composition and the process of reviews is spread throughout the research community.
- **CONGRESS:** Statutorily mandate that such action be taken.

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* To facilitate the planning of research:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to establish a Research Advisory Committee within NIMH to provide ongoing advice to relevant Federal agencies about (1) priorities for research and means of increasing the national capacity for generation of knowledge about child abuse and neglect and (2) coordination of Federal efforts in research on child abuse and neglect. Such a Committee should consist of Federal experts appointed by the Directors of the National Institutes on Alcohol Abuse and Alcoholism, Child Health and Human Development, Drug Abuse, Education, Justice, and Mental Health as well as the DHHS Assistant Secretaries for Children and Families and Planning and Evaluation, the Assistant Secretary of Interior for Indian Affairs, and non-Federal experts appointed by the U.S. Advisory Board on Child Abuse and Neglect following consultation with relevant scientific societies.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to contract for a study to identify Government-wide priorities for research on child abuse and neglect and to provide recommendations for development of the nation's capacity to conduct such research.
- **CONGRESS:** Statutorily mandate that such action be taken.

* To reduce obstacles to the generation of knowledge about child abuse and neglect:

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that NIMH, in collaboration with the Office for Protection from Research Risks of NIH, sponsor (1) studies of methodological solutions to political, legal, and ethical problems in research on child abuse and neglect and (2) workshops and other activities to diffuse such knowledge within the research community.
- **CONGRESS:** Using the next CAPTA reauthorization, amend the Public Health Act to clarify the scope of confidentiality certificates.

RECOMMENDATION E-1c

IMPROVING THE EVALUATION OF PROGRAMS

The Federal Government should ensure that child protection activities supported with Federal funds are subjected to rigorous evaluation and that findings of such studies are applied in the design and implementation of programs in the child protection system.

In the current state of knowledge, it is wasteful not to learn as much as can be learned from our efforts to prevent, investigate, assess, and treat child abuse and neglect. It also is disrespectful of clients not to attempt to match practice to knowledge.

Yet, Federally funded [d]emonstration programs commonly have lacked rigorous evaluation components, and they often have lacked a foundation in knowledge generated through empirical research, to the point that many 'model' projects should have been expected to fail from the beginning. Moreover, State CPS agencies, as well as those parts of the criminal justice, juvenile court, and mental health systems serving abused and neglected children and their families, do not systematically maintain records and evaluate what they are doing.

When caseworkers and administrators are constantly beleaguered, such inattention to evaluation and to application of the research that is available is understandable. Nonetheless, if the nation is serious about ensuring that its children are protected, such an approach cannot be tolerated.

For example, CPS agencies investigate at least several million cases a year. In every such case, they make initial judgments about the level of risk entailed if the child is to remain at home, and they must decide what combination of services is likely to reduce risk appreciably. Often such judgments are repeated multiple times in a given case; similar judgments must be made about reunification of children who have been placed in foster care. Yet, almost nothing is known about worker decision-making, and relatively little is known about the effectiveness of standard protocols for risk assessment.

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Given the seriousness of errors in judgment (whether in the direction of unnecessary intrusions into family life or unwarranted failures to act to protect children), it is impossible to defend a situation in which so little care has been taken in systematically recording workers' decisions and evaluating their validity. There are millions of new data points each year, but little effort has been invested in acquiring knowledge from them.

Even when evaluation studies of adequate quality have been conducted, they rarely have been followed up. Demonstration projects typically have not built on previous efforts, and evaluation researchers rarely have contributed multiple studies.

As the Board noted in its 1990 report, an important step toward resolution of the emergency in child protection would be *a major initiative to use multidisciplinary knowledge about what works as the cornerstone of Federal efforts to rehabilitate the quality of the child protection system*. Perhaps even more important, program evaluation should become a routine activity; the public should demand a child protection system in which quality is assured.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Direct that all components administering demonstration grants related to the prevention, identification, investigation, adjudication, or treatment of child abuse and neglect allocate funds in the manner most likely to increase knowledge important to the field.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Direct that all components administering demonstration grants related to the prevention, identification, investigation, adjudication, or treatment of child abuse and neglect require applicants to present a scientifically sound plan for evaluation as a condition of receipt of funds.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Direct that all components administering such grants make diligent efforts to diffuse knowledge gained from evaluation of demonstration projects (see Recommendation E-5) and, in collaboration with the research planning effort described in Recommendation E-1.b, use such findings as the foundation for developing new research priorities.

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- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Direct that all components administering such grants take significant steps to improve the overall quality of evaluation research, such as working closely with the Resource Centers described in Recommendation E-4 on the development of training and expertise in effective evaluation processes.
- **CONGRESS:** Use the next CAPTA reauthorization to mandate that recipients of all Federal funds related to any aspect of child protection set aside an appropriate percentage of such funds for evaluation research.

2. Need for More Skilled Professional Staff

RECOMMENDATION E-2

INCREASING THE QUALIFICATIONS AND NUMBERS OF PROFESSIONALS IN CHILD PROTECTION

The Federal Government should significantly expand incentives and grant programs to increase the numbers and qualifications of professionals available to work in the child protection system.

In its first report the Board presented evidence that the nation's entire child protection system is operating under a terrible crisis. All parts of the system are understaffed, underpaid, undertrained, and often underqualified.

Nowhere is this more evident than in the large number of CPS agencies which no longer have many individuals with social work training entering their ranks. With huge caseloads, little experience, and inadequate professional back-up from others (e.g., physicians, mental health professionals, lawyers), it is no wonder that burn-out and turnover are so prevalent. The situation is similar in law enforcement, where many sexual abuse cases or criminal physical abuse cases are investigated by generalist officers.

It is not just an increase in numbers that is needed. Child protection professionals need to be competent. Some professional organizations (e.g., the American Professional Society on the Abuse of Children and the American Academy of Pediatrics) are in the early stages of development of standards or guidelines for their constituents' practice. Only a few organizations (e.g., the National Association of Social Workers) have had guidelines for several years. In a decade where, for example, the interpretation of certain medical findings as "diagnostic" for sexual abuse has changed, it is imperative for professionals to maintain their qualifications through changing times.

The general problem can be illustrated in the Federal Government itself. The plight of the Native American, despite large-scale federal spending, is worse--as can be seen in the annual Indian Health Service and Bureau of Indian Affairs statistics. Native Americans deserve the same kind of high quality, competent standards in the investigation, prevention, and treatment of abuse as other populations. Yet, Indian Child Welfare workers often have minimal training, and degreed social workers are the exception rather than the rule. As a result of inadequate qualifications and training,

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investigations of abuse are inadequate; children remain in extremely high risk dysfunctional families, and little or no intervention on their behalf takes place. Efforts in recruiting workers in remote and isolated regions are inadequate, as is professional training of Tribal judges and investigators.

From the perspective of abused children and their families, the deficit in human resources for child protection is intolerable. There is a clear need to increase dramatically the numbers and qualifications of all professionals in the field of child protection: CPS workers, physicians, nurses, law enforcement officers, lawyers, judges, and mental health professionals of all types. To fail to do so will only exacerbate the emergency.

Nor will adoption of a new strategy which emphasizes prevention over investigation solve the problem. Skilled investigators (e.g., interviewers of young children) will still be needed, and prevention programs will need well-trained personnel as well.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND SECRETARY OF EDUCATION:** Direct appropriate components of the two Departments to devise and implement a program, using existing resources, of Presidential or Secretarial Fellowships on Child Protection for advanced study by students in schools of social work, medicine, nursing, law, graduate programs in clinical, school, and counseling psychology, and other graduate programs in professions serving children and families.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND SECRETARY OF EDUCATION:** Direct appropriate components of the two Departments--in addition to the program of fellowships for advanced study in each of the professions represented in child protection--to use existing resources to increase the number of opportunities for interdisciplinary training throughout the nation.
- **SECRETARY OF INTERIOR:** Direct the Bureau of Indian Affairs to require that a significant percentage of Indian Child Welfare workers, and all of their supervisors, possess a Masters degree in social work or psychology.
- **CONGRESS:** Use the next CAPTA reauthorization to legislate a new program of incentives through grants/loans to university students in return for work in the field of child protection, similar to the National Health Service Corps Program.

3. Need for Implementation of Standards of Practice

RECOMMENDATION E-3

DEVELOPING AND IMPLEMENTING STANDARDS OF PRACTICE

The Federal Government should take all necessary measures to ensure that each Federal agency directly providing services in the child protection system (e.g., the Indian Health Service, the Bureau of Indian Affairs, the family advocacy programs in the military, the U.S. Attorneys, and the military courts) meets standards of competent practice, including but not limited to standards for:

- *staff qualifications and training;*
- *staff-to-client ratios;*
- *timeliness of response;*
- *protection of client rights;*
- *legal representation of all parties (including the child) in relevant judicial proceedings;*
- *cultural competence; and*
- *quality assurance.*

The first of these measures should be commissioning the development of national standards of competent practice for the various professionals and agencies involved in child protection cases at the State, Tribal, and local levels.

Children suspected of being the victims of abuse while residing with their family on a military installation, children reported to have been sexually molested while living on Tribal lands, or children believed for some other reason to be maltreatment victims entitled to Federal agency intervention--all of these children are examples of the role which the Federal Government plays as a service provider. It is a role too frequently neglected.

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Like the States and Counties, the Federal Government has a clear duty to provide services to the families who reside, or are governed, under its jurisdiction. The Board believes that those families should be able to benefit from the very best professional protective response that American society can offer. Moreover, for the Federal Government to exert effective leadership on behalf of the nation's abused and neglected children, its own services must be state-of-the-art.

Developing exemplary services has an added benefit. In the process of providing support for the improvement of the state of the art in child protection, the Federal Government assists the States and Tribes by providing them with models that they can adopt. Indeed, the Federal Government's most important involvement in the national child protection system may be in providing such models.

The development and implementation of Federal standards of practice, and the careful evaluation of their implementation, would go far toward making the child protection system that operates within Federal jurisdiction an exemplar of good practice. In this regard, the Board is pleased to note the efforts by the Department of Defense to implement standards developed under a contract with the Child Welfare League of America.

It is also aware that in the late 1970s and early 1980s, NCCAN supported the development of a widely-praised set of "Guidelines for Policy and Practice" for the various professional disciplines involved in child protection cases. Those guidelines were never widely disseminated. Unfortunately, they are now out of date.

OPTIONS FOR ACTION

- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Collaboratively support--through the venue of the Task Force--the development of a set of standards of practice for use in child protection cases by Federal personnel directly involved in such cases (such as physicians, law enforcement officers, social workers, attorneys, judges, and psychologists) as well as by Federally-operated programs rendering direct services in such cases (such as CPS agencies, law enforcement agencies, hospitals, courts, and mental health clinics). If possible, this effort should be built around an updating of the NCCAN Guidelines.
- **CONGRESS:** Use the next CAPTA reauthorization to mandate individual Federal agencies, especially the Bureau of Indian Affairs, to develop appropriate standards of practice in child protection cases by a date certain.

4. Need for the Provision of Technical Assistance to State and Tribal Child Protection Efforts

RECOMMENDATION E-4

ESTABLISHING STATE AND REGIONAL RESOURCE CENTERS

The Federal Government should establish a mechanism to stimulate development of State or regional resource centers for training, consultation, policy analysis, and research in the field of child protection. Such centers should be interdisciplinary and should involve collaboration between universities and relevant State and Tribal agencies, including opportunities for university-based sabbaticals for senior State and Tribal officials and agency-based sabbaticals for university professors.

The history of NCCAN's and ACYF's support of resource centers is enigmatic. In the late 1970s, ten DHHS regions harbored Regional Resource Centers on Child Abuse and Neglect, Child Welfare, and Adoption--30 centers in all. In 1982, funding for these centers was dramatically cut, and ten centers were funded to cover the three topic areas for each region. Two years later, all the centers were dropped.

In 1985-86, ACYF, the Children's Bureau and NCCAN rediscovered resource centers, but instead of funding programs in 10 regions, they decided to fund "National Resource Centers"--one for each of ten topical areas. Three of these were focused on child abuse and neglect [Child Abuse Systems (American Association for Protecting Children), Child Abuse Clinical (Kempe National Center), and Child Sexual Abuse (National Children's Advocacy Center/Huntsville)]. The scope of the other seven centers varied in terms of their involvement with child abuse and neglect issues (e.g., Legal, Foster Care, Special Needs Adoption, Child Welfare Management, Family-Based Services).

In the 1988 CAPTA reauthorization, Congress required that DHHS develop resource centers to serve "defined areas." The FY 1991 Coordinated Discretionary Fund announcement solicited proposals for two national resource centers--one to cover child abuse (e.g., physical abuse and neglect), the other to cover sexual abuse.

Discussion with individuals in the field leads the Board to believe that it is unrealistic for one center to serve all such needs. During the last decade, while resource centers focused exclusively on child abuse and neglect were reduced five-fold (from 10 to 2), the number of reported cases nationally increased four-fold (from 669,000 to 2.5 million). In view of the increased complexity of investigating and treating child sexual abuse, and the recognition of newer forms of abuse (such as Munchausen Syndrome by Proxy), the need for a significant expansion in resource centers is clear.

The Board believes that in some areas (e.g., the Rocky Mountains and the Midwest) one resource center could serve several States and Tribes. In other areas, a center might only serve one city (e.g., Los Angeles, New York), and one State might contain several of these centers. An ultimate goal should be to place at least one resource center in every State.

Such a center can cement a relationship between a State university and relevant State agencies that can (a) instill a "research culture" with due regard for evaluation and quality assurance in State agencies, (b) build a "pipeline" for new professionals in the child protection system, (c) provide readily available continuing education and consultation services, and (d) increase the sensitivity of university training programs and researchers to the needs of the child protection system for both human resources and new knowledge. The investment in State resource centers is apt to be repaid many times over in increased quality of child protection services and in the level and diffusion of knowledge about child abuse and neglect.

Implementation of this recommendation should not preclude the Federal Government from funding topical centers. Such centers may have a national scope, especially if there is a limited pool of national experts on a certain topic.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct that appropriate components of the Department, working with other relevant agencies, use existing resources to develop a network of State or Regional Resource Centers on Child Abuse and Neglect throughout the United States. As a first step, building a system of ten Federal regional resource centers should be considered.
- **CONGRESS:** Use the next CAPTA reauthorization to authorize a \$50 million nationwide network of State and Regional Resource Centers and, following the authorization, appropriate funds for implementation.

5. Need for the Diffusion of Knowledge

RECOMMENDATION E-5

IMPROVING THE FLOW OF INFORMATION

The Federal Government should develop a highly visible entity that takes whatever steps are necessary to ensure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, state-of-the-art information on child abuse and neglect.

Throughout the nation much of the most important information about child maltreatment is not widely known by providers of services (such as teachers), policymakers, and the general public (especially parents). Worse, misinformation and distorted, one-sided information about child maltreatment are rampant.

The Board believes that it is particularly important to increase both public and professional sophistication about child abuse and neglect. To that end, there should exist within the Federal Government an entity capable of serving as a source of accurate, comprehensive information about child maltreatment.

That entity should be designed so that its staff can itself answer virtually any general question about child protection, both in terms of its current manifestations as well as its past manifestations, and can refer any technical question it may receive quickly and accurately. Further, that entity should be so prominent, so well-known, that it would be the obvious first place for a questioner to turn.

In a time when it can take hours to explain to a reporter from the news media what the child protection system is and how it works, the entity which the Board envisions must be proactive rather than reactive, including as an important part of its mission the education of public opinion shapers on the problem of child abuse and neglect. As the Board stated in its first report, the nation's media need "to promote public understanding of the child maltreatment emergency and the most effective ways of addressing it."

There is another important task for such an entity. During the period in which child maltreatment entered the public consciousness, messages advocating prompt reporting were in some ways almost too successful: the number of reports has

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increased to the point of virtually overwhelming the system. The public has increasingly perceived reporting to a hotline as the solution not only for child abuse, but for other problems too, including some that would have been handled on a neighborly basis in an earlier era.

It is time now to focus public attention not only on when to report, but also on when not to report and on what to do instead. The entity, in collaboration with private sector organizations, should develop a new media campaign to educate the public and professionals about the complexity of child abuse and neglect and to encourage the development of alternative actions beyond reporting.

For many years NCCAN has attempted to accomplish the information diffusion function through a series of contracts. Although the contractors have been quite capable, the scope of the contracts has not embraced the mission which the Board believes must be undertaken.

Moreover, as the contract periods have concluded, the responsibility has been shifted from one contractor to another. This practice is unwise, because it inevitably disrupts the continuous flow of information when the contracts end.

The Board believes that the information diffusion function should no longer be contracted out but, rather, be carried out by Federal employees. The mission of the entity carrying out the function should be broad, along the lines suggested above. Because the information to be provided by the entity will cut across agency lines, the financing of the entity should be through inter-agency fund transfers.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Establish a permanent information diffusion entity within a component of the Department already carrying out similar functions such as the National Library of Medicine.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Establish a permanent information diffusion entity within the component of the Department in which the Federal planning and coordination responsibility will be located (see Recommendation F-1).
- **CONGRESS:** Use the next CAPTA reauthorization to mandate the establishment of a permanent information diffusion entity within a component of the Department.

F. Improving Coordination among Federal, State, Tribal, and Private Sector Child Protection Efforts

RECOMMENDATION F-1

ESTABLISHING A STRUCTURE FOR PLANNING AND COORDINATION AT THE FEDERAL LEVEL

All of the activities which comprise the collective Federal child protection effort should have the same goal: the reduction in the prevalence of child abuse and neglect, primarily through assistance to State, Tribal, and local authorities in their efforts to protect children from abuse and neglect, especially their efforts to build services for child protection at the community level.

The Federal Government should establish an agency or entity to plan and coordinate the accomplishment of that goal. The agency or entity should be mandated to develop--in concert with the agencies throughout the Federal Government whose programs constitute the collective Federal effort--both a long-range strategy for accomplishment of the goal as well as short-term approaches leading toward that end, and to set forth that strategy and those approaches in the form of a readily achievable, comprehensive plan.

In addition to developing the plan, the agency or entity should:

- *assist the President, the Secretary of Health and Human Services, and the heads of other relevant agencies in enlisting opinion leaders in efforts:*
 - *to reduce societal influences (such as the acceptability of violence in the media, the schools, and other social institutions) that may increase the probability of family violence, child abuse and neglect, and violent crime;*

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- *to increase social and material support for families that will decrease child abuse and neglect and other forms of family dysfunction; and*
- *to increase social support for children that will ameliorate the effects of abuse and neglect when maltreatment does occur;*
- *identify problems related to child abuse and neglect that are receiving inadequate national attention;*
- *convene meetings of leaders in business, labor, religious, civic and philanthropic organizations, the media, professional associations, scientific societies, and volunteer and parent organizations to facilitate their active and constructive response to such problems:*
- *support educational campaigns designed to increase the sophistication of citizens--especially the over two million employed by the Federal Government--of the nature and complexity of child abuse and neglect and to inform them about alternative steps (beyond reporting suspected maltreatment) that they may take to increase the safety of children;*
- *develop public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect;*
- *coordinate the provision of technical assistance to Federal, State, and Tribal agencies;*
- *coordinate the multi-agency review of the single comprehensive State and Tribal plans described in Recommendation F-2;*
- *monitor policy and program implementation at all levels of government; and, as necessary;*
- *convene key actors from throughout the Federal Government for collaborative policy formulation, program design, and investment in joint funding ventures.*

The agency or entity should be located at an appropriate organizational level. It should be vested with authority commensurate with the nature of its responsibilities. It should be given adequate resources.

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A major theme of the comprehensive Federal plan, the Board believes, should be **carving communities unwilling to tolerate the abuse and neglect of their youngest members any longer**. In developing the plan, therefore, the agency or entity should ensure that the entire Federal child protection effort:

- facilitates community planning;
- generates and diffuses knowledge relevant to child protection, including models for prevention and treatment;
- strengthens the States' capacities to assist communities;
- stimulates the growth of human resources (professional, paraprofessional, and volunteer) that communities may use in fulfillment of their plans for child protection; and
- shares financial resources necessary to implement community plans.

Another major theme of the plan should be the involvement of the private sector in all appropriate public child protection efforts. Such involvement can help to mitigate social isolation (a factor known to increase the likelihood of child maltreatment), enhance public services (through volunteer efforts), provide support for parents in the workplace, increase the accountability of public services, and increase public awareness. Private involvement also can be important in developing innovative approaches and strengthening social responsibility for the welfare of children.

The Board believes that the comprehensive Federal plan it is recommending must be developed **no later than two years after the agency or entity has been established**. Further, after the plan's completion, it should not be implemented until appropriate Committees of the Congress have had the opportunity to examine it. After implementation, the plan should be periodically updated.

Although the Board does not take a position on the details of the recent DHHS reorganizations, it applauds the intent to integrate the social service and economic assistance programs in DHHS. Nonetheless, because (a) several critical programs related to child protection within DHHS remain in the Public Health Service, and (b) a high-level office is needed for comprehensive planning of child protection policies across Cabinet departments, the need remains for a high-level agency or entity specifically charged with planning and coordination of Federal efforts in child protection.

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The Board believes that the level of the agency or entity should be no lower than that of an operating agency of the Department of Health and Human Services. That would mean that the agency or entity--while not an operating agency--would, at the least, be equivalent in standing to the Public Health Service, the Health Care Financing Administration, the Social Security Administration, and the Administration for Children and Families.

The staff of the agency should include persons knowledgeable in children and family services, mental health services, substance abuse prevention and treatment, elementary and secondary education, family life education, health services, the justice system, community planning, and the voluntary sector. It should also include persons knowledgeable in data collection, research, evaluation, staff development, the development of standards of practice, technical assistance, and the diffusion of information. Finally, it should contain persons knowledgeable in Federal program development, Federal budgeting, inter-governmental relations (especially the nature of State and local government), Tribal Governments, and inter-organizational relationships.

The agency or entity should be linked with sister policy-related entities established by Congress or the Executive Branch. An example would be the Federal Council on Children, Youth, and Families, authorized by the Pepper Young Americans Act.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Designate NCCAN as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Designate the Inter-Agency Task Force on Child Abuse and Neglect as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.
- **CONGRESS:** Use the next CAPTA reauthorization to mandate the designation of NCCAN or the Inter-Agency Task Force on Child Abuse and Neglect as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.

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- **CONGRESS:** Alternatively, use the next CAPTA reauthorization to establish a new agency or entity at a high level of the Executive Branch. If this option is selected, the agency or entity should be headed by a Director appointed by the President with the advice and consent of the Senate. The agency or entity should be located at an appropriate organizational level, should be vested with authority commensurate with the nature of its responsibilities, and should be given adequate resources.

- **CONGRESS:** Whichever option is chosen, use the next CAPTA reauthorization to mandate the strengthening of the Inter-Agency Task Force on Child Abuse and Neglect by:
 - reconstituting it as an Inter-Agency Policy Council consisting of Cabinet officers and other relevant agency heads with responsibility for implementation of Federal child protection policy and development of related policies of the Administration;

 - making the Secretary of Health and Human Services the chair of the Council with his/her authority to delegate that responsibility limited to the head of the planning and coordination agency or entity;

 - including as members of the Council the Secretaries of Agriculture, Defense, Education, Health and Human Services, Housing and Urban Development, and Interior, the Attorney General, and the Directors of ACTION and the Office of National Drug Control Policy, with their authority to delegate their responsibilities within the Council limited to no more than one layer;

 - requiring that the Council meet at least three times per year;

 - encouraging the Council to set up--for purposes of planning and implementation--both permanent and ad hoc work groups and task forces consisting of technical experts drawn from member agencies;

 - providing staff and other resources for the operation of the Council; and

 - integrating and coordinating the work of the Council with the work of the Federal Council on Children, Youth, and Families authorized by the Pepper Young Americans Act.

RECOMMENDATION F-2

ESTABLISHING A STRUCTURE FOR PLANNING AND COORDINATION AT THE STATE AND TRIBAL LEVEL

The Federal Government should require any State or Tribe receiving any formula grant for child protection (including--but not limited to--any grants legislated in response to this report, grants pursuant to CAPTA, the existing Social Services Block Grant, and Titles IV-B and IV-E of the Social Security Act) to submit a comprehensive three-year plan for multidisciplinary investigation, prevention, and treatment of child abuse and neglect. This single comprehensive plan should be a major eligibility requirement for these Federal formula grants, providing States and Tribes with the opportunity to make a single application to the agency or entity described in Recommendation F-1 for funds from several agencies. That agency or entity should be authorized to exercise discretion in waiving discretionary grant requirements that may impede the blending of Federal funds. As an alternative to full-scale implementation of the comprehensive State or Tribal planning requirement, the Federal Government should initiate a multi-year series of pilot projects aimed at testing the core concepts underlying the requirement.

The unplanned nature of Federal child protection policy is unfortunately replicated in most States, Tribes, and communities. A Federal mandate for comprehensive State, Tribal, and community planning is an appropriate exercise of leadership to ensure that Federal, State, Tribal, and local resources are used effectively and efficiently. If crafted sensitively, such a mandate will permit flexibility so that plans will be responsive to State, Tribal, and local needs. The planning requirement and the flexibility of funding that accompanies it provide the opportunity for developing an integrated approach in the child protection programs of States, Tribes, and communities. Indeed, many States are already voluntarily developing variants of such plans.

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The approach that is recommended would help to generate State and Tribal commitments to stimulating the community development and participation that the Board believes is critical to a new national strategy for child protection. The States and Tribes can play critical roles of technical advisor and fiscal supporter to the communities within them.

At a minimum, the plan which the Board envisions would include provisions for:

- prevention of child maltreatment among children in general and families at high risk in particular;
- case planning and periodic review;
- timeliness of (1) investigation of reports of child abuse and neglect and (2) provision of treatment as needed to maltreated children and their families;
- human resource development (including pre- and in-service professional and paraprofessional training, education of new professionals, and recruitment, training, and supervision of volunteers);
- development and implementation of local child protection plans by the State's or Tribe's political subdivisions (local and regional governments);
- incorporation of the views of community agencies and grassroots organizations;
- technical assistance in the development of community plans;
- involvement of the private sector including parent self-help organizations;
- linking the plan and building it upon other related, Federally-required State plans--such as those involving child welfare services, foster care, and child health and mental health services;
- ongoing data collection and evaluation research;
- responsiveness in all activities to the special needs of ethnic and low-income families and communities, especially the need for cultural competence in the staffs of community and State-level service providers;
- responsiveness in all activities to the special needs of foster families;

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- responsiveness to child maltreatment cases involving multiple jurisdictional authorities, such as several States, several counties, and State-Tribal as well as State-Federal case coordination; and
- responsiveness in all activities to the individual needs of children, including those children and youth in situations in which they may be unusually vulnerable to maltreatment (e.g., runaways).

States and Tribes would in their plans be required to demonstrate that the plans were developed collaboratively by representatives of social service, public health, education (including higher education), mental health, and adult and juvenile corrections agencies, the judiciary and the bar, local government and services, Tribal authorities, and grassroots organizations for community development and child protection. They also would be required to demonstrate that their plans include ongoing coordination and integration of child protection efforts of all such agencies, organizations, and entities. Finally, they would be required to demonstrate that their plans reflect input from service recipients at every level of the planning process.

Plans developed by Tribal governments would be coordinated with the State plan(s) affected by the Tribal plans. In this way, situations in which Native Americans commit abuse incidents on non-Tribal lands and then flee to Tribal lands to avoid intervention by State or local governments should be eliminated or, at the least, more effectively handled.

Consistent with the Board's conviction that the child protection system is and should be multi-agency, the State or Tribal entity that serves as the lead for development of the plan would vary across States and Tribes. In some States, Governors may designate State social service agencies to play such a role. In others, another human services agency (e.g., the State Department of Mental Health), an overarching children's agency, a planning agency, the Governor's Office itself, a center in the State university, or even a private agency (e.g., a not-for-profit State Coordinating Council) may have primary responsibility for preparation of the State child protection plan.

A major feature of the planning requirement would be that, by meeting it, States and Tribes would entitle themselves to "one-stop shopping" for Federal funding for their child protection efforts. Currently, States and Tribes attempting to integrate such efforts must run the gauntlet of meeting myriad Federal grant requirements. That task is a principal barrier to the development of integrated approaches. Yet, the nature of child protection demands those very approaches.

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Managing this "one-stop shopping" feature will be one of the two chief responsibilities of the agency or entity described in Recommendation F-1 (the other being the management of coordinated Federal planning). While not attempting to minimize the obstacles to the effective discharge of this responsibility, the Board believes that the advantages to cooperating Federal agencies will quickly become manifest.

In proposing this requirement, the Board is not asking States and Tribes to "do more with less." The responsibility for child protection rests in all levels of government. Although the major responsibility for designing the particular strategies to be used in a given child protection effort properly belongs to the States and local communities, the Federal Government should assist States in the development of the capacity to construct and fulfill a comprehensive child protection plan. Some of that assistance should be technical in nature. Often it also should be financial. In that spirit, as a preface to meeting this new requirement, States and Tribes would be given planning grants. With such grants States can develop their initial plans as well as increase their capacity for gathering and synthesizing information relevant to development of their plans.

Federal financial assistance is especially critical for those States, Tribes, and communities that are most impoverished and, therefore, have not only the greatest risk of child maltreatment but also the weakest tax base. Given the moral responsibility of the nation as a whole to protect children from harm, Federal authorities should take whatever action is necessary to ensure that local economic conditions do not impede the development of a comprehensive child protection system.

The proposed planning requirement may be too big a dose for the Federal, State, and Tribal Governments to swallow at one time. If that proves to be the case, the Board proposes a series of coordinated pilot projects to test the basic concepts involved in the planning requirement:

- the facilitation of community efforts;
- comprehensive planning at all levels of government and in the community; and
- the promotion of flexible, integrated approaches to child protection in all of the systems of services (e.g., social services, education, law enforcement, courts, mental health) for children and families.

The projects would study the barriers to coordinated action by State governments aimed at the development and implementation at the neighborhood level of comprehensive, multi-agency, multidisciplinary, private-public "model" programs for

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the improvement of prevention, investigation, identification, intervention, and treatment of child abuse and neglect. The projects would also test the feasibility of coordinated Federal activity in the rendering of technical assistance to State applicants, the review of applications, the joint awarding of funds, the monitoring of grants, and the evaluation of outcomes.

At a minimum, each pilot project would include the following components: CPS; treatment programs; prevention programs, including neonatal home visitation and follow-up; substance abuse prevention and treatment programs; public schools; the various components of the justice system; and neighborhood planning bodies and coordinating councils. Other possible elements of the projects could, for example, involve initiatives for the utilization of parent self-help and other volunteer groups. Funds for these components would come from a variety of Federal program authorities.

To the maximum extent possible, the projects would build on the comprehensive preventive services models currently being tested with NCCAN funding at nine sites. Although more limited in scope than the pilot projects the Board is envisioning, the insights being generated by the nine models will be relevant to the pilot projects.

During the planning and implementation of the pilot projects, appropriate Congressional committees should receive frequent progress reports so that project developments can be closely monitored. This would provide Congress with an ongoing assessment of the extent to which the pilots are achieving Congressional intent.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Explore the possibility of using existing statutory authority to initiate the State and Tribal planning requirement.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Launch the pilot projects, using flexible funding sources, without specific Congressional approval.
- **CONGRESS:** Use the next CAPTA reauthorization to legislate the State and Tribal planning requirement and, following legislation, appropriate the necessary funds for initial planning grants.
- **CONGRESS:** Use the next CAPTA reauthorization to authorize the pilot projects.

RECOMMENDATION F-3

PROVIDING FOR COMPREHENSIVE FEDERAL PLANNING AND COORDINATION IN RESPONSE TO CHILD MALTREATMENT FATALITIES

The Federal Government should ensure that issues related to child deaths resulting from abuse or neglect are properly addressed by all relevant Federal agencies, acting collaboratively. The Federal entities involved in such collaboration should include, but not be limited to: such DHHS entities as NCCAN, the Children's Bureau, the Centers for Disease Control, the Health Resources and Services Administration, the Office for Substance Abuse Prevention, and the National Institute of Mental Health; such Department of Justice entities as the Criminal Division, the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice, and the Federal Bureau of Investigation; and the Department of Education. Also involved should be Federal entities that have direct service provision responsibilities for families and children, such as the Department of Defense, the Indian Health Service of DHHS, the Bureau of Indian Affairs of the Department of the Interior, and the Office of Victims of Crime of the Department of Justice.

Such collaborative efforts should address such issues as:

- *the review of Federal statutes and regulations that may create barriers to inter-agency, multidisciplinary collaboration at the Federal, State, Tribal, and community level in the investigation, intervention, and review of suspected child fatalities;*

- *the development of model protocols and procedures for both individual State, Tribal, and local agencies, as well as for inter-agency, multidisciplinary collaboration in the investigation, intervention, and service provision in cases of child fatalities;*
- *the development of uniform national data gathering and analysis related to child fatalities; and*
- *the on-going funding of research and training relating to the responses of the Federal, State, Tribal, and local governments to the problem of child fatalities, including how such responses contribute, if at all, to the prevention of child maltreatment in general as well as child maltreatment fatalities.*

This Section of the report has focused on the importance of coordination in the enhancement of Federal efforts related to child maltreatment. If there is one area where the value of effective coordination by States, Tribes, and communities in responding to child maltreatment is most clearly demonstrated, it is in the review of child deaths due to child maltreatment.

Four actual case examples¹⁷ from a local child death review team follow:

¹⁷The names of the following four children have been changed to protect their identities.

BABY JOEY

A family had been known to the CPS agency for several years due to severe neglect, transiency, and the parents' inability to provide regular care for the children. There were nine children in the family, all of whom had been removed from the parents' custody. The CPS worker involved with the family was unaware of **Baby Joey's** birth, even though the hospital, AFDC worker, and a church that had been helping the parents were all aware that Baby Joey was at high risk due to the parents' history of mental disability and homelessness.

Despite the parents' limited abilities and mother's history with the Regional Center for Developmental Disabilities, no psychological evaluation or treatment was ever undertaken as part of CPS or court involvement. **Ten-week-old Baby Joey died from intracranial trauma, a result of shaking.** Criminal action could not be taken against the parents as investigators were unable to prove which parent actually caused the fatal injuries to Baby Joey.

VICTORIA

A family became known to the CPS agency due to allegations of the father molesting **Victoria**, his 14-year-old daughter. The case was closed one month later as the mother had taken appropriate steps to protect her children: she expelled the father from the home, secured a temporary restraining order, started divorce proceedings, and began attending counseling with Victoria.

While the child protection system handles thousands of child sexual abuse cases in a similar manner each year, there are few services in place for the fathers who are involved in such potentially volatile situations. No one in the system monitored this distraught, angry, violent man. **He subsequently broke into the family home, shot and killed Victoria, his wife, and himself, and seriously injured his other daughter who was 13 years old.**

BABY TOMMY

Baby Tommy was born prenatally exposed to cocaine and released to the mother by the CPS agency. At the time of his birth, the mother was highly motivated to do anything the CPS worker asked and signed a contract for voluntary family maintenance services. The worker made several attempts to enroll the mother in drug rehabilitation treatment, but all programs in the community were full and she was placed on a waiting list. Over the course of the next month, the worker lost contact with the mother.

Had the CPS worker completed a thorough background check on the family, she would have found that the mother, her boyfriend, and all of their associates were heavily involved in drug use and sales. The mother and boyfriend went on a three day drug binge. While the history of events in the hours before **Baby Tommy's** death are unclear, at the time of autopsy this **2-and-1/2 month baby** was found to have died of at least **3 different injuries**, including blunt force trauma to the head and a depressed skull fracture.

MARIA

Maria, a young teenage girl had been active with the CPS agency for over two years due to parental drug abuse and neglect. **Maria** had assumed the parenting role for her five younger siblings in the home due to the drug use-related absence of her mother. She was responsible for feeding, clothing, and getting the other children to school.

When **Maria** and her brothers and sisters were removed from their mother, she repeatedly ran away from her foster homes to return to the mother to care for her. She was finally placed with her grandmother. She attended school irregularly due to her disrupted living situation.

Neither the CPS worker nor **Maria's** teacher indicated that they recognized any indicators of **Linda** being depressed or suicidal. **Maria** committed suicide by overdosing on drugs.

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The 1990 report of the Board directed the nation's attention to the tragic reality that thousands of American children are estimated to die each year as a result of child abuse and neglect. The exact numbers are unknown due to inadequate case identification and a lack of uniform data gathering. The Board noted that by carefully reviewing these tragic deaths, important lessons can be learned by Federal, State, Tribal, and local policymakers and administrators that can guide the improvement of all systems addressing the problem of child abuse and neglect. Moreover, this is an area with important practice implications for health care, legal, educational, and social services professionals.

During the last few years, a growing number of States and Counties have focused on the development of inter-agency, multidisciplinary child fatality review teams as a device to identify improved ways of preventing deaths of children because of maltreatment. In its 1990 report, the Board recommended the adoption of this response by all States and Counties.

National efforts to facilitate effective review of child fatality cases have, over the last several years, been facilitated by the Robert Wood Johnson Foundation. It has funded the American Bar Association and the American Academy of Pediatrics in a joint project providing State and local technical assistance on child maltreatment fatalities.

The National Center on Child Abuse and Neglect has supported only limited research on this topic, and other Federal agencies have not invested themselves in the effort to properly address child fatalities. Most activity in the area of local, State, and regional development of child death review systems has been the result of tenacious efforts by individuals without benefit of State or Federal support. Moreover, despite the 1988 establishment by Congress of a National Commission on Child and Youth Deaths, neither President Reagan nor President Bush has convened or staffed that Commission, nor has Congress seen fit to appropriate any funds for its operation.

The Board believes that at the Federal level it is essential for relevant agencies of DHHS and the Department of Justice to be significantly involved in child fatality-related efforts. Other Federal agencies that are responsible for the provision of direct services to families must also address this subject. It is especially critical for all relevant Federal entities to pay attention to the barriers, such as confidentiality laws and agency regulations, that may inappropriately inhibit the effective review of child death cases at any level of government.

OPTIONS FOR ACTION

- **PRESIDENT BUSH:** Convene the National Commission on Child and Youth Deaths that was authorized by Pub. L. 100-294 in 1988.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Convene an inter-agency work group under the aegis of the Inter-Agency Task Force: (1) to address the Federally imposed barriers to the necessary sharing of information within inter-agency, multidisciplinary child death review teams at the State, Tribal, and local levels; (2) to survey and support State, Tribal, and local efforts to build child death review teams; and (3) to address the development of data gathering, research, and technical assistance efforts related to child maltreatment fatalities.
- **CONGRESS:** Appropriate the necessary funds for the work of the National Commission on Child and Youth Deaths.
- **CONGRESS:** Use the next CAPTA reauthorization to establish within relevant agencies throughout the Federal Government a funding priority for research, demonstration projects, technical assistance, and training on child maltreatment fatalities. Specific elements to facilitate the coordination and expansion of State, Tribal, and local death review teams should be included in this funding priority.

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G. Implementing a Dramatic New Federal Initiative Aimed at Preventing Child Maltreatment--Piloting Universal Voluntary Neonatal Home Visitation

RECOMMENDATION G-1

PILOTING UNIVERSAL VOLUNTARY NEONATAL HOME VISITATION

The Federal Government should begin planning for the sequential implementation of a universal voluntary neonatal home visitation system. The first step in the planning process should be the funding of a large series of coordinated pilot projects. Instead of reaffirming the efficacy of home visiting as a preventive measure--already well-established--these projects should aim at providing the Federal Government with the information needed to establish and administer a national home visitation system.

The health system in the United States, unlike those in Europe, Canada, or other developed countries, is neither nationalized nor universal. There are, therefore--as the National Commission on Children recently pointed out--large numbers of pregnant women and children who have no access to the health care system, and many of these children are born with or develop chronic illnesses and disabilities. Although it did not reach unanimity on the recommendation, the Commission called for the development of a universal system of health insurance for pregnant women and children that builds upon the current combination of employment-based and public coverage.

The Board agrees that all children should have access to appropriate health care and follow-up. It believes that an important component of that care should be universal voluntary neonatal home visiting and that, irrespective of the fate of the Commission's recommendation, piloting for a national system of home visiting should begin immediately.

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Thirty years ago, C. Henry Kempe and his colleagues focused national attention on the "Battered Child Syndrome." It was a problem then thought to affect 447 children in the United States. Reporting laws were passed and the development of multidisciplinary approaches to the recognition and treatment of abuse and neglect was stimulated by private and public funds.

Twenty years ago, research was begun which showed that one could identify families at high risk for physical abuse and neglect of children in the perinatal period. Fifteen years ago, the use of lay home visitors was shown to prevent the abuse of infants in high risk families.

Beginning 17 years ago, the Federal Government funded three successive waves of demonstration projects to test alternate approaches to treating and preventing child abuse and neglect. Intensive evaluation of those projects showed that, of the several techniques which the projects tested, support by parent aides--a form of home visiting--was among the most effective.¹⁸

Five years ago, David Olds of the University of Rochester and his colleagues demonstrated again the effectiveness of home visitors, using public health nurses for a high-risk adolescent parent population. Not only was abuse prevented, but the use of costly emergency health services declined, immunization rates improved, and, perhaps most significantly, subsequent pregnancy was delayed for two years longer than in the comparison group which had a second baby within the next year.

Subsequently, the Olds group found evidence of other positive benefits of home visitation programs. Such programs increase parental educational achievement and income; they decrease parental reliance on public assistance.

Recently, the U.S. General Accounting Office (GAO) reviewed home visiting. After GAO studied and documented the characteristics of successful home visitor programs, the Comptroller General of the United States, the head of GAO, found home visiting to be "an effective service delivery strategy" and called on the Secretary of Health and Human Services to coordinate and focus the Federal Government's efforts in home visitation.

¹⁸When NCCAN funding for the third wave of demonstration projects ended ten years ago, most of the programs ceased to exist.

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Last year the Board noted that "the best documented preventive efforts are for home visitation sources for families of infants which are universal in many developed countries but are not now widely available in the United States." Further, it found that "it has become far easier to pick up the telephone to report one's neighbor for child abuse than it is for that neighbor to pick up the telephone to request and receive help before the abuse happens." In the year that has ensued since its first report, hundreds more infants throughout the United States have died or been severely damaged, in part because the nation has again delayed implementing what is known to work.

The following case of **Baby Joshua** illustrates this tragedy.

Baby Joshua¹⁹ was born in January 1991, 13 weeks premature. He weighed 1-1/2 pounds. His mother was 16 and unmarried but lived with her 19 year old boyfriend in a basement apartment.

Baby Joshua required several days of respirator assistance and had several medical problems during his three-month stay in the premature intensive care nursery. His parents rarely visited, and when they did, they were noted by the nurses to argue and shove each other physically. The hospital social worker reported her concerns about the family to the County CPS agency, but since no abuse had occurred, the agency felt there was nothing that it could do.

At the end of April, now 5-1/2 pounds and healthy, Baby Joshua was discharged home. His hospital bill, paid by Medicaid, exceeded \$125,000.

Four weeks later Baby Joshua was admitted to the hospital in a coma with massive brain and eye hemorrhages and a fracture of his leg. Two weeks earlier, according to his parents, he "had caught his head in the crib bars" and had bruised his head. There was no history of trauma before this admission, but it was clear that he had been violently beaten and shaken.

As of now, Baby Joshua is visually impaired. He is expected to live, but there is a high probability that he will be blind as well as significantly developmentally delayed.

¹⁹*Details about this child have been slightly changed to protect its identity.*

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The hospitalization for Joshua's brain injury is expected to cost \$75,000, and his life-long long-term care will cost \$20,000 to \$50,000 per year depending on where he can find placement. There are also the costs of civil and criminal court proceedings against his father brought by the County.

The provision of home visitor services to Joshua and his parents, at an estimated cost of \$2000 in this case, might have prevented his abuse and subsequent disability. It also might have kept his father from facing criminal prosecution and incarceration for felony child abuse at an estimated cost to the State of \$200,000.

Since the publication of its 1990 report, many public officials, the media, and private citizens have asked the Board to prioritize among that report's 31 recommendations. While it believes all are required, it also believes that the single most important recommendation in the 1990 report dealt with the prevention of maltreatment through home visitation.

Through a home visitation system, as the Board envisions it, services would be made available to **all** new parents who requested it. The system would also accept referrals from health and child welfare agencies of families who are at risk of developing--but have not yet developed--abusive behavior.

Some will wonder about the wisdom of a voluntary, universal approach. Targeted efforts at high-risk families would potentially be more cost-effective. The Board believes, however, that a more limited, targeted effort (similar to an actual effort undertaken in the late 1970s) would be stigmatizing. Moreover, it believes that **all** new mothers and fathers need some help and support, and that the judicious use of volunteer lay home visitors for families at low risk for abuse is a good screening mechanism for identifying those at high-risk who may need extra, professional services.

The system could build on existing public and private, professional and volunteer programs currently operating throughout the nation. For example, these networks could be linked to parent self-help groups which have a twenty year history of utilizing trained volunteer professionals. Important Federal components would be the DHHS National Health Service Corps, Community Health Centers, and Indian Health Service outreach programs utilizing community health representatives, Alaska community health aides, and public health nurses.

Low-risk families could be served through networks of volunteers recruited by religious, business, corporate, neighborhood, and voluntary organizations and groups. High-risk families could be served by expanded public health nurse and/or parent aide teams.

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The Board does not wish to oversell universal voluntary neonatal home visitation. It understands: (1) that there is evidence for negative side effects of home visitation programs among families that were already well-functioning; (2) that the positive effects are limited largely to "high-risk" families; (3) that some of the effect sizes are small; and (4) that the level of intervention that is necessary is substantial. (For example, the Hawaii Healthy Start Program, which is clearly the "star" among home visitation programs in the U.S., continues to age 5.)

The Board also understands that a universal voluntary neonatal home visitation program will not be accomplished easily. The Hawaii program still *screens* substantially less than 100 percent of the births in that State and then provides a home visitor to only those who are determined to be at high risk. That program, which has taken a while to get off the ground in a small State with a geographically concentrated population, costs \$6 million per year, with indigenous paraprofessionals (not public health nurses) as the home visitors.

Moreover, the nations that have adopted home visitation typically have not had programs of the intensity of the Olds approach. They also have national health services.

Complex problems do not have simple solutions. While not a *panacea*, the Board believes that **no other single intervention** has the promise that home visitation has.

That is why the 1991 report calls upon the Federal Government to begin the **immediate** planning for the sequential implementation of a universal voluntary system of neonatal home visitation services. The first step in the planning process should be a large series of coordinated pilot projects to provide information which the Federal Government would need in the establishment and administration of a system.

Among the matters to be studied by the projects would be: costs; the level of program intensity required by families presenting various levels of risk; the optimal size of programs; data collection; staffing needs; training requirements; and differences in program design necessitated by various population groups and geographic locations. To ensure that the information obtained is accurate on a national scale, in the series should be State-wide, Reservation-wide, County-wide, city-wide, and neighborhood-wide units.

At the same time that the pilot projects are being conducted, several additional efforts related to the implementation of a home visitation system should be undertaken by the Federal Government. One such effort would involve stimulating the development of "Caring Community Programs"--networks of volunteers who, in each community throughout the nation, would be available to the system to provide support to all new

parents who request it. Another such effort would involve persuading insurers to include home visitation as part of the health maintenance services provided to children in the first two years of life for which the insurers will pay. A third such effort would involve ensuring that home visitation services are available to Native American as well as military families.

OPTIONS FOR ACTION

- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct the Administration for Children and Families, the Public Health Service, and the Health Care Financing Agency (HCFA) to launch the pilot projects. Possible sources of funding for the pilots might be the NCCAN Demonstration Grants Program, the Maternal and Child Health Block Grant Program, and the Medicaid Program.
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct appropriate components of the Department, in collaboration with ACTION and the Points of Light Foundation, to stimulate the development of "Caring Community Programs."
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct appropriate components of the Department, in collaboration with the American Academy of Pediatrics and the National Child Abuse Coalition, to attempt to persuade insurers, including those serving Federal employees, to cover the costs of home visiting.
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that home visitation services are provided through the health care programs of the Indian Health Service.
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to attempt to persuade the Department of Defense to provide home visitation services to military families.
- **CONGRESS:** Use the next CAPTA reauthorization to authorize the sequential implementation of a universal voluntary system of neonatal home visitation services as well as to require DHHS to launch the pilot projects, to develop Caring Community Programs, to approach insurers aggressively, especially the insurers of Federal employees, to provide home visitation through the Indian Health Service, and to work with the Department of Defense on the provision of home visitation to military families.

IV. What Difference Will It Make? From Policy to Action

Early in this report, the Board gave its rationale for beginning the development of a comprehensive national strategy for child protection by examination and elaboration of the Federal role. That assessment has resulted in more than two dozen recommendations and scores of options for Federal action in six major areas of reform.

Without a doubt, the Board is asking for a major commitment by the Federal Government to resolving the national emergency in the child protection system and preventing its recurrence. Indeed, it is going further to demand adoption in law of a policy obligating Federal agencies "to act with due urgency" and "to use all means practicable" so that "all steps necessary will be taken to ensure that every community in the United States has the resources...required to develop and implement a child protection strategy that will ensure the safety of children" and in fact will "prevent child maltreatment, whenever possible."²⁰

In view of the Federal Government's lack of comprehensive, concerted involvement in child protection thus far, skeptics may reasonably ask whether this blueprint really would make a difference in the lives of children and families. How can changes made "inside the Washington, D.C. Beltway" translate into caring communities across America? Will a major Federal initiative not result simply in new layers of bureaucracy and new reams of paperwork rather than an increase in the level of protection available to children?

The Board's answer is two-fold. First, it makes no apology for the scale of the reform that it is advocating. The scale of the problem of child maltreatment is enormous, its nature is complex, and its significance is profound, both for individual children and families and for the nation. Not only is the scale of the problem enormous, but the scale of the failure of the current system is comparable. The nation needs a new child protection strategy that is carefully crafted to respond to the nature and magnitude of the problem.

Second, although the Board concurs that Federal action alone is insufficient for the social transformation that is necessary for the protection of children, it is also clear that such fundamental change cannot occur on a national scale without a reformation of Federal policy. Indeed, it is clear that community change--even more basically, comprehensive services for individual maltreated children and their families--will remain difficult to accomplish without Federal reform.

²⁰*Proposed National Child Abuse Protection Policy, p. 48 (emphasis added)*

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In that regard, this report is but a way-station (albeit an important one) on the road to a new national strategy for child protection. The Board's intent at this time is to stimulate Federal programs that are:

- sufficiently intensive and diverse to provide communities with the support that they need to develop a comprehensive neighborhood-based, child-centered, and family-focused approach to child protection; and,
- sufficiently flexible that they can adapt to both (1) the needs and strengths of particular States, Tribes, and communities and (2) changes in the state of the art as the neighborhood-based strategy is tested and evolves. Attention to the Federal role is necessary now for development of structures and programs to facilitate communities' efforts to protect their children and strengthen their families.

Consider the changes that will occur at the community level if the Board's recommendations are fully implemented.

- **Local program administrators and practitioners in the child protection system will be guided by a coherent sense of mission.**

With a **child-centered, family-focused** framework, practitioners will take children's own experience seriously, provide them with adequate representation and feedback about proceedings affecting them, ensure that they have opportunities to be heard, work diligently to preserve relationships important to them, give due regard to cultural differences, and emphasize prevention whenever possible. With a **neighborhood-based** strategy, program administrators will develop easily accessible prevention and treatment services that are integrated into the everyday life of children and families. Building upon natural helping networks, these services will foster a sense of responsibility for the care of neighbors' children and the support of neighbors as parents.

Accordingly, practitioners will design individual child protection plans that build supportive environments for children and parents in schools, churches and synagogues, and work-places. These plans will rely on volunteers (whether in formal programs or informal relationships) to provide assistance to families in which maltreatment has occurred or is at high risk of occurring. Volunteers will be recruited and trained through existing community institutions (e.g., the Cooperative Extension Service). Volunteers will be able to provide material support when it is needed. They will aim at fostering self-help for troubled parents who can use the assistance of other parents in similar situations.

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- **Neighborhood-based strategies for child protection will be developed in a comprehensive community plan.**

In coordination with their overall planning process for community development, municipalities will have the opportunity to bring together all elements of their community--business, labor, religious leaders, civic leaders, parents groups, as well as education and human service agencies--to plan for support of families, including families in which maltreatment has occurred or there is a high risk of maltreatment, and of children who have been abused or neglected.

Community planners will be able to build upon a comprehensive State plan, to which they also have contributed. There will be opportunities for coordination, of unprecedented scope across and within levels of government. Planners also will have available greatly increased knowledge about effective programs, situations of high risk, and relevant cost-benefit analysis.

- **Communities will have substantial new fiscal resources for prevention and treatment of child abuse and neglect, and they will have great flexibility in planned integration of such funds.**

New or redirected Federal funding will be available for family resources and support services, State and community planning, school-based volunteer programs, Extension-based prevention programs, community-based prevention treatment programs, prevention and treatment of child maltreatment related to substance abuse, school-based child protection services, and neonatal home visitation programs. Through formulae based on population and economic need, the funds will be made available to communities in proportion to their need for assistance.

Perhaps even more important, a **comprehensive State plan** will be the **key ticket** to the several sources of funds. In that regard, artificial constraints on the **integration** of funds will be removed, so that communities can develop services in ways that are most consistent with epidemiological and evaluation research and that use community resources efficiently and creatively. For example, in a community in which the local school is a focus of neighborhood activity, the various streams of funding for child protection might be blended in a school-based family resource center, which would serve as a base (similar to existing early childhood special education programs) for home visitors for families of infants and for families in crisis, offer supportive services (including mental health treatment) to maltreated children, and act as the hub of neighborhood development efforts to increase "natural" supports for families.

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Such an approach requires changes in the Federal Government's style of doing business at least as much as it demands development and coalescence of community efforts to protect children. As the Board recommends, a coordinating entity will be necessary at the Federal level through which reviews of State plans by relevant agencies can be channeled, and Federal planning (to the extent that planning has occurred previously) will have to be refocused on facilitation of neighborhood-level efforts to protect children.

Recognizing the magnitude of the change that is required, the Board has recommended (Recommendation F-2) a multi-year series of pilot projects for various States that incorporate numerous elements involving the jurisdiction of diverse Federal agencies. As much as these projects will provide models for neighborhood-level development of a comprehensive child protection system, they will offer opportunities for Federal agencies to demonstrate their ability to cross and blur boundaries and waive "strings" when such action will facilitate effective and efficient expenditure of Federal funds for the purpose of child protection.

- **Communities will have substantial new human resources for the purpose of child protection.**

Through programs in the Cooperative Extension Service, ACTION and the Department of Education, resources will be available for recruitment, training and supervision of volunteers. Although such grassroots efforts in child protection are critical, they are not enough by themselves. Planning and execution of comprehensive programs for prevention, investigation, adjudication and treatment of child abuse and neglect are complex tasks requiring considerable expertise.

For the first time, communities will be able to hire professionals in the various disciplines involved in child protection--social work, medicine, law, psychology, nursing, etc.--who have received special training on child abuse and neglect. Moreover, professionals in the field will be able to obtain easily accessible continuing education and consultation from State and regional resource centers.

- **Services will be comprehensive.**

By a new programmatic emphasis on prevention and treatment programs in diverse contexts (e.g., schools; Cooperative Extension; nutrition programs; health centers; mental health centers), the Federal Government will reverse the overemphasis on investigation at the community level. Such change will not occur simply through new funding streams for neighborhood-based programs (although such programs are important).

It also will be the product of broader change in the various professions. To a large extent, the professions have "homes" in Federal agencies (e.g., medicine, nursing, and psychology in the Public Health Service; education in the Department of Education; law in DoJ; community and regional planning in HUD). In the modern era, norms of practice are national. Thus when relevant Federal agencies adopt programmatic emphases on child abuse and neglect, they will not only directly stimulate new activity by their professional constituencies, but they will also do so indirectly through the symbolism of their active involvement and leadership.

- **Services will be of substantially higher quality.**

Services will be improved in quality as well as availability. Not only will staff be better trained, but they will also be able to rely on (1) a greatly increased scientific knowledge base, (2) standards of practice tested through the Federal Government's direct service program, (3) ongoing program evaluation and quality assurance, and (4) technical assistance from the State or Regional Resource Centers and Federal program staffs.

- **Child protection will be high on the community agenda.**

The planning process will involve all sectors of the community in developing means of preventing and treating child abuse and neglect. Those means will include the stimulation of high levels of citizen involvement in child protection within the neighborhoods so that children and families truly experience a caring community. Through their leadership with various constituencies and public education through the mass media, Federal officials will cement such commitment by their placing child abuse and neglect high on the national agenda.

Federal action can make a difference in community life. Ultimately, though, the test of the efficacy of reform is the difference that it can make in the lives of individual children and families.

The 1990 report of the Board presented a composite scenario of how the current child protection system functions. That illustration described how young "J" endured a multi-level, complex and lengthy process, driven primarily by the agendas of CPS, law enforcement and the judicial system.

This report began with the story of "Anna" and "Beth." That story graphically illustrates why a coordinated, comprehensive, community-based child abuse prevention, identification and treatment system must begin with the child.

V. CONCLUSION: *EVERYTHING BEFORE US*

Child maltreatment is a serious, complex, and widespread problem--often with lasting consequences. It demands a comprehensive, high-priority response. The failure to provide such a response has led tragically to a system that is *overwhelmed* and *on the verge of collapse*--a collapse so grave that *children will be even more seriously at risk than they are now, thus causing countless additional American children to suffer irreparable harm.*

Reasonable people can disagree about the range of social programs that government should provide. None of them would debate the proposition that, at a minimum, society owes children protection of their personal, psychological, and physical security.

Secretary of Health and Human Services Louis W. Sullivan has emphasized the need for the nation to build a "culture of character" if its children and families are to experience healthy development. When the nation is willing to tolerate the degradation and exploitation of hundreds of thousands of its youngest members, whose dependency it enforces by law and custom, it can make no claim of character.

The Board believes that child maltreatment, perhaps more than any other social problem, illustrates the wisdom of Secretary Sullivan's message. As it noted in its first report, the national child protection emergency is a moral disaster. Failure to provide the most basic protection to children is a grievous collective assault that communicates a lack of respect for the dignity of children as people. At the same time, the nature and complexity of child maltreatment are such that the problem negatively affects every member of American society. No other problem may equal its power to cause or exacerbate a range of social ills. In short, the national emergency in the child protection system represents not only a moral lapse but also the threat of disintegration of the nation's social fabric.

To use the Dickens quote from the Board's first report, the nation has been "going direct the other way" as if "we had nothing before us." Now, though, the Board sees "everything before us."

This report is entitled Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect. The words "a caring community"--from the 1990 report--reflect the Board's continuing vision of an American nation that recognizes that its youngest members are entitled to protection for their personal integrity, both physical and psychological, a nation that is willing to establish, monitor, and support

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the structures necessary to ensure such protection. The recent shifts in public opinion toward the recognition that child maltreatment is morally repugnant and that all citizens bear a responsibility to act to prevent such maltreatment is most encouraging.²¹

Realizing this vision will require an "age of wisdom," informed by careful research and planning, invigorated by moral fervor, and sustained by a national commitment to invest the resources necessary to ensure the safety of America's children. In 1991, in partnership with State, Tribal, and local governments as well as the private sector, the Federal Government has the opportunity and the duty to lead in the development of a new national, comprehensive, child-centered, family-focused, and neighborhood-based child protection system--to start the nation moving toward that day when every American child will be living in a caring community.

²¹*The Board's observation is based on the series of polls commissioned by the National Committee for the Prevention of Child Abuse.*

VI. Appendices

APPENDIX A

List of Recommendations and Options for Action in the 1991 Report of the U.S. Advisory Board on Child Abuse and Neglect

Developing and Implementing a National Child Protection Policy

RECOMMENDATION B-1

PROMULGATING A NATIONAL CHILD PROTECTION POLICY

The Federal Government should establish a national child protection policy. The goal of the policy should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children and youth. The policy should be incorporated into the United States Code as an intrinsic part of the Child Abuse Prevention and Treatment Act. The policy should drive the child protection-related actions of all Federal agencies.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Until a national child protection policy is enacted, explore the possibility of using existing statutory authority to promulgate elements of that policy in the form of Federal regulations.
- **CONGRESS:** Use the next CAPTA reauthorization to enact a national child protection policy.

RECOMMENDATION B-2

RELATING A NATIONAL CHILD PROTECTION POLICY TO POLICY REFORMS IN CHILD WELFARE SERVICES AND FAMILY RESOURCE AND SUPPORT SERVICES

The Federal Government should assist in building a supportive service delivery system for all families, troubled or otherwise, thereby providing a critical foundation for the prevention of child maltreatment and the protection of children. To the extent possible, any statutory or regulatory reforms of the child protection system should be sensitive to and harmonized with the purposes and content of statutory or regulatory reforms of child welfare services and family.

OPTIONS FOR ACTION

- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Until child welfare reform legislation is enacted and the Young Americans Act is adequately funded, use existing statutory authority to begin the process of building a supportive service delivery system for all families.
- *CONGRESS:* Enact legislation to reform child welfare and family resource and support services. Two bills introduced in the 102nd Congress, S. 4 and H.R. 2571, amended appropriately so that they are harmonized with the national child protection policy described in Recommendations B-1, are likely vehicles.
- *CONGRESS:* Appropriate necessary funds so that full implementation of the Young Americans Act of 1990 can begin.

RECOMMENDATION B-3

ELIMINATING THE USE OF CORPORAL PUNISHMENT IN ACTIVITIES SUPPORTED WITH FEDERAL FUNDS

Consonant with the intent of the National Child Protection Policy proposed by the Board, the Federal Government should take all necessary steps to eliminate the use of corporal punishment in all activities, programs, institutions, and facilities which receive Federal financial support of any kind.

OPTIONS FOR ACTION

- *HEADS OF RELEVANT CABINET-LEVEL AGENCIES:* Write to the Governors requesting that they take whatever action is necessary to eliminate the use of corporal punishment in all activities, programs, and facilities receiving Federal financial assistance.
- Develop and disseminate information on non-violent methods of discipline for children receiving care through or in activities, programs, and facilities receiving Federal financial assistance.
- *SECRETARY OF EDUCATION:* Write to all school superintendents, in those States in which corporal punishment has not yet been prohibited by law, requesting that they eliminate the use of corporal punishment.
- *CONGRESS:* Enact legislation to prohibit the use of corporal punishment in all activities, programs, and facilities receiving Federal financial assistance.
- *CONGRESS:* Enact legislation to prohibit the use of corporal punishment in all school systems receiving Federal financial assistance.

RECOMMENDATION B-4

DETERMINING THE COST OF IMPLEMENTING A NATIONAL CHILD PROTECTION POLICY

An appropriate Federal research agency should be commissioned to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct that an appropriate component(s) of DHHS contract for a study to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.
- **CONGRESSIONAL SUBCOMMITTEES WITH JURISDICTION OVER CAPTA:** Communicate to the Office of Technology Assessment the need for a study to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.

Preventing and Reducing Child Maltreatment by Strengthening Neighborhoods and Families

RECOMMENDATION C-1

IMPROVING THE QUALITY OF DETERIORATING NEIGHBORHOOD ENVIRONMENTS

The Federal Government should take all steps necessary to facilitate the development of neighborhood improvement initiatives to prevent child maltreatment, including neighborhoods in urban, rural, and Native American communities.

OPTIONS FOR ACTION

- **SECRETARY OF HOUSING AND URBAN DEVELOPMENT:** Encourage the recipients of Community Development Block Grants to devote more existing resources to child maltreatment-related and family strengthening activities. Because of its emphasis on community planning (including social planning), the Community Development Block Grant is well suited to provide a structure for attention to the relationship between neighborhood quality and child maltreatment, especially in urban communities.
- **SECRETARY OF HOUSING AND URBAN DEVELOPMENT:** Explore ways in which other existing HUD legislative authorities (e.g., the McKinney Amendments; Public and Indian Housing) can be used to prevent child maltreatment through improvements in the quality and quantity of low-cost housing.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the Office of Rural Health Policy encourages the incorporation of child protection into public health planning in rural communities and stimulate the development of capacity for such an integration.
- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Expand the responsibilities and training of Community Health Representatives working with Native American communities to encompass work with multi-problem families, including transportation of such families to community mental health, guidance, or human services programs for intervention services.

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- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES AND CONGRESS:** Develop child maltreatment-related and family strengthening activities in rural communities, especially those with a high proportion of families in poverty. The Area Development Districts in the various Federal economic development programs may provide avenues for rural community planning to protect children. Where targeted programs for rural community planning do not exist in a given region, Community Action Programs may be the avenue for planning and implementation of neighborhood-based strategies in rural communities.
- **CONGRESS:** Require recipients of Community Development Block Grants to set aside five percent of such funds for the purposes of (a) planning and implementing neighborhood-based strategies for strengthening families and the prevention and treatment of child abuse and neglect and (b) the integration of housing programs and child protection efforts. Increase the authorization and appropriations for the Community Development Block Grant Program commensurately.

RECOMMENDATION C-2

ENHANCING VOLUNTEER EFFORTS FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

The Federal Government should take all steps necessary to facilitate the development of volunteer programs for the prevention and treatment of child abuse and neglect.

OPTIONS FOR ACTION

- **DIRECTOR OF ACTION:** Establish a new program priority on child maltreatment.
- **SECRETARY OF AGRICULTURE:** Undertake a major initiative to give a greater focus to child maltreatment-related activities (including prevention) in the programs of the Cooperative Extension Service.
- **HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Undertake initiatives to emphasize the roles of volunteers in child maltreatment-related activities (especially prevention activities).
- **CONGRESS:** Establish a new program priority on child maltreatment within relevant programs of ACTION and provide additional funding for this purpose.
- **CONGRESS:** Amend Serve-America to provide support for school volunteer programs aimed at the (1) prevention of child maltreatment, (2) provision of social supports for maltreated children and their families, and (3) development of additional peer counseling and peer mediation services. This amendment would complement existing emphases in Serve-America on substance abuse prevention and school drop-out prevention.
- **CONGRESS:** Specifically charge the Cooperative Extension Service to give a greater focus to child maltreatment-related activities (including prevention) and provide additional funds for it to do so.

RECOMMENDATION C-3

MOBILIZING RELIGIOUS INSTITUTIONS IN THE PREVENTION OF CHILD MALTREATMENT

The Federal Government should provide the religious community with information about ways that it can assist in the prevention of child maltreatment.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Convene a series of meetings with the heads of the national organizations of religious institutions--along with the heads of other national voluntary organizations concerned with the quality of neighborhood and community life--aimed at exploring ways in which the Federal Government can provide information which might be of assistance in community-based efforts focused on the prevention of child maltreatment.

Providing a New Focus on Child Abuse and Neglect and Strengthening Families in All Relevant Federal Agencies

The Collective Federal Effort

RECOMMENDATION D-1

REDEFINING THE MISSION OF THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

The Federal Government should redefine the mission of the National Center on Child Abuse and Neglect so that the exclusive focus of the agency becomes either: (1) providing leadership for all Federal efforts to strengthen the State and local CPS function; or (2) planning and coordinating the entire Federal child protection effort. Either choice necessarily entails restructuring the agency and moving it to another location within the Executive Branch; either choice probably means renaming the agency. Whichever choice for the redefinition of the National Center's mission is made [(1) or (2) above], a program to carry out the focus not chosen must also be established.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Appoint a high-level ad hoc Work Group to study and make recommendations on the appropriate mission of NCCAN.
- **CONGRESSIONAL SUBCOMMITTEES WITH JURISDICTION OVER CAPTA:** Hold hearings on the appropriate mission of NCCAN and develop amendments to CAPTA reflecting the conclusions reached as a result of those hearings.

RECOMMENDATION D-1

ASSURING A FOCUS ON CHILD MALTREATMENT AND STRENGTHENING FAMILIES THROUGHOUT THE FEDERAL GOVERNMENT

The administrators of all Federal agencies operating programs which are or could be relevant to addressing one or more aspects of child abuse and neglect should ensure that those programs are capable of making full, meaningful, measurable, and visible contributions to the total Federal effort.

OPTIONS FOR ACTION

- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Explore the development of a common Federal approach to the problem of child maltreatment.
- **SPEAKER OF THE HOUSE OF REPRESENTATIVES; PRESIDENT PRO TEMPORE OF THE SENATE; MAJORITY AND MINORITY LEADERSHIP OF BOTH CHAMBERS OF CONGRESS:** Convene meetings of the Chairs and their Minority counterparts for all Committees and Subcommittees with jurisdiction over any Federal programs that are, or could be, relevant to the total Federal effort. The purpose of these meetings would be to devise a legislative strategy for assuring a focus throughout the Federal Government on strengthening families and preventing and treating child maltreatment. Such a strategy might involve the drafting and introduction of a "chain bill" that links the various Federal programs in a common approach to the problem of child maltreatment.

Child Protection and the Child Welfare System

RECOMMENDATION D-2

STRENGTHENING CHILD PROTECTION EFFORTS IN THE CHILD WELFARE SYSTEM

The Federal Government should take all necessary measures to ensure that, within the nation's system of public social services, State, Tribal, and local CPS agencies deliver high quality services. These measures should include knowledge building, program development, program evaluation, data collection, training, and technical assistance on:

- *the development of linkages with other service providers and community resources to ensure that children and families are receiving coordinated, integrated services;*
- *the development of a focus on prevention and early intervention with high-risk families;*
- *the prompt, thorough, and family-sensitive investigation of cases of suspected maltreatment;*
- *the appropriate use of risk assessment in cases of suspected or substantiated child abuse and neglect;*
- *the assessment and management of such cases (including in-home crisis services and other services designed to increase children's safety, strengthen families in crisis, and prevent unnecessary out-of-home placements);*
- *the relationship of CPS to respite and other out-of-home care for the purpose of child protection; and*
- *the relationship of CPS to permanency planning and adoption services for children who have been removed from their families due to maltreatment.*

OPTIONS FOR ACTION

- *SECRETARY OF HEALTH AND HUMAN SERVICES*: Clearly assign NCCAN responsibility for Federal leadership with regard to the CPS function--in coordination with, or as part of, the Children's Bureau--and measurably strengthen the capacity of the agency to assume that responsibility.
- *CONGRESS*: Statutorily assign NCCAN clear responsibility for Federal leadership with regard to the CPS function, but, in doing so, legislatively strengthen NCCAN's capacity to assume that responsibility.

Child Protection and the Mental Health System

RECOMMENDATION D-3a

STRENGTHENING CHILD PROTECTION EFFORTS IN THE MENTAL HEALTH SYSTEM

The Federal Government should take all steps necessary to ensure (a) that effective mental health treatment is available and accessible to abused and neglected children and their families (including biological, adoptive, and foster families) and (b) that mental health programs for children and families collaborate with other agencies and community groups in the prevention of child maltreatment.

OPTIONS FOR ACTION

- * To stimulate capacity-building efforts:
- *CONGRESS*: Require recipients of grants under the Alcohol, Drug Abuse, and Mental Health Block Grant to set aside an appropriate percentage of such funds for community-based mental health services for abused and neglected children and their families and for programs to prevent child maltreatment among families at risk. If such an action is taken, the Block Grant should be increased by a commensurate amount, and grantees should be required to demonstrate their collaboration with health, social service, and justice agencies, as well as private non-profit voluntary organizations.
- *CONGRESS*: Establish a new formula grant program for such a purpose. Such a grant program could be directed (1) to State mental health or health agencies (as designated by the Governors) for competitive distribution to community agencies, or (2) directly to community mental health or health centers (as designated by the Governors).
- * To increase the involvement of the mental health system in child protection:
- *SECRETARY OF HEALTH AND HUMAN SERVICES*: Direct the Assistant Secretary for Health to establish a new unit within the Alcohol, Drug Abuse, and Mental Health Administration for the prevention and treatment of child abuse and neglect. The unit would have responsibility for leadership in activities related to child protection in the child mental health system, including program development, program evaluation, data collection, training, technical assistance, and administration of pertinent grant programs.

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- CONGRESS: Statutorily mandate the establishment of such a unit.
- * To increase the involvement of State and community mental health agencies in child protection activities:
- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency provides technical assistance and guidelines for State mental health plans so that such plans include provisions for making mental health services to prevent or treat child abuse and neglect available and accessible. Such guidelines should address the handling of reported child maltreatment cases as well as the reporting of such cases.
- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the National Institute of Mental Health (NIMH), through technical assistance and guidelines for discretionary grants, encourages its Child and Adolescent Services System Program (CASSP) grantees to build their capacity for effective, accessible mental health services related to child abuse and neglect.
- * To decrease real or perceived obstacles to use of existing financing systems for effective mental health services related to child abuse and neglect, including treatment of State wards:
- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Children and Families to ensure that NCCAN and the Children's Bureau, through the provision of technical assistance and the issuance of guidelines for formula grants under their respective jurisdiction, encourage their grantees to make use of provisions for mental health services under EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) and other Federal health programs, and, in general, to collaborate with State and community mental health agencies in the development of effective, accessible prevention and treatment services related to child abuse and neglect.
- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Administrator of the Health Care Financing Administration (HCFA) and the Assistant Secretary for Health to ensure that HCFA and the relevant Federal mental health agency collaborate in a study of fiscal barriers to effective mental health services related to child abuse and neglect, including non-traditional (e.g., intensive home-based) service models. After the study is completed, the Secretary should direct the Administrator of HCFA to take any administrative action necessary to eliminate such obstacles, including making recommendations for statutory changes when necessary.
- CHAIRPERSON AND RANKING MINORITY MEMBER OF THE HOUSE WAYS AND MEANS COMMITTEE; CHAIRPERSON AND RANKING MINORITY MEMBER OF THE SENATE FINANCE COMMITTEE: Request that the General Accounting Office or the Office of Technology Assessment conduct such a study. Congress could further take any legislative action, including use of its oversight authority, necessary to eliminate such obstacles.
- * To improve the quality of mental health services related to child abuse and neglect:
- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency sets aside discretionary funds for demonstration grants for the development and application of models and techniques of mental health services related to child abuse and neglect.

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- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency sets aside discretionary funds for graduate, professional, and continuing education of child and family mental health professionals in services related to child abuse and neglect. Such a program should be compatible with the various training models associated with the major mental health professions (clinical psychology, psychiatric nursing, psychiatric social work, and psychiatry), but it should require grantees to demonstrate an interdisciplinary approach, including education about the contributions of professionals outside the mental health professions and those of parent self-help groups.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the Indian Health Service hires a substantial number of additional masters and doctoral level psychologists and social workers to work with Child Protection Teams, Indian child welfare workers, and families who have abused their children, as well as to provide families who have abused their children with in-home services.
- **CONGRESS:** Authorize and appropriate funds for such purposes.

RECOMMENDATION D-3b

ADDRESSING THE CONNECTION BETWEEN SUBSTANCE ABUSE AND CHILD MALTREATMENT

The Federal Government should take all steps necessary to ensure that substance abusing parents have access to both effective programs for the prevention and treatment of child abuse and neglect as well as substance abuse itself. To be effective, Federal efforts must include initiatives to increase (1) the availability and accessibility of prevention and treatment programs and (2) knowledge about the relationship between substance abuse and child maltreatment, including the effects of various policies and programs designed to prevent children's pre- and postnatal exposure to alcohol and other harmful drugs.

OPTIONS FOR ACTION

- * To increase the availability and accessibility of prevention and treatment programs for substance abusing parents:
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the ADAMHA Office of Substance Abuse Prevention and Office of Treatment Improvement as well as the relevant Federal mental health agency (see Recommendation D-3.a) set aside discretionary funds for an expanded program of joint demonstration grants on the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Children and Families to ensure that NCCAN continues to issue grants under its Emergency Services Program that promote the availability of comprehensive prevention and treatment services.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct components of DHHS to promote collaborative activities between parent self-help programs for substance abuse and parent self-help programs for child maltreatment in order to facilitate remediation of both problems.

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- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Direct the agencies with responsibility for programs related to criminal justice (including probation), health, legal services, substance abuse, special education, child care, public housing, and child welfare, through the provision of technical assistance and the issuance of guidelines for formula and demonstration grants under their respective jurisdictions, to encourage their grantees to collaborate in the design and implementation of comprehensive community services aimed at the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.
- **CONGRESS:** Require recipients of grants under the Alcohol, Drug Abuse, and Mental Health Block Grant to set aside an appropriate percentage of such funds for community-based services aimed at the prevention and treatment of child maltreatment resulting from or complicated by substance abuse. Staff providing such services, including staff providing services to Native Americans, should include degreed mental health specialists, paraprofessionals, and volunteers.
- **CONGRESS:** Statutorily mandate the establishment of a new formula grant program for this purpose.
- **CONGRESS:** Statutorily mandate the establishment of a new demonstration grant program and/or expansion of existing programs for this purpose.
- * To enhance the state-of-the-art in the prevention of children's pre- and postnatal exposure to alcohol and other harmful drugs and to treat the effects of such exposure:
 - **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the ADAMHA Office of Substance Abuse Prevention and Office of Treatment Improvement as well as the relevant Federal mental health agency manage their demonstration grants in a manner designed to increase knowledge about programs and policies related to the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.
 - **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Children and Families to ensure that NCCAN manages the grants under its Emergency Services Program in a manner that increases knowledge about programs and policies related to the prevention and treatment of child abuse resulting from or complicated by substance abuse.
 - **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) establish programs for extramural research on (1) the relationship between substance abuse and child maltreatment and (2) the effectiveness of programs and policies for (a) the prevention and treatment of child maltreatment caused or precipitated by substance abuse and (b) the treatment of substance abuse caused in part by a history of child maltreatment. Research on treatment should include studies of the effectiveness of parent self-help groups.
 - **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that NIAAA and NIDA collaborate with the National Institute of Child Health and Development, the Children's Bureau, and the National Institute on Disability and Rehabilitation Research of the Department of Education to stimulate research about (1) the long-term effects of pre- and postnatal exposure to alcohol and other harmful drugs, and (2) the treatment and education of children of substance abusing parents, including those children who have been removed from the care of their parents.

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- CONGRESS: Statutorily require the Executive Branch to take the steps set forth above.

Child Protection and the Schools

RECOMMENDATION D-4a

STRENGTHENING THE ROLE OF ELEMENTARY AND SECONDARY SCHOOLS IN THE PROTECTION OF CHILDREN

The Federal Government should take all necessary measures to ensure that the nation's elementary and secondary schools, both public and private, participate more effectively in the prevention, identification, and treatment of child abuse and neglect. Such measures should include knowledge building, program development, program evaluation, data collection, training, and technical assistance. The objective of such measures should be the development and implementation by State Educational Agencies (SEAs) in association with Local Educational Agencies (LEAs) and consortia of LEAs, of:

- *inter-agency multidisciplinary training for teachers, counsellors, and administrative personnel on child abuse and neglect;*
- *specialized training for school health and mental health personnel on the treatment of child abuse and neglect;*
- *school-based, inter-agency, multidisciplinary supportive services for families in which child abuse or neglect is known to have occurred or where children are at high risk of maltreatment, including self-help groups for students and parents of students;*
- *family life education, including parenting skills and home visits, for students and/or parents; and*
- *other school-based inter-agency, multidisciplinary programs intended to strengthen families and support children who may have been subjected to maltreatment, including school-based family resource centers and after-school programs for elementary and secondary school pupils which promote collaboration between schools and public and private community agencies in child protection.*

OPTIONS FOR ACTION

- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department to develop protocols for child abuse reporting, case management, resource referral, interagency case management, and maintenance of data management information systems within SEAs and LEAs.
- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department, in collaboration with appropriate components of DHHS, to provide technical assistance to the SEAs, based on such protocols, in the development of child abuse prevention and intervention programs in LEAs.
- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department, in collaboration with NCCAN and the Office of National Drug Control Policy, to develop and distribute model curricula for grades K-12 that include alcohol and substance abuse prevention, understanding child abuse, and accessing community resources.
- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department to develop a national data collection system--sensitive to the protection of confidentiality--to monitor and

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evaluate implementation of the protocols and to track numbers of reports and their pattern over time within school districts and entire States. These data would include, at a minimum, the number of reports made by schools each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim age, sex, and ethnicity, as well as data on follow-up, outcome, and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)

- **SECRETARY OF EDUCATION:** Direct appropriate components of the Department, in collaboration with appropriate components of DHHS, to undertake an initiative aimed at encouraging State, Tribal, and local school, health, and social services officials to increase the number of coordinated service delivery programs aimed at adolescents.
- **CONGRESS:** Establish a program of grants for the development and implementation of school-based efforts to address child maltreatment. Funds would be allocated by formula to SEAs which would then distribute them competitively to LEAs and consortia of LEAs. SEAs would retain a limited percentage of funds for the cost of providing technical assistance to LEAs and consortia of LEAs and for statewide inter-agency multidisciplinary training of school personnel. This program would be administered by the Department of Education, in collaboration with DHHS, or vice versa. Program collaboration should also include, where applicable, Bureau of Indian Affairs-operated schools.
- **CONGRESS:** Establish a program of grants for the development and implementation of public-private school-based efforts which focus on bringing community resources and services--including child care centers for teen mothers as well as relevant parent support/education services--into the schools to serve at-risk children and their families.
- **CONGRESS:** Establish a program of special grants for the employment of psychologists and social workers (including masters-level psychologists and social workers) by schools in rural areas heavily populated by Native American children as well as on reservations for the purpose of providing treatment services to maltreated children.

RECOMMENDATION D-4b

ENHANCING FAMILY LIFE EDUCATION OPPORTUNITIES FOR ADOLESCENTS AND YOUNG ADULTS TO PREPARE FOR RESPONSIBLE PARENTHOOD

The Federal Government should stimulate new family life education initiatives specifically aimed at adolescents and young adults which have as their underlying purpose the prevention of child maltreatment.

OPTIONS FOR ACTION

- **SECRETARY OF AGRICULTURE:** Undertake a major initiative to give a greater focus to child maltreatment-related activities (including prevention) in the programs of the Cooperative Extension Service.
- **HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Undertake initiatives to promote family life education programs.
- **CONGRESS:** Specifically charge the Cooperative Extension Service to give a greater focus to child maltreatment-related activities (including prevention) and provide additional funds for it to do so.

Child Protection and Health

RECOMMENDATION D-5

STRENGTHENING THE ROLE OF THE HEALTH SYSTEM IN THE PROTECTION OF CHILDREN

The Federal Government should take all necessary measures to ensure that the nation's health care system plays a more effective role in the prevention and treatment of child abuse and neglect. Such measures should encompass knowledge building, program development, program evaluation, data collection, training, and technical assistance on the role of the health system in the prevention, identification, investigation, and treatment of child abuse and neglect. In planning for involvement of the health care system in child protection, attention should focus on the roles of community health centers, public health authorities (including visiting nurse programs), general and pediatric hospitals, primary health care providers, self-help support networks, and alternative health delivery systems. Federal programs potentially involved in child maltreatment include the National Institute on Child Health and Development, the National Center on Nursing Research, the Center for Health Services Research, the Centers for Disease Control, the Health Care Financing Administration, the Office of Rural Health Policy, and the direct-service programs of the Public Health Service including the Indian Health Service. All of these agencies should participate in the design and implementation of the new effort. In addition, attention should be given to reducing the prevalence of child maltreatment among children with disabilities, amelioration of the health consequences of child maltreatment, and provision for coordinated responses to child maltreatment fatalities.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to require, through regulation, all health professional schools and training programs receiving Public Health Service (PHS) funds to include child abuse and neglect in their curricula.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to require PHS Commissioned Corps Officers who are providing direct services to children, especially PHS Indian Health Service personnel, to participate in appropriate continuing education on child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Children and Families to ensure that NCCAN devotes sufficient resources to the implementation of that portion of CAPTA which addresses resource centers so that a national network of State and regional resource centers would come into being, with each center to include a clinical consultation component as well as training for health professionals (see Recommendation E-4).
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct all DHHS Components focused on assistance for persons with developmental disabilities, sensory impairment, physical handicaps, and chronic illness to develop and implement a special emphasis on the prevention, identification, and treatment of child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to encourage organizations of health professionals to include child abuse and neglect material in their continuing education efforts.

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- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to test the feasibility of using the AFDC, WIC, and CDC immunization programs to provide child abuse prevention and parenting education materials.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to develop an administrative unit to plan and coordinate all PHS knowledge building, program development, program evaluation, data collection, training, and technical assistance activities related to the diagnosis, prevention, and treatment of child abuse and neglect.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to set aside and focus a fixed percentage of total PHS funds on addressing child maltreatment issues.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct appropriate components of the Department to develop a national data collection system--sensitive to the protection of confidentiality--to track data from all hospitals and medical clinics receiving DHHS funds on numbers of child abuse reports and their pattern over time within cities, counties, and entire States. These data would include, at a minimum, the number of reports made by the hospitals and clinics each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim age, sex, and ethnicity, as well as data on follow-up, outcome, and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the PHS Indian Health Service to require the participation of at least one health care professional with specialized training in child maltreatment in all Indian Child Protection Team meetings.
- **CONGRESS:** Statutorily require the Executive Branch to take the steps set forth above.

Child Protection and the Justice System

RECOMMENDATION D-6

STRENGTHENING CHILD PROTECTION IN THE JUSTICE SYSTEM

The Federal Government should take all necessary measures to ensure that the nation's courts, attorneys, law enforcement agencies, probation departments, parole agencies, and correctional institutions provide a prompt, sensitive protective response to all forms of child maltreatment. Such a response should involve knowledge building, program development, program evaluation, data collection, training, and technical assistance aimed at improving the administration of civil and criminal justice related to child maltreatment, advocacy on behalf of maltreated children, treatment for and monitoring of offenders both in communities and correctional settings. The response should be reflected in improved handling of child protection cases by:

- *Federal, State, and Tribal judges and other court personnel handling civil and criminal cases related to child maltreatment;*
- *attorneys involved in child maltreatment cases, both civil and criminal, including prosecutors, lawyers representing CPS agencies, court-appointed counsel and guardians ad litem for children, attorneys representing parents, as well as volunteer lay advocates (court appointed special advocates);*

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- *law enforcement personnel involved in the investigation of child maltreatment cases;*
- *probation and parole officers involved in the supervision of juvenile and adult offenders in cases of child maltreatment; and*
- *administrators and staff of Federal, State, Tribal, and County correctional institutions where offenders in child maltreatment cases are confined.*

The response should ensure that cases involving allegations of child maltreatment in family settings, in the community, and within residential institutions are all given an adequate focus.

OPTIONS FOR ACTION

- *ATTORNEY GENERAL:* Convene an ad hoc Work Group, consisting of agency personnel from within all relevant entities in the Department of Justice, to explore ways of coordinating a Department-wide response to the strengthening of child protection efforts in the justice system nationwide.
- *ATTORNEY GENERAL:* Convene--together with the Secretaries of Health and Human Services, Defense, and the Interior, as well as the heads of the State Justice Institute and the Legal Services Corporation--an Inter-Departmental Work Group, consisting of agency personnel from all relevant Federal entities, to plan a collaborative, coordinated response to the strengthening of child protection efforts in the justice system nationwide. The Work Group would function under the aegis of the Inter-Agency Task Force (see Recommendation F-1).
- *ATTORNEY GENERAL:* Direct appropriate components of the Department to set aside discretionary funds for research and demonstration grants focused on the improvement of treatment for juvenile and adult offenders in cases of child physical and sexual abuse, both as part of the probationary period and within correctional facilities.
- *ATTORNEY GENERAL:* Direct appropriate components of the Department to develop a national data collection system--sensitive to the protection of confidentiality--to track data from all courts, probation departments, correctional facilities, and parole agencies on numbers of child abuse cases and their pattern over time within cities, counties, entire States, and the Federal system. These data would include, at a minimum, the number of cases handled each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim and perpetrator age, sex, and ethnicity, as well as data on outcomes and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)
- *EXECUTIVE DIRECTOR OF THE STATE JUSTICE INSTITUTE:* Establish, as a new priority area, grants to improve the response by State civil and criminal court systems to cases involving allegations of child maltreatment.
- *PRESIDENT OF THE LEGAL SERVICES CORPORATION:* Establish, as a new special priority area, grants to improve the legal representation of children and parents in civil child protective judicial proceedings.

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- **CONGRESS:** Direct the Department of Justice to develop a planned and coordinated focus for all justice system activities related to child maltreatment, and authorize and appropriate funds for this purpose. This focus should include but not be limited to the activities of: the Criminal Division; the Office of Justice Programs; the Federal Bureau of Investigation; the Executive Office of the U.S. Attorneys; the Administrative Office of the U.S. Courts; the Federal Judicial Center; the State Justice Institute; the Immigration and Naturalization Service; the National Institute of Corrections; and the Bureau of Prisons.
- **CONGRESS:** Mandate, as part of the reauthorization of, or amendments to, Federal crime and juvenile justice legislation, a new program of research and demonstration grants focused on the improvement of treatment for juvenile and adult offenders in cases of child physical and sexual abuse, both as part of the probationary period and within correctional facilities.
- **CONGRESS:** Mandate, as part of the reauthorization of juvenile justice legislation, a new program focus on the improvement of legal representation provided to all children in the nation's juvenile and family courts.

Funding Child Protection Efforts

RECOMMENDATION D-7

PROVIDING ADEQUATE FUNDING FOR THE NEW SPECIALLY TARGETED EFFORTS

For each new specially targeted effort recommended in this report, Congress should authorize and appropriate an amount necessary to implement the effort at a reasonable level.

OPTIONS FOR ACTION

- **OFFICE OF MANAGEMENT AND BUDGET:** Undertake, in consultation with the chief financial officers of all relevant Federal agencies, a special review of the Fiscal Year 1992 and Fiscal Year 1993 Federal Budgets with the objective of redirecting substantial resources toward child protection and strengthening families and, once such resources are redirected, expedite program implementation.
- **OFFICE OF MANAGEMENT AND BUDGET:** Establish a "fast-track" process for the review and approval of all regulations, announcements, survey instruments, etc. related to child protection program initiatives.
- **CONGRESS:** Reallocate existing resources for child welfare services from a focus on supporting the costs of out-of-home placement to a focus on preventive, "front-end," intensive and comprehensive services, including home-based services.
- **CONGRESS:** In providing any new funding for child protection, establish a formula that, whenever feasible, takes into account the size of the child population, the proportion of that population living in poverty, and the proportion of that population that is homeless.

Staffing Child Protection Efforts

RECOMMENDATION D-8

ASSURING ADEQUATE STAFFING FOR THE NEW SPECIALLY TARGETED EFFORTS

For each new specially targeted effort recommended in this report, all program staff, excluding clerical and grants management staff, should have demonstrated professional competence in the field of child abuse and neglect. Moreover, program staff should possess at least those professional credentials generally recognized as necessary for competent practice or research in their disciplines. The number of program staff and the support available to those staff, including funds for travel, should be sufficient to fulfill their technical assistance mission and to achieve the visibility necessary for national leadership in the various disciplines in the child protection field.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Devote a larger percentage of salaries and expenses appropriations to staffing and staff support for the administration of programs related to child abuse and neglect.
- **CONGRESS:** Authorize Executive Branch agencies administering child abuse and neglect related programs, including those under CAPTA, to set aside up to 10 per cent of funds appropriated for those programs for Federal administration of those programs (comparable to the authority provided by Congress in the Young Americans Act). The authorization should require the agencies, before using set-aside funds, to spend from their salaries and expenses appropriations no less than the amount they are currently spending for administration of those programs.

Enhancing Federal Efforts Related to the Generation, Application, and Diffusion of Knowledge Concerning Child Protection

Need for More and Better Knowledge

RECOMMENDATION E-1a

IMPROVING THE COLLECTION OF DATA

The Federal Government should create a comprehensive, mandatory, 50-State and Tribal, aggregate and case-specific child abuse and neglect data collection system. This system should be administered collaboratively by several Federal agencies. In total, it should yield an accurate, uninterrupted, comprehensive picture of child abuse and neglect, as well as the response to it, throughout the nation.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Agree with the Director of the Bureau of the Census to establish an ad hoc Work Group, consisting of staff from appropriate components of both agencies, to explore the possibility of using existing statutory authority to begin the design of a new national child protection data collection system.
- **CONGRESS:** Use the next CAPTA reauthorization to enact the statutory authority for a new data collection system--sensitive to the protection of confidentiality--designed and implemented by the Bureau of the Census in coordination with other data-gathering agencies and include in that legislation authority to provide necessary financial assistance to States and Tribes so that they can develop or enhance their capacity to collect and report data in a manner consistent with Federal standards.

RECOMMENDATION E-1b

IMPROVING FEDERALLY-SUPPORTED RESEARCH

The Federal Government should take all steps necessary to promote systematic research related to child abuse and neglect. Such steps should include:

- *establishing a new program within the National Institute of Mental Health (NIMH) as the primary Federal research effort concerned with the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect;*
- *vesting responsibility in that program for the provision of Government-wide leadership concerning research;*
- *substantially increasing funds available for research in all relevant agencies;*
- *launching initiatives to increase the number and professional qualifications of scientists involved in studies of child abuse and neglect;*
- *making peer review and grants management in all relevant agencies consistent with scientific norms;*
- *engaging in long-range Government-wide planning for stimulation of knowledge on critical topics related to child maltreatment (including cultural and social factors); and*
- *when feasible, developing means for reducing obstacles to the generation of knowledge about child abuse and neglect.*

OPTIONS FOR ACTION

- * To increase general knowledge about the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect:
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to establish a Center for Research on Child Abuse and Neglect in the National Institute of Mental Health and to provide it with adequate funding.
- **CONGRESS:** Using the next CAPTA reauthorization, amend the Public Health Act to provide the statutory authority for such a Center and, following authorization, appropriate adequate funds for its activities.

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- * To increase knowledge about the child protection system:
- *SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:* Establish programs or priorities for research on the response respectively of the child welfare, health, mental health, education, and justice systems to the problem of child abuse and neglect and the means of improving those responses.
- *CONGRESS:* Statutorily mandate the establishment of such programs or priorities.
- * To increase specific knowledge about the social and cultural factors related to child maltreatment:
- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Direct the Assistant Secretary for Health to establish within NIMH a priority for the systematic development of knowledge about the social and cultural factors in the causes, effects, identification, prevention, and treatment of child abuse and neglect.
- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Direct all components of the Department supporting or conducting research on any aspect of child maltreatment to require applicants for research grants to justify their failure to include culture or ethnicity as a variable in research on child abuse and neglect.¹
- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Attempt to persuade the heads of other relevant agencies to impose the same rule.
- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Direct the Assistant Secretary of Health to ensure that NIMH conducts workshops on cultural competence for prospective applicants for research grants on child abuse and neglect.
- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Direct the Assistant Secretary of Health to ensure that NIMH makes affirmative efforts to increase the number of ethnic-minority researchers on child abuse and neglect.
- * To increase human resources in the field of research on child abuse and neglect:
- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Direct the Assistant Secretary for Health to set aside an appropriate percentage of funds allocated under the National Research Service Award program and other NIMH programs for research training and career development related to child abuse and neglect.
- *SECRETARY OF HEALTH AND HUMAN SERVICES:* Direct the Assistant Secretary for Health to ensure that NIMH sponsors workshops for investigators entering the field to assist them in the preparation of scientifically sound proposals in the area of child maltreatment.
- *CONGRESS:* Amend the Public Health Service Act to mandate the set-aside of funds allocated under the National Research Service Award program and other NIMH programs for research training and career development related to child abuse and neglect.

¹*This rule would be a broadened version of an existing rule of the National Institutes of Health that applicants justify the exclusion of ethnic groups from study samples.*

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- * To ensure that procedures for stimulation and analysis of research on child abuse and neglect are scientifically credible:
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:** Instruct the heads of relevant research programs to establish standing review panels of leading experts in the field of child abuse and neglect and, absent a compelling justification for any contrary action, to adopt their priorities for the funding of proposed projects. When standing panels have been established, ensure that information about their composition and the process of reviews is spread throughout the research community.
- **CONGRESS:** Statutorily mandate that such action be taken.
- * To facilitate the planning of research:
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to establish a Research Advisory Committee within NIMH to provide ongoing advice to relevant Federal agencies about (1) priorities for research and means of increasing the national capacity for generation of knowledge about child abuse and neglect and (2) coordination of Federal efforts in research on child abuse and neglect. Such a Committee should consist of Federal experts appointed by the Directors of the National Institutes on Alcohol Abuse and Alcoholism, Child Health and Human Development, Drug Abuse, Education, Justice, and Mental Health as well as the DHHS Assistant Secretaries for Children and Families and Planning and Evaluation, the Assistant Secretary of Interior for Indian Affairs, and non-Federal experts appointed by the U.S. Advisory Board on Child Abuse and Neglect following consultation with relevant scientific societies.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to contract for a study to identify Government-wide priorities for research on child abuse and neglect and to provide recommendations for development of the nation's capacity to conduct such research.
- **CONGRESS:** Statutorily mandate that such action be taken.
- * To reduce obstacles to the generation of knowledge about child abuse and neglect:
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that NIMH, in collaboration with the Office for Protection from Research Risks of NIH, sponsor (1) studies of methodological solutions to political, legal, and ethical problems in research on child abuse and neglect and (2) workshops and other activities to diffuse such knowledge within the research community.
- **CONGRESS:** Using the next CAPTA reauthorization, amend the Public Health Act to clarify the scope of confidentiality certificates.

RECOMMENDATION E-1c

IMPROVING THE EVALUATION OF PROGRAMS

The Federal Government should ensure that child protection activities supported with Federal funds are subjected to rigorous evaluation and that findings of such studies are applied in the design and implementation of programs in the child protection system.

OPTIONS FOR ACTION

- *SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:* Direct that all components administering demonstration grants related to the prevention, identification, investigation, adjudication, or treatment of child abuse and neglect allocate funds in the manner most likely to increase knowledge important to the field.
- *SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:* Direct that all components administering demonstration grants related to the prevention, identification, investigation; adjudication, or treatment of child abuse and neglect require applicants to present a scientifically sound plan for evaluation as a condition of receipt of funds.
- *SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:* Direct that all components administering such grants make diligent efforts to diffuse knowledge gained from evaluation of demonstration projects (see Recommendation E-5) and, in collaboration with the research planning effort described in Recommendation E-1.b, use such findings as the foundation for developing new research priorities.
- *SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES:* Direct that all components administering such grants take significant steps to improve the overall quality of evaluation research, such as working closely with the Resource Centers described in Recommendation E-4 on the development of training and expertise in effective evaluation processes.
- *CONGRESS:* Use the next CAPTA reauthorization to mandate that recipients of all Federal funds related to any aspect of child protection set aside an appropriate percentage of such funds for evaluation research.

Need for More Skilled Professional Staff

RECOMMENDATION E-2

INCREASING THE QUALIFICATIONS AND NUMBERS OF PROFESSIONALS IN CHILD PROTECTION

The Federal Government should significantly increase incentives and grant programs to expand the numbers and qualifications of professionals available to work in the child protection system.

OPTIONS FOR ACTION

- *SECRETARY OF HEALTH AND HUMAN SERVICES AND SECRETARY OF EDUCATION:* Direct appropriate components of the two Departments to devise and implement a program, using existing resources, of Presidential or Secretarial Fellowships on Child Protection for advanced study by students in schools of social work, medicine, nursing, law, graduate programs in clinical, school, and counseling psychology, and other graduate programs in professions serving children and families.

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- **SECRETARY OF HEALTH AND HUMAN SERVICES AND SECRETARY OF EDUCATION:** Direct appropriate components of the two Departments--in addition to the program of fellowships for advanced study in each of the professions represented in child protection--to use existing resources to increase the number of opportunities for interdisciplinary training throughout the nation.
- **SECRETARY OF INTERIOR:** Direct the Bureau of Indian Affairs to require that a significant percentage of Indian Child Welfare workers, and all of their supervisors, possess a Masters degree in social work or psychology.
- **CONGRESS:** Use the next CAPTA reauthorization to legislate a new program of incentives through grants/loans to university students in return for work in the field of child protection, similar to the National Health Service Corps Program.

Need for Implementation of Standards of Practice

RECOMMENDATION E-3

DEVELOPING AND IMPLEMENTING STANDARDS OF PRACTICE

The Federal Government should take all necessary measures to ensure that each Federal agency directly providing services in the child protection system (e.g., the Indian Health Service, the Bureau of Indian Affairs, the family advocacy programs in the military, the U.S. Attorneys, and the military courts) meets standards of competent practice, including but not limited to standards for:

- *staff qualifications and training;*
- *staff-to-client ratios;*
- *timeliness of response;*
- *protection of client rights;*
- *legal representation of all parties (including the child) in relevant judicial proceedings;*
- *cultural competence; and*
- *quality assurance.*

The first of these measures should be commissioning the development of national standards of competent practice for the various professionals and agencies involved in child protection cases at the State, Tribal, and local levels.

OPTIONS FOR ACTION

- **HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Collaboratively support--through the venue of the Task Force--the development of a set of standards of practice for use in child protection cases by Federal personnel directly involved in such cases (such as physicians, law enforcement officers, social workers, attorneys, judges, and psychologists) as well as by Federally-operated programs rendering direct services in such cases (such as CPS agencies, law enforcement agencies, hospitals, courts, and mental health clinics). If possible, this effort should be built around an updating of the NCCAN Guidelines.

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- **CONGRESS:** Use the next CAPTA reauthorization to mandate individual Federal agencies, especially the Bureau of Indian Affairs, to develop appropriate standards of practice in child protection cases by a date certain.

Need for the Provision of Technical Assistance
to State and Tribal Child Protection Efforts

RECOMMENDATION E-4

ESTABLISHING STATE AND REGIONAL RESOURCE CENTERS

The Federal Government should establish a mechanism to stimulate development of State or regional resource centers for training, consultation, policy analysis, and research in the field of child protection. Such centers should be interdisciplinary and should involve collaboration between universities and relevant State and Tribal agencies, including opportunities for university-based sabbaticals for senior State and Tribal officials and agency-based sabbaticals for university professors.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Direct that appropriate components of the Department, working with other relevant agencies, use existing resources to develop a network of State or Regional Resource Centers on Child Abuse and Neglect throughout the United States. As a first step, building a system of ten Federal regional resource centers should be considered.
- **CONGRESS:** Use the next CAPTA reauthorization to authorize a \$50 million nationwide network of State and Regional Resource Centers and, following the authorization, appropriate funds for implementation.

Need for the Diffusion of Knowledge

RECOMMENDATION E-5

IMPROVING THE FLOW OF INFORMATION

The Federal Government should develop a highly visible entity that takes whatever steps are necessary to ensure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, state-of-the-art information on child abuse and neglect.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Establish a permanent information diffusion entity within a component of the Department already carrying out similar functions such as the National Library of Medicine.

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- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Establish a permanent information diffusion entity within the component of the Department in which the Federal planning and coordination responsibility will be located (see Recommendation F-1).
- **CONGRESS:** Use the next CAPTA reauthorization to mandate the establishment of a permanent information diffusion entity within a component of the Department.

Improving Coordination among Federal, State, Tribal, and Private Sector Child Protection Efforts

RECOMMENDATION F-1

ESTABLISHING A STRUCTURE FOR PLANNING AND COORDINATION AT THE FEDERAL LEVEL

All of the activities which comprise the collective Federal child protection effort should have the same goal: the reduction in the prevalence of child abuse and neglect, primarily through assistance to State, Tribal, and local authorities in their efforts to protect children from abuse and neglect, especially their efforts to build services for child protection at the community level.

The Federal Government should establish an agency or entity to plan and coordinate the accomplishment of that goal. The agency or entity should be mandated to develop--in concert with the agencies throughout the Federal Government whose programs constitute the collective Federal effort--both a long-range strategy for accomplishment of the goal as well as short-term approaches leading toward that end, and to set forth that strategy and those approaches in the form of a readily achievable, comprehensive plan.

In addition to developing the plan, the agency or entity should:

- *assist the President, the Secretary of Health and Human Services, and the heads of other relevant agencies in enlisting opinion leaders in efforts:*
 - *to reduce societal influences (such as the acceptability of violence in the media, the schools, and other social institutions) that may increase the probability of family violence, child abuse and neglect, and violent crime;*
 - *to increase social and material support for families that will decrease child abuse and neglect and other forms of family dysfunction; and*
 - *to increase social support for children that will ameliorate the effects of abuse and neglect when maltreatment does occur;*
- *identify problems related to child abuse and neglect that are receiving inadequate national attention;*
- *convene meetings of leaders in business, labor, religious, civic and philanthropic organizations, the media, professional associations, scientific societies, and volunteer and parent organizations to facilitate their active and constructive response to such problems;*
- *support educational campaigns designed to increase the sophistication of citizens--especially the over two million employed by the Federal Government--of the nature and complexity of child abuse and neglect and to inform them about alternative steps (beyond*

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- *reporting suspected maltreatment) that they may take to increase the safety of children;*
- *develop public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect;*
- *coordinate the provision of technical assistance to Federal, State, and Tribal agencies;*
- *coordinate the multi-agency review of the single comprehensive State and Tribal plans described in Recommendation F-2;*
- *monitor policy and program implementation at all levels of government; and, as necessary;*
- *convene key actors from throughout the Federal Government for collaborative policy formulation, program design, and investment in joint funding ventures.*

The agency or entity should be located at an appropriate organizational level. It should be vested with authority commensurate with the nature of its responsibilities. It should be given adequate resources.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Designate NCCAN as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.
- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Designate the Inter-Agency Task Force on Child Abuse and Neglect as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.
- **CONGRESS:** Use the next CAPTA reauthorization to mandate the designation of NCCAN or the Inter-Agency Task Force on Child Abuse and Neglect as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.
- **CONGRESS:** Alternatively, use the next CAPTA reauthorization to establish a new agency or entity at a high level of the Executive Branch. If this option is selected, the agency or entity should be headed by a Director appointed by the President with the advice and consent of the Senate. The agency or entity should be located at an appropriate organizational level, should be vested with authority commensurate with the nature of its responsibilities, and should be given adequate resources.
- **CONGRESS:** Whichever option is chosen, use the next CAPTA reauthorization to mandate the strengthening of the Inter-Agency Task Force on Child Abuse and Neglect by:
 - reconstituting it as an Inter-Agency Policy Council consisting of Cabinet officers and other relevant agency heads with responsibility for implementation of Federal child protection policy and development of related policies of the Administration;
 - making the Secretary of Health and Human Services the chair of the Council with his/her authority to delegate that responsibility limited to the head of the planning and coordination agency or entity;
 - including as members of the Council the Secretaries of Agriculture, Defense, Education, Health and Human Services, Housing and Urban Development, and Interior, the Attorney General, and the Directors of ACTION and the Office of National Drug Control Policy, with their authority to delegate their responsibilities within the Council limited to no more than one layer;

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- requiring that the Council meet at least three times per year;
- encouraging the Council to set up--for purposes of planning and implementation--both permanent and ad hoc work groups and task forces consisting of technical experts drawn from member agencies;
- providing staff and other resources for the operation of the Council; and
- integrating and coordinating the work of the Council with the work of the Federal Council on Children, Youth, and Families authorized by the Pepper Young Americans Act.

RECOMMENDATION F-2

ESTABLISHING A STRUCTURE FOR PLANNING AND COORDINATION AT THE STATE AND TRIBAL LEVEL

The Federal Government should require any State or Tribe receiving any formula grant for child protection (including--but not limited to--any grants legislated in response to this report, grants pursuant to CAPTA, the existing Social Services Block Grant, and Titles IV-B and IV-E of the Social Security Act) to submit a comprehensive three-year plan for multidisciplinary investigation, prevention, and treatment of child abuse and neglect. This single comprehensive plan should be a major eligibility requirement for these Federal formula grants, providing States and Tribes with the opportunity to make a single application to the agency or entity described in Recommendation F-1 for funds from several agencies. That agency or entity should be authorized to exercise discretion in waiving discretionary grant requirements that may impede the blending of Federal funds. As an alternative to full-scale implementation of the comprehensive State or Tribal planning requirement, the Federal Government should initiate a multi-year series of pilot projects aimed at testing the core concepts underlying the requirement.

OPTIONS FOR ACTION

- **SECRETARY OF HEALTH AND HUMAN SERVICES:** Explore the possibility of using existing statutory authority to initiate the State and Tribal planning requirement.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Launch the pilot projects, using flexible funding sources, without specific Congressional approval.
- **CONGRESS:** Use the next CAPTA reauthorization to legislate the State and Tribal planning requirement and, following legislation, appropriate the necessary funds for initial planning grants.
- **CONGRESS:** Use the next CAPTA reauthorization to authorize the pilot projects.

RECOMMENDATION F-3

PROVIDING FOR COMPREHENSIVE FEDERAL PLANNING AND COORDINATION IN RESPONSE TO CHILD MALTREATMENT FATALITIES

The Federal Government should ensure that issues related to child deaths resulting from abuse or neglect are properly addressed by all relevant Federal agencies, acting collaboratively. The Federal entities involved in such collaboration should include, but not be limited to: such DHHS entities as NCCAN, the Children's Bureau, the Centers for Disease Control, the Health Resources and

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Services Administration, the Office for Substance Abuse Prevention, and the National Institute of Mental Health; such Department of Justice entities as the Criminal Division, the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice, and the Federal Bureau of Investigation; and the Department of Education. Also involved should be Federal entities that have direct service provision responsibilities for families and children, such as the Department of Defense, the Indian Health Service of DHHS, the Bureau of Indian Affairs of the Department of the Interior, and the Office of Victims of Crime of the Department of Justice.

Such collaborative efforts should address such issues as:

- *the review of Federal statutes and regulations that may create barriers to inter-agency, multidisciplinary collaboration at the Federal, State, Tribal, and community level in the investigation, intervention, and review of suspected child fatalities;*
- *the development of model protocols and procedures for both individual State, Tribal, and local agencies, as well as for inter-agency, multidisciplinary collaboration in the investigation, intervention, and service provision in cases of child fatalities;*
- *the development of uniform national data gathering and analysis related to child fatalities; and*
- *the on-going funding of research and training relating to the responses of the Federal, State, Tribal, and local governments to the problem of child fatalities, including how such responses contribute, if at all, to the prevention of child maltreatment in general as well as child maltreatment fatalities.*

OPTIONS FOR ACTION

- **PRESIDENT BUSH:** Convene the National Commission on Child and Youth Deaths that was authorized by Pub. L. 100-294 in 1988.
- **SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF RELEVANT CABINET-LEVEL AGENCIES:** Convene an inter-agency work group under the aegis of the Inter-Agency Task Force: (1) to address the Federally imposed barriers to the necessary sharing of information within inter-agency, multidisciplinary child death review teams at the State, Tribal, and local levels; (2) to survey and support State, Tribal, and local efforts to build child death review teams; and (3) to address the development of data gathering, research, and technical assistance efforts related to child maltreatment fatalities.
- **CONGRESS:** Appropriate the necessary funds for the work of the National Commission on Child and Youth Deaths.
- **CONGRESS:** Use the next CAPTA reauthorization to establish within relevant agencies throughout the Federal Government a funding priority for research, demonstration projects, technical assistance, and training on child maltreatment fatalities. Specific elements to facilitate the coordination and expansion of State, Tribal, and local death review teams should be included in this funding priority.

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Implementing a Dramatic New Federal Initiative Aimed at Preventing Child Maltreatment-- Piloting Universal Voluntary Neonatal Home Visitation

RECOMMENDATION G-1

PILOTING UNIVERSAL VOLUNTARY NEONATAL HOME VISITATION

The Federal Government should begin planning for the sequential implementation of a universal voluntary neonatal home visitation system. The first step in the planning process should be the funding of a large series of coordinated pilot projects. Instead of reaffirming the efficacy of home visiting as a preventive measure--already well-established--these projects should aim at providing the Federal Government with the information needed to establish and administer a national home visitation system.

OPTIONS FOR ACTION

- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct the Administration for Children and Families, the Public Health Service, and the Health Care Financing Agency (HCFA) to launch the pilot projects. Possible sources of funding for the pilots might be the NCCAN Demonstration Grants Program, the Maternal and Child Health Block Grant Program, and the Medicaid Program.
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct appropriate components of the Department, in collaboration with ACTION and the Points of Light Foundation, to stimulate the development of "Caring Community Programs."
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct appropriate components of the Department, in collaboration with the American Academy of Pediatrics and the National Child Abuse Coalition, to attempt to persuade insurers, including those serving Federal employees, to cover the costs of home visiting.
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to ensure that home visitation services are provided through the health care programs of the Indian Health Service.
- **SECRETARY FOR HEALTH AND HUMAN SERVICES:** Direct the Assistant Secretary for Health to attempt to persuade the Department of Defense to provide home visitation services to military families.
- **CONGRESS:** Use the next CAPTA reauthorization to authorize the sequential implementation of a universal voluntary system of neonatal home visitation services as well as to require DHHS to launch the pilot projects, to develop Caring Community Programs, to approach insurers aggressively, especially the insurers of Federal employees, to provide home visitation through the Indian Health Service, and to work with the Department of Defense on the provision of home visitation to military families.

APPENDIX B

The U.S. Advisory Board On Child Abuse And Neglect

1. Membership--1990-1991

In accordance with the provisions of the 1988 Amendments to the Child Abuse Prevention and Treatment Act, the U.S. Advisory Board on Child Abuse and Neglect comprises 15 members, each of which "is recognized for expertise in an aspect of the area of child abuse." Of the 15 members, two are Federal employees who are also members of the Federal Inter-Agency Task Force on Child Abuse and Neglect, and 13 are members of the general public.

A list of current Board members and the specific expertise mandated by statute which they bring to the Board follows.

Richard D. Krugman, Chair
Acting Dean, School of Medicine, University of Colorado;
Professor of Pediatrics, University of Colorado;
Director, C. Henry Kempe National Center for the Prevention
and Treatment of Child Abuse and Neglect
1205 Oneida Street
Denver, Colorado.
303-321-3963
Representing: Medicine

Howard A. Davidson, Vice-Chair
Director
ABA Center on Children and the Law
American Bar Association
1800 M Street
Washington, D.C. 20036
202-331-2250
Representing: Law

Frank D. Barry
Senior Extension Associate
Family Life Development Center
Cornell University
Ithaca, New York 14853-4401
607-255-7794
Representing: Organizations Providing Services to Adolescents

Betsy Brand
Assistant Secretary for Vocational and Adult Education
U.S. Department of Education
330 C Street, S.W.
Washington, D.C. 20202-7100
202-732-2251
Representing: Federal Inter-Agency Task Force on Child Abuse and Neglect

September 1991

Yvonne M. Chase
Assistant Secretary
Washington Department of Social and Health Services
Children, Youth and Family Services, OB-44B
Olympia, Washington 98504
206-586-4031
Representing: Social Services

Earl L. Dunlap
Executive Director
National Juvenile Detention Association
217 Perkins Building
Eastern Kentucky University
Richmond, Kentucky 40475
502-625-6838
Representing: State and local government

H. Gordon Evans
Director
National Foster Parents Association
226 Kilts Drive
Houston, Texas 77024
713-467-1850
Representing: Parents' groups

Judith C. Frick
Executive Director
Cities in School, Inc.
428 S. Broadway, #302
Wichita, Kansas 67202
316-263-1177
Representing: Voluntary groups

Donna N. Givens
Deputy Assistant Secretary for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447
202-401-2337
Representing: Federal Inter-agency Task Force on Child Abuse and Neglect

Joyce London-Mohamoud
Executive Director of the State Resource Office
Parents Anonymous of New Jersey
12 Roszel Road, Suite A-103
Princeton, New Jersey 08540
609-243-9779
Representing: Parent self-help organizations

September 1991

Gary B. Melton

Carl Adolph Happold Professor of Psychology and Law
Center on Children, Families, and the Law
University of Nebraska
209 Burnett Hall
Lincoln, Nebraska 68588-0308
402-472-3130
Representing: Psychology

Jeanne D'Agostino Rodriguez

Director of Community Relations, Laurel Oaks Hospital;
Member, Orange County Citizens Commission for Children
7278 Della Drive
Orlando, Florida 32819-5197
407-351-1774
Representing: At-large

Deanne Tilton-Durfee

Executive Director
Los Angeles County Inter-Agency Council on Child Abuse
and Neglect (ICAN)
4024 Durfee Avenue
El Monte, California 91732
818-575-4362
Representing: At-large

Deborah M. Walsh

Associate Director
Educational Issues Department
American Federation of Teachers
555 New Jersey Avenue, N.W.
Washington, D.C. 20001
202-879-4560
Representing: Teachers

Diane J. Willis

Director of Psychological Services
Child Study Center, Department of Pediatrics
University of Oklahoma Health Sciences Center
1100 Northeast 13th Street
Oklahoma City, Oklahoma 73117
405-271-5700
Representing: Organizations providing services to disabled persons

2. Staff And Other Personnel Resources--1990-1991

Staff

Byron D. Metrikin-Gold
Executive Director
U.S. Advisory Board on Child Abuse and Neglect
200 Independence Avenue, SW
Washington, D.C. 20201
202-245-7632

Eileen H. Lohr
Program Assistant
U.S. Advisory Board on Child Abuse and Neglect
200 Independence Avenue, SW
Washington, D.C. 20201
202-245-6670

Other Personnel Resources

Lisa Young
Washington, D.C.

Suzanne Spencer
Dartmouth University
Hanover, New Hampshire

Melissa Kidd
University Of Michigan
Ann Arbor, Michigan

(Ms. Young provided clerical assistance to the Board during the Summer of 1990. Ms. Spencer did a field placement with the Board during the Spring of 1991. Ms. Kidd did a field placement with the Board during the Summer of 1991.)

3. Committees--1990-1991

EXECUTIVE COMMITTEE

Richard D. Krugman, Chair
Frank D. Barry
Yvonne M. Chase
Howard A. Davidson
Gary B. Melton
Deanne Tilton-Durfee

PROGRAM COMMITTEE

Frank D. Barry, Chair
Yvonne M. Chase
Earl L. Dunlap
H. Gordon Evans
Joyce London-Mohamoud
Deborah M. Walsh

RESEARCH COMMITTEE

Gary B. Melton, Chair
Richard D. Krugman
Diane J. Willis

SYSTEMS COMMITTEE

Deanne Tilton-Durfee, Chair
Betsy Brand
Howard A. Davidson
Judith C. Frick
Donna N. Givens
Jeanne D. Rodriguez

IMPLEMENTATION WORKGROUP

Deanne Tilton-Durfee, Chair
Howard A. Davidson
Earl L. Dunlap
Judith C. Frick
Donna N. Givens

NCCAN REVIEW WORKGROUP

Yvonne M. Chase, Chair
Betsy Brand
H. Gordon Evans
Richard D. Krugman
Deborah M. Walsh

NEW NATIONAL STRATEGY WORKGROUP

Gary B. Melton, Chair
Frank D. Barry
Joyce London-Mohamoud
Jeanne D. Rodriguez
Diane J. Willis

4. Activities (including Hearings)--1990-1991

As was the case with the 1990 report, the Board developed its recommendations through a complex process. That process began with the Board meeting of June 26-28 in Washington, D.C. during which the 1990 report was presented to the Honorable Louis W. Sullivan, M.D., Secretary of Health and Human Services, the Congress, and the public at a press conference.

During that meeting the Board decided to pursue three major sets of activity during this year: initial work on the national child protection strategy to the development of which the Board committed itself in the 1990 report; liaison with public and private sector officials concerning the implementation of the recommendations in the 1990 report; and a review of the performance of the National Center on Child Abuse and Neglect (NCCAN). Three workgroups to focus on these areas were established.

1991 Report

At the June meeting, the Board decided to devote the 1991 report to the findings which emerged from the review of NCCAN. That decision was reaffirmed at a Board meeting in Washington, D.C. on September 26-28, 1990. In keeping with that decision, the NCCAN Review Workgroup held a hearing in November at an annual meeting of Children's Justice Act grantees and in December at a meeting of State Liaison Officials.

However, as the year progressed, several developments reoriented the Board's thinking about the 1991 report. First, the initial work of the NCCAN Review Workgroup suggested that, to understand NCCAN, the Board needed to understand the context in which NCCAN operated, what the Board came to call the "collective Federal child protection effort." Second, in December the Board received the Comprehensive Plan of the Federal Inter-Agency Task Force which raised as many questions as it answered. Third, also in December, the Board's views on the 1991 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) were first sought both by Congressional staff as well as leaders within the child maltreatment community. Finally, the initial work of the New National Strategy Workgroup suggested that a new framework for Federal child protection efforts would provide a useful foundation for the strategy the Board was envisioning.

Consequently, during a conference call¹ in early January, the Board decided to expand the nature of the 1991 report to an examination of the Federal role in child protection. That examination would encompass both the NCCAN review as well as the preliminary work on the national strategy.

Critical to the process through which the report was developed were an Executive Committee meeting in Washington, D.C.² on February 4-6, 1991. During that meeting the Executive Committee met for the first time with the Federal Inter-Agency Task Force to discuss the Board's reactions to the Comprehensive Plan developed by the Task Force. The Executive Committee also reviewed the first draft of the 1991 report and tested its preliminary ideas in meetings with the Coordinator of the National Child Abuse Coalition, Congressional staff, and officials of the Department of Health and Human Services.

¹As in its first year of operations, conference calls were an important medium for Board decision-making.

²Because this meeting was held in Washington, Members Givens and Walsh were able to join the deliberations. Due to a Washington State budget crisis, Member Chase was unable to attend.

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In the next several months, while a new draft took shape, the Board participated in a series of meetings with representatives of national child protection organizations and Congressional staff. While the ostensible purpose of these meetings was to explore the possibility of arriving at a mutually-acceptable position on the reform of CAPTA, Board members used the discussions to refine the ideas in the emerging 1991 report. During this period, several members of the Board held an interesting and informative meeting with Dr. Arthur S. Flemming, former Secretary of Health, Education, and Welfare, to gain his historical perspective on the issues with which the Board was grappling.

Those ideas were also evolving as the Board cleared successive drafts of testimony which the Chairperson delivered at CAPTA reauthorization hearings before the Senate in April and the House in May. An underlying theme of both pieces of testimony was the Board's hope that Congress would use the 1991 reauthorization of CAPTA to enact a comprehensive reform of the Federal role.³ Important to the development of the House testimony was a half-day Board meeting on April 29 in Washington, D.C. (with the travel costs borne by the Members) during which the ideas of the Board were subjected to rigorous review.

From May 20-22 the Board met in Washington, D.C. to critique the second draft of the report. Influential in the Board's review of the document was a hearing at which leaders of the child protection community shared their views on the draft.

During the meeting the Board decided to restructure the report substantially, keeping the basic concepts but reframing them. Even then, the process was still not completed because, comments received from the Task Force on a later draft, necessitated yet another conference call.

New National Strategy

During the year, several activities took place related to the development of the new strategy. Chief among these activities was the conceptual contribution of the Workgroup to the 1991 report on the Federal role. While that contribution took many forms, it is most clearly seen in the proposed national child protection policy included in the discussion of Recommendation B-1 as well as in Part IV of the report.

Another activity was a presentation to the Board at the September meeting by an anthropologist on cultural perspectives on child maltreatment. In January, the Workgroup developed a background paper on the meaning of the term, "neighborhood-based."

During the Spring, scopes of work were developed for six small contracts which the Board will award before the end of Fiscal Year 1991. Each contractor will prepare a lengthy paper on a different aspect of the strategy. The Workgroup will use the papers in the formulation of the strategy which is now scheduled to be the subject of the Board's 1993 report.

³In connection with the CAPTA reauthorization the Board developed a series of proposed amendments to strengthen its own operations. While these amendments are a matter of obvious concern to the Board--and were dealt with, as such, by the Chairperson in his testimony--the Board recognizes that they are of minor significance in comparison to the major reform in the Federal role called for in this report.

September 1991

Liaison on Implementation of the 1990 Report

Liaison took several forms during the year. At the June 1990 meeting of the Board met with Secretary Sullivan, he promised to have the Board's recommendations considered carefully and to meet with the Board again in September to share the Department's reactions. Subsequently, he appointed an ad hoc work group of Departmental officials to review the report with which members of the Workgroup met.

At the September meeting, the Secretary announced to the Board that he was establishing a Department-wide initiative to follow through on several of the recommendations. The Chairperson of the Workgroup was named by the Board to serve as a liaison with the Department in connection with the initiative. She has provided the Department with continuing advice about aspects of the initiative. In April members of the Board participated in a meeting which the Secretary convened with the National Child Abuse Coalition to discuss the initiative.

During the June meeting the Honorable Christopher J. Dodd, Chairperson of the Senate Subcommittee on Children, Families, Drugs, and Alcoholism met with the Board to receive the report. Subsequently, during the September meeting the Subcommittee convened a hearing at which the Chairperson testified about the report and at which the Board was commended by Senator Dodd for its contribution. During the September meeting the Board also received detailed feedback on the report from representatives of the National Committee for the Prevention of Child Abuse and the National Association of Children's Hospitals and Research Institutes.

During the June meeting the Board met with representatives of the member organizations of the National Child Abuse Coalition to discuss ways in which the Board could support the work of those organizations on the implementation of recommendations. In October 1990 members of the Board participated in a hearing convened by the National Committee for the Prevention of Child Abuse on ways in which local leaders could work to implement the recommendations. Members of the Board have made numerous presentations about the report to a number of organizations both inside and outside of the child protection community.

The release of the 1990 report evoked much interest from the media. Several network news programs featured stories on the report as did most major newspapers. Requests from the public for copies of the report have continued throughout the year.

In June the Workgroup formulated a plan for the distribution of the report to specific audiences which the Board thought it was important to reach. Some of that distribution was accomplished but staff limitations have prevented the completion of this task.

September 1991

A list of the names and affiliations of all individuals who addressed the Board during its meetings follows.

MEETING OF JUNE 26-28, 1990

Washington, D.C.

Louis W. Sullivan, M.D.
Secretary of Health and Human Services

Christopher J. Dodd
Chairperson, Senate Subcommittee on Children, Families,
Drugs, and Alcoholism

Mary Sheila Gall
Assistant Secretary for Human Development Services
Department of Health and Human Services

Wade F. Horn, Ph.D.
Commissioner
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Jim Young
Acting Director
National Center on Child Abuse and Neglect
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Representatives of Member Organizations
National Child Abuse Coalition

MEETING OF SEPTEMBER 26-28, 1990

Washington, D.C.

Louis W. Sullivan, M.D.
Secretary of Health and Human Services

Jim Young
Acting Director
National Center on Child Abuse and Neglect
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Nancy Silvers
Principal Deputy Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

Jill Korbin, Ph.D.
Department of Anthropology
Case-Western Reserve University

September 1991

Anne Cohn

Executive Director

National Committee for the Prevention of Child Abuse and Neglect

Georgette Constantinou, Ph.D.

National Association of Children's Hospitals and Research Institutes

EXECUTIVE COMMITTEE MEETING OF FEBRUARY 4-6, 1991

Federal Inter-Agency Task Force on Child Abuse and Neglect

U.S. Department of Health and Human Services

Thomas Birch

Legislative Counsel

National Child Abuse Coalition

Courtney Pasterfield

Senate Subcommittee on Children, Families,
Drugs, and Alcoholism (staff)

Laurence Peters

House Subcommittee on Select Education (staff)

Diana Zuckerman

Subcommittee on Human Resources

House Committee on Government Operations (staff)

Marsha Renwanz

Subcommittee on Juvenile Justice

Senate Judiciary Committee (staff)

Stephanie Johnson

Senate Subcommittee on Children, Families,
Drugs, and Alcoholism (staff)

Mary Jane Fiske

House Committee on Education and Labor (staff)

Mary Sheila Gail

Assistant Secretary for Human Development Services

Department of Health and Human Services

Wade F. Horn, Ph.D.

Commissioner, Administration for Children, Youth and Families

Office of Human Development Services

Department of Health and Human Services

Nancy Silvers

Principal Deputy Assistant Secretary for Planning and Evaluation

Department of Health and Human Services

September 1991

MEETING OF MAY 20-22, 1991

Jo Anne Barnhart
Assistant Secretary for Children and Families
Department of Health and Human Services

Wade F. Horn, Ph.D.
Commissioner
Administration on Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

David W. Lloyd
Director
National Center on Child Abuse and Neglect
Administration on Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

A list of the names and affiliations of all individuals who testified before the Board during one of its hearings, or submitted a written statement to the Board, follows.

HEARING OF NOVEMBER 13, 1990
Washington, D.C.
Members of the NCCAN Review Workgroup
Attendees at the November 13-15, 1990 Meeting of Children's Justice Act Grantees

**ROLE AND EFFECTIVENESS OF THE
NATIONAL CENTER ON CHILD ABUSE AND NEGLECT**

Elizabeth Farley
Kentucky Cabinet for Human Resources

Donna Pincavage
New Jersey Governor's Task Force on Child Abuse and Neglect

Esther Deblinger
University of Medicine and Dentistry of New Jersey

Virginia Price
North Carolina Governor's Crime Commission

Tom Ryan
Illinois Task Force on Juvenile Justice

Bobby Hall
Illinois Department of Children and Family Services

Elda Dawber
Rhode Island Division of Child Protective Services

September 1991

Joseph Connor
Washington Division of Children and Family Services

Judy Neal
Washington Division of Children and Family Services

Catherine Harlin
Utah Department of Human Services

Fran Ecker
Virginia Department of Criminal Justice Services

Grethe Peterson
Utah Child Abuse Task Force

Charlotte King
Maryland Department of Human Resources
(written statement)

Carol Plummer
Association for Sexual Abuse Prevention
(written statement)

HEARING OF DECEMBER 5, 1990

Annapolis, Maryland

Members of the NCCAN Review Workgroup

Attendees at the December 4-6, 1990 Meeting of State Liaison Officials on Child Abuse and Neglect

**ROLE AND EFFECTIVENESS OF THE
NATIONAL CENTER ON CHILD ABUSE AND NEGLECT**

John Madsen
Montana

Fred Simmens
Missouri

Laura Skaff
Maryland

New York Department of Social Services
(written statement)

Gladys Cairns
North Dakota
(written statement)

September 1991

HEARING OF MAY 20, 1991

Washington, D.C.
Members of the Board

SECOND DRAFT OF THE 1991 BOARD REPORT

David W. Lloyd

Director
National Center on Child Abuse and Neglect
Administration for Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

Mary Hinrichs Richards

Assistant National Executive Director
Big Brothers/Big Sisters of America

Marilyn Grey

Member of the Board of Directors
Parents' Anonymous, Inc.

Patricia A. Toth

Director
National Center for Prosecution of Child Abuse

MaryLee Allen

Director
Child Welfare and Mental Health Division
Children's Defense Fund

Joan Levy Zlotnik

Staff Director
Commission on Families
National Association of Social Workers

Thomas Birch

Legislative Counsel
National Child Abuse Coalition

Anne Cohn

National Committee for the Prevention of Child Abuse
(written statement)

Joseph Semidei

Deputy Commissioner
New York State Department of Social Services
(written statement)

September 1991

A. Sidney Johnson III
Executive Director
American Public Welfare Association
(written statement)

Rose Alma Senatore
Commissioner
Connecticut Department of Children and Youth Services
(written statement)

Betty Jo Nelson
Administrator
Food and Nutrition Service
Department of Agriculture
(written statement)

Paul L. Fletcher
Special Assistant for Economic Development
Office of the Assistant Secretary for Public and Indian Housing
Department of Housing and Urban Development
(written statement)

APPENDIX C

CHILD ABUSE PREVENTION AND TREATMENT ACT

Legislative Authority: Child Abuse Prevention and Treatment Act, as amended.

U.S. Code Citation: 42 USC 5101 et seq.

Code of Federal
Regulations Citation: 45 CFR 1340.

Legislative History: The Child Abuse Prevention and Treatment Act, originally enacted in Pub.L. 93-247, was subsequently amended several times. The Child Abuse Prevention, Adoption and Family Services Act of 1988, Pub.L. 100-294, enacted on April 25, 1988, completely rewrote the Act.

The "Child Abuse and Neglect Prevention Challenge Grants" program was originally authorized by sections 402 through 409 of the Continuing Appropriations Act for FY 1985, Pub.L. 98-473, enacted on October 12, 1984. The Child Abuse Prevention Challenge Grants Reauthorization Act of 1989, Pub.L. 101-126, enacted on October 25, 1989, added this program to the rewritten Act, as a new title II.

The Drug Free School Amendments of 1989, Pub.L. 101-226, enacted on December 12, 1989, amended the rewritten Act by adding the "Emergency Child Protective Services Grants" program as a new section 107A. The Stewart B. McKinney Homeless Assistance Act Amendments of 1990, P.L. 101-645, enacted on November 29, 1990, added a new title III to the rewritten Act.

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TITLE I -- GENERAL PROGRAM

- Sec. 101. - National Center on Child Abuse and Neglect.
- Sec. 102. - Advisory Board on Child Abuse and Neglect.
- Sec. 103. - Inter-Agency Task Force on Child Abuse and Neglect.
- Sec. 104. - National clearinghouse for information relating to child abuse.
- Sec. 105. - Research and assistance activities of the National Center on Child Abuse and Neglect.
- Sec. 106. - Grants to public agencies and nonprofit private organizations for demonstration or service programs and projects.
- Sec. 107. - Grants to States for child abuse and neglect prevention and treatment programs.
- Sec. 107A.- Emergency child protective services grants.
- Sec. 108. - Technical assistance to States for child abuse prevention and treatment programs.
- Sec. 109. - Grants to States for programs relating to the investigation and prosecution of child abuse cases.
- Sec. 110. - Miscellaneous requirements relating to assistance.
- Sec. 111. - Coordination of child abuse and neglect programs.
- Sec. 112. - Reports.
- Sec. 113. - Definitions.
- Sec. 114. - Authorization of appropriations.

TITLE II -- GRANTS WITH RESPECT TO ENCOURAGING STATES TO MAINTAIN CERTAIN FUNDING MECHANISMS

- Sec. 201. - Findings and purpose.
- Sec. 202. - Definitions.
- Sec. 203. - Grants authorized.
- Sec. 204. - State eligibility.
- Sec. 205. - Limitations.
- Sec. 206. - Withholding.
- Sec. 207. - Audit.
- Sec. 208. - Report.

TITLE III -- CERTAIN PREVENTIVE SERVICES REGARDING CHILDREN OF HOMELESS
FAMILIES OR FAMILIES AT RISK OF HOMELESSNESS

- Sec. 301. - Demonstration grants for prevention of inappropriate separation from family and for prevention of child abuse and neglect.
- Sec. 302. - Provisions with respect to carrying out purpose of demonstration grants.
- Sec. 303. - Additional required agreements.
- Sec. 304. - Description of intended uses of grant.
- Sec. 305. - Requirement of submission of application.
- Sec. 306. - Authorization of appropriations.

TITLE I - GENERAL PROGRAM
NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

Sec. 101. [42 U.S.C. 5101]

(a) Establishment. - The Secretary of Health and Human Services shall establish an office to be known as the National Center on Child Abuse and Neglect.

(b) Appointment of Director.

(1) Appointment. - The Secretary shall appoint a Director of the Center. Except as otherwise provided in this Act, the Director shall be responsible only for administration and operation of the Center and for carrying out the functions of the Center under this Act. The Director shall have experience in the field of child abuse and neglect.

(2) Compensation. - The Director shall be compensated at the annual rate provided for a level GS-15 employee under section 5332 of title 5, United States Code.

(c) Other Staff and Resources. - The Secretary shall make available to the Center such staff and resources as are necessary for the Center to carry out effectively its functions under this Act. The Secretary shall require that professional staff have experience relating to child abuse and neglect. The Secretary is required to justify, based on the priorities and needs of the Center, the hiring of any professional staff member who does not have experience relating to child abuse and neglect.

ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

Sec. 102. [42 U.S.C. 5102]

(a) Appointment. - The Secretary shall appoint an advisory board to be known as the Advisory Board on Child Abuse and Neglect.

(b) Solicitation of Nominations. - The Secretary shall publish a notice in the Federal Register soliciting nominations for the appointments required by subsection (a).

(c) Composition of Board. -

(1) Number of Members. - The board shall consist of 15 members, each of which shall be a person who is recognized for expertise in an aspect of the area of child abuse, of which -

- (A) 2 shall be members of the task force established under section 103; and
- (B) 13 shall be members of the general public and may not be Federal employees.

(2) Representation. - The Secretary shall appoint members from the general public under paragraph (1)(B) who are individuals knowledgeable in child abuse and neglect prevention, intervention, treatment, or research, and with due consideration to representation of ethnic or racial minorities and diverse geographic areas, and who represent -

- (A) law (including the judiciary);
- (B) psychology (including child development);
- (C) social services (including child protective services);
- (D) medicine (including pediatrics);
- (E) State and local government;
- (F) organizations providing services to disabled persons;
- (G) organizations providing services to adolescents;
- (H) teachers;
- (I) parent self-help organizations;
- (J) parents' groups; and
- (K) voluntary groups.

(3) Terms of Office. -

- (A) Except as otherwise provided in this subsection, members shall be appointed for terms of office of 4 years.
- (B) Of the members of the board from the general public first appointed under subsection (a) -
 - (i) 4 shall be appointed for terms of office of 2 years;
 - (ii) 4 shall be appointed for terms of office of 3 years; and
 - (iii) 5 shall be appointed for terms of office of 4 years,as determined by the members from the general public during the first meeting of the board.
- (C) No member of the board appointed under subsection (a) shall be eligible to serve in excess of two consecutive terms, but may continue to serve until such member's successor is appointed.

(4) Vacancies. - Any member of the board appointed under subsection (a) to fill a vacancy occurring before the expiration of the term to which such member's predecessor was appointed shall be appointed for the remainder of such term. If the vacancy occurs prior to the expiration of the term of a member of the board appointed under subsection (a), a replacement shall be appointed in the same manner in which the original appointment was made.

(5) Removal. - No member of the board may be removed during the term of office of such member except for just and sufficient cause.

(d) Election of Officers. - The board shall elect a chairperson and vice-chairperson at its first meeting from among the members from the general public.

(e) Meetings. - The board shall meet not less than twice a year at the call of the chairperson. The chairperson, to the maximum extent practicable, shall coordinate meetings of the board with receipt of reports from the task force under section 103(f).

(f) Duties. - The board shall -

(1) annually submit to the Secretary and the appropriate committees of Congress a report containing -

(A) recommendations on coordinating Federal child abuse and neglect activities to prevent duplication and ensure efficient allocations of resources and program effectiveness; and

(B) recommendations as to carrying out the purposes of this Act;

(2) annually submit to the Secretary and the Director a report containing long-term and short-term recommendations on -

(A) programs;

(B) research;

(C) grant and contract needs;

(D) areas of unmet needs; and

(E) areas to which the Secretary should provide grant and contract priorities under sections 105 and 106; and

(3) annually review the budget of the Center and submit to the Director a report concerning such review.

(g) Compensation. -

(1) In General. - Except as provided in paragraph (3), members of the board, other than those regularly employed by the Federal Government, while serving on business of the board, may receive compensation at a rate not in excess of the daily equivalent payable to a GS-18 employee under section 5332 of title 5, United States Code, including traveltime.

(2) Travel. - Except as provided in paragraph (3), members of the board, while serving on business of the board away from their homes or regular places of business, may be allowed travel expenses (including per diem in lieu of subsistence) as authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

(3) Restriction. - The Director may not compensate a member of the board under this section if the member is receiving compensation or travel expenses from another source while serving on business of the board.

INTER-AGENCY TASK FORCE ON CHILD ABUSE AND NEGLECT

Sec. 103. [42 U.S.C. 5103]

(a) Establishment. - The Secretary shall establish a task force to be known as the Inter-Agency Task Force on Child Abuse and Neglect.

(b) Composition. - The Secretary shall request representation for the task force from Federal agencies with responsibility for programs and activities related to child abuse and neglect.

(c) Chairperson. - The task force shall be chaired by the Director.

(d) Duties. - The task force shall -

- (1) coordinate Federal efforts with respect to child abuse prevention and treatment programs;
- (2) encourage the development by other Federal agencies of activities relating to child abuse prevention and treatment;
- (3) coordinate the use of grants received under this Act with the use of grants received under other programs;
- (4) prepare a comprehensive plan for coordinating the goals, objectives, and activities of all Federal agencies and organizations which have responsibilities for programs and activities related to child abuse and neglect, and submit such plan to such Advisory Board not later than 12 months after the date of enactment of the Child Abuse Prevention, Adoption and Family Services Act of 1988; and
- (5) coordinate adoption related activities, develop Federal standards with respect to adoption activities under this Act, and prevent duplication with respect to the allocation of resources to adoption activities.

(e) Meetings. - The task force shall meet not less than three times annually at the call of the chairperson.

(f) Reports. - The task force shall report not less than twice annually to the Center and the Board.

NATIONAL CLEARINGHOUSE FOR INFORMATION RELATING TO CHILD ABUSE

Sec. 104. [42 U.S.C. 5104]

(a) Establishment. - Before the end of the 2-year period beginning on the date of the enactment of the Child Abuse Prevention, Adoption and Family Services Act of 1988, the Secretary shall through the Center, or by contract of no less than 3 years duration let through a competition, establish a national clearinghouse for information relating to child abuse.

(b) Functions. - The Director shall, through the clearinghouse established by subsection (a) -

(1) maintain, coordinate, and disseminate information on all programs, including private programs, that show promise of success with respect to the prevention, identification, and treatment of child abuse and neglect, including the information provided by the National Center for Child Abuse and Neglect under section 105(b);

(2) maintain and disseminate information relating to -

- (A) the incidence of cases of child abuse and neglect in the general population;
- (B) the incidence of such cases in populations determined by the Secretary under section 105(a)(1) of the Child Abuse Prevention, Adoption, and Family Services Act of 1988;
- (C) the incidence of any such cases related to alcohol or drug abuse; and
- (D) State and local recordkeeping with respect to such cases; and

(3) directly or through contract, identify effective programs carried out by the States pursuant to title II and provide technical assistance to the States in the implementation of such programs.

(c) Coordination With Available Resources. - In establishing a national clearinghouse as required by subsection (a), the Director shall -

- (1) consult with other Federal agencies that operate similar clearinghouses;
- (2) consult with the head of each agency that is represented on the task force on the development of the components for information collection and management of such clearinghouse;
- (3) develop a Federal data system involving the elements under subsection (b) which, to the extent practicable, coordinates existing State, regional, and local data systems; and
- (4) solicit public comment on the components of such clearinghouse.

RESEARCH AND ASSISTANCE ACTIVITIES OF THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

Sec. 105. [42 U.S.C. 5105]

(a) Research. -

(1) Topics. - The Secretary shall, through the Center, conduct research on -

- (A) the causes, prevention, identification, and treatment of child abuse and neglect;
- (B) appropriate and effective investigative, administrative, and judicial procedures with respect to cases of child abuse; and
- (C) the national incidence of child abuse and neglect, including -
 - (i) the extent to which incidents of child abuse are increasing or decreasing in number and severity;
 - (ii) the relationship of child abuse and neglect to nonpayment of child support, handicaps, and various other factors; and
 - (iii) the incidence of substantiated reported child abuse cases that result in civil child protection proceedings or criminal proceedings, including the number of such cases with respect to which the court makes a finding that abuse or neglect exists and the disposition of such cases.

(2) Priorities. -

- (A) The Secretary shall establish research and demonstration priorities for making grants or contracts for purposes of carrying out paragraph (1)(A) and activities under section 106.
- (B) In establishing research and demonstration priorities as required by subparagraph (A), the Secretary shall -
 - (i) publish proposed priorities in the Federal Register for public comment; and
 - (ii) allow not less than 60 days for public comment on such proposed priorities.

(b) Publication and Dissemination of Information. - The Secretary shall, through the Center -

(1) as a part of research activities establish a national data collection and analysis program, which, to the extent practical, coordinates existing State child abuse and neglect reports and which shall include -

- (A) standardized data on false, unfounded, or unsubstantiated reports; and
- (B) information on the number of deaths due to child abuse and neglect;

(2) annually compile and analyze research on child abuse and neglect and publish a summary of such research;

(3) compile, evaluate, publish, and disseminate to the States and to the clearinghouse, established under section 104, materials and information designed to assist the States in developing, establishing, and operating the programs described in section 109, including an evaluation of -

- (A) various methods and procedures for the investigation and prosecution of child physical and sexual abuse cases; and
- (B) resultant psychological trauma to the child victim;

(4) compile, publish, and disseminate training materials -

- (A) for persons who are engaged in or intend to engage in the prevention, identification, and treatment of child abuse and neglect; and
- (B) to appropriate State and local officials to assist in training law enforcement, legal, judicial, medical, mental health, and child welfare personnel in appropriate methods of interacting during investigative, administrative, and judicial proceedings with children who have been subjected to abuse; and

(5) establish model information collection systems, in consultation with appropriate State and local agencies and professionals.

(c) Provision of Technical Assistance. - The Secretary shall, through the Center, provide technical assistance to public and non-profit private agencies and organizations, including disability organizations and persons who work with children with handicaps, to assist such agencies and organizations in planning, improving, developing and carrying out programs and activities relating to the prevention, identification, and treatment of child abuse and neglect.

(d) Authority to Make Grants or Enter into Contracts. -

(1) In General. - The functions of the Secretary under this section may be carried out either directly or through grant or contract.

(2) Duration. - Grants under this section shall be made for periods of not more than 5 years. The Secretary shall review each such grant at least annually, utilizing peer review mechanisms to assure the quality and progress of research conducted under such grant.

(3) Preference for Long-Term Studies. - In making grants for purposes of conducting research under subsection (a), the Secretary shall give special consideration to applications for long-term projects.

(e) Peer Review for Grants. -

(1) Establishment of Peer Review Process. -

(A) The Secretary shall establish a formal peer review process for purposes of evaluating applications for grants and contracts under this section and determining the relative merits of the projects for which such assistance is requested.

(B) Members of peer review panels shall be appointed by the Secretary from among individuals who are not officers or employees of the Office of Human Development Services. In making appointments to such panels, the Secretary shall include only experts in the field of child abuse and neglect.

(2) Review of Applications for Assistance. - Each peer review panel established under paragraph (1)(A) that reviews any application for a grant, contract, or other financial assistance shall -

(A) determine the merit of each project described in such application; and

(B) rank such application with respect to all other applications it reviews in the same priority area for the fiscal year involved, according to the relative merit of all of the projects that are described in such application and for which financial assistance is requested.

(3) Notice of Approval. -

(A) At the end of each application process, the Secretary shall make available upon request, no later than 14 days after the request, to the Committee on Education and Labor of the House of Representatives and the Committee on Labor and Human Resources of the Senate the list which identifies all applications reviewed by such panel and arranges such applications according to rank determined under paragraph (2) and a list of all applications funded.

(B) In the instance in which the Secretary approves an application for a program without having approved all applications ranked above such application (as determined under subsection (e)(2)(B)), the Secretary shall append to the approved application a detailed explanation of the reasons relied on for approving the application and for failing to approve each pending application that is superior in merit, as indicated on the list under subsection (e)(2)(B).

GRANTS TO PUBLIC AGENCIES AND NONPROFIT PRIVATE ORGANIZATIONS
FOR DEMONSTRATION OR SERVICE PROGRAMS AND PROJECTS

Sec. 106. [42 U.S.C. 5106]

(a) General Authority. - The Secretary, through the Center, shall, in accordance with subsections (b) and (c), make grants to, and enter into contracts with, public agencies or nonprofit private organizations (or combinations of such agencies or organizations) for demonstration or service programs and projects designed to prevent, identify, and treat child abuse and neglect.

(b) Grants for Resource Centers. - The Secretary shall, directly or through grants or contracts with public or private nonprofit organizations under this section, provide for the establishment of resource centers -

(1) serving defined geographic areas;

(2) staffed by multidisciplinary teams of personnel trained in the prevention, identification, and treatment of child abuse and neglect; and

(3) providing advice and consultation to individuals, agencies, and organizations which request such services.

(c) Discretionary Grants. - In addition to grants or contracts made under subsection (b), grants or contracts under this section may be used for the following:

(1) Training programs -

(A) for professional and paraprofessional personnel in the fields of medicine, law, education, social work, and other relevant fields who are engaged in, or intend to work in, the field of prevention, identification, and treatment of child abuse and neglect; or

(B) to provide instruction in methods of protecting children from child abuse and neglect to children and to persons responsible for the welfare of children, including parents of and persons who work with children with handicaps.

(2) Such other innovative programs and projects as the Secretary may approve, including programs and projects for parent self-help, for prevention and treatment of alcohol and drug-related child abuse and neglect, and for home health visitor programs designed to reach parents of children in populations in which risk is high, that show promise of successfully preventing and treating cases of child abuse and neglect, and for a parent self-help program of demonstrated effectiveness which is national in scope.

(3) Projects which provide educational identification, prevention, and treatment services in cooperation with preschool and elementary and secondary schools.

(4) Respite and crisis nursery programs provided by community-based organizations under the direction and supervision of hospitals.

(5) Respite and crisis nursery programs provided by community-based organizations.

(6) (A) Providing hospital-based information and referral services to -

- (i) parents of children with handicaps; and
- (ii) children who have been neglected or abused and their parents.

(B) Except as provided in subparagraph (C)(iii), services provided under a grant received under this paragraph shall be provided at the hospital involved -

- (i) upon the birth or admission of a handicapped child; and
- (ii) upon the treatment of a child for abuse or neglect.

(C) Services, as determined as appropriate by the grantee, provided under a grant received under this paragraph shall be hospital-based and shall consist of -

- (i) the provision of notice to parents that information relating to community services is available;
- (ii) the provision of appropriate information to parents of a child with handicaps regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child;
- (iii) the provision of appropriate information to parents of a child who has been neglected or abused regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child and reduce the possibility of abuse or neglect;
- (iv) the provision of appropriate follow-up services to parents of a child described in subparagraph (B) after the child has left the hospital; and
- (v) where necessary, assistance in coordination of community services available to parents of children described in subparagraph (B).

The grantee shall assure that parental involvement described in this subparagraph is voluntary.

(D) For purposes of this paragraph, a qualified grantee is a nonprofit acute care hospital that -

- (i) is in a combination with -
 - (I) a health-care provider organization;
 - (II) a child welfare organization;
 - (III) a disability organization; and
 - (IV) a State child protection agency;

(ii) submits an application for a grant under this paragraph that is approved by the Secretary;

(iii) maintains an office in the hospital involved for purposes of providing services under such grant;

(iv) provides assurances to the Secretary that in the conduct of the project the confidentiality of medical, social and personal information concerning any person described in subparagraph (A) or (B) shall be maintained, and shall be disclosed only to qualified persons providing required services described in subparagraph (C) for purposes relating to conduct of the project; and

(v) assumes legal responsibility for carrying out the terms and conditions of the grant.

(E) In awarding grants under this paragraph, the Secretary shall -

- (i) give priority under this section for two grants under this paragraph, provided that one grant shall be made to provide services in an urban setting and one grant shall be made to provide services in a rural setting; and
- (ii) encourage qualified grantees to combine the amounts received under the grant with other funds available to such grantees.

(7) Such other innovative programs and projects that show promise of preventing and treating cases of child abuse and neglect as the Secretary may approve.

GRANTS TO STATES FOR CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROGRAMS
Sec. 107. [42 U.S.C. 5106a]

(a) Development and Operation Grants. - The Secretary, through the Center, is authorized to make grants to the States for purposes of assisting the States in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs.

(b) Eligibility Requirements. - In order for a State to qualify for a grant under subsection (a), such State shall -

(1) have in effect a State law relating to child abuse and neglect, including -

(A) provisions for the reporting of known and suspected instances of child abuse and neglect, and

(B) provisions for immunity from prosecution under State and local laws for persons who report instances of child abuse or neglect for circumstances arising from such reporting;

(2) provide that upon receipt of a report of known or suspected instances of child abuse or neglect an investigation shall be initiated promptly to substantiate the accuracy of the report, and, upon a finding of abuse or neglect, immediate steps shall be taken to protect the health and welfare of the abused or neglected child and of any other child under the same care who may be in danger of abuse or neglect;

(3) demonstrate that there are in effect throughout the State, in connection with the enforcement of child abuse and neglect laws and with the reporting of suspected instances of child abuse and neglect, such -

- (A) administrative procedures;
- (B) personnel trained in child abuse and neglect prevention and treatment;
- (C) training procedures;
- (D) institutional and other facilities (public and private); and
- (E) such related multidisciplinary programs and services;

as may be necessary or appropriate to ensure that the State will deal effectively with child abuse and neglect cases in the State;

(4) provide for methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians;

(5) provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services;

(6) provide that in every case involving an abused or neglected child which results in a judicial proceeding a guardian ad litem shall be appointed to represent the child in such proceedings;

(7) provide that the aggregate of support for programs or projects related to child abuse and neglect assisted by State funds shall not be reduced below the level provided during fiscal year 1973, and set forth policies and procedures designed to ensure that Federal funds made available under this Act for any fiscal year shall be so used as to supplement and, to the extent practicable, increase the level of State funds which would, in the absence of Federal funds, be available for such programs and projects;

(8) provide for dissemination of information, including efforts to encourage more accurate reporting, to the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat instances of child abuse and neglect;

(9) to the extent feasible, ensure that parental organizations combating child abuse and neglect receive preferential treatment; and

(10) have in place for the purpose of responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for -

- (A) coordination and consultation with individuals designated by and within appropriate health-care facilities;
- (B) prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
- (C) authority, under State law, for the State child protective service system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions.

(c) Waivers. -

(1) General Rule. - Subject to paragraph (3) of this subsection, any State which does not qualify for assistance under this subsection may be granted a waiver of any requirement under paragraph (2) of this subsection -

(A) for a period of not more than one year, if the Secretary makes a finding that such State is making a good faith effort to comply with any such requirement, and for a second one-year period if the Secretary makes a finding that such State is making substantial progress to achieve such compliance; or

(B) for a nonrenewable period of not more than two years in the case of a State the legislature of which meets only biennially, if the Secretary makes a finding that such State is making a good faith effort to comply with such requirement.

(2) Extension. -

(A) subject to paragraph (3) of this subsection, any State whose waiver under paragraph (1) expired as of the end of fiscal year 1986 may be granted an extension of such waiver, if the Secretary makes a finding that such State is making a good faith effort to comply with the requirements under subsection (b) of this section -

- (i) through the end of fiscal year 1988; or
 - (ii) in the case of a State the legislature of which meets biennially, through the end of the fiscal year 1989 or the end of the next regularly scheduled session of such legislature, whichever is earlier;
- (B) This provision shall be effective retroactively to October 1, 1986.

(3) Requirements Under Subsection (b)(10). - No waiver under paragraph (1) or (2) may apply to any requirement under subsection (b)(10) of this section.

(d) Reduction of Funds In Case of Failure to Obligate. - If a State fails to obligate funds awarded under subsection (a) before the expiration of the 18-month period beginning on the date of such award, the next award made to such State under this section after the expiration of such period shall be reduced by an amount equal of the amount of such unobligated funds unless the Secretary determines that extraordinary reasons justify the failure to so obligate.

(e) Restrictions Relating to Child Welfare Services. - Programs or projects relating to child abuse and neglect assisted under Part B of Title IV of the Social Security Act shall comply with the requirements set forth in paragraphs (1)(A), (2), (4), (5), and (10) of subsection (b).

(f) Compliance and Education Grants. - The Secretary is authorized to make grants to the States for purposes of developing, implementing, or operating -

(1) the procedures or programs required under subsection (b)(10);

(2) information and education programs or training programs designed to improve the provision of services to disabled infants with life-threatening conditions for -

(A) professional and paraprofessional personnel concerned with the welfare of disabled infants with life-threatening conditions, including personnel employed in child protective services programs and health-care facilities; and

(B) the parents of such infants; and

(3) programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including -

(A) existing social and health services;

(B) financial assistance; and

(C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption.

EMERGENCY CHILD ABUSE PREVENTION SERVICES GRANT

Sec. 107A. [42 U.S.C. 5106a-1]

(a) Establishment. - The Secretary shall establish a grant program to make grants to eligible entities to enable such entities to provide services to children whose parents are substance abusers.

(b) Eligible Entities. - Entities eligible to receive a grant under this section shall be -

(1) State and local agencies that are responsible for administering child abuse or related child abuse intervention services; and

(2) community and mental health agencies and nonprofit youth-serving organizations with experience in providing child abuse prevention services.

(c) Application. -

(1) In General. - To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may by regulation require.

(2) Assurance of Use. - An application submitted under paragraph (1) shall -

(A) contain an assurance that the applicant operates in a geographic area where child abuse has placed substantial strains on State and local agencies and has resulted in substantial increases in the need for services that cannot be met without funds available under this section;

(B) identify the responsible agency or agencies that will be involved in the use of funds provided under this section;

(C) contain a description of emergency situations with regard to children of substance abusers who need services of the type described in this section;

(D) contain a plan for improving the delivery of such services to such children;

(E) contain assurances that such services will be provided in a comprehensive multi-disciplinary and coordinated manner; and

(F) contain any additional information as the Secretary may reasonably require.

(d) Use of Funds. - Funds received by an entity under this section shall be used to improve the delivery of services to children whose parents are substance abusers. Such services may include -

- (1) the hiring of additional personnel by the entity to reduce caseloads;
- (2) the provision of additional training for personnel to improve their ability to provide emergency child abuse prevention services related to substance abuse by the parents of such children;
- (3) the provision of expanded services to deal with family crises created by substance abuse; and
- (4) the establishment or improvement of coordination between the agency administering the grant, and -
 - (A) child advocates;
 - (B) public educational institutions;
 - (C) community-based organizations that serve substance abusing parents, including pregnant and post-partum females and their infants; and
 - (D) parents and representatives of parent groups and related agencies.

(e) Authorization of Appropriations. - There are authorized to be appropriated to carry out this section, \$40,000,000 for fiscal year 1990, and such sums as may be necessary for each of the subsequent fiscal years 1991, 1992, and 1993.

TECHNICAL ASSISTANCE TO STATES FOR CHILD ABUSE
PREVENTION AND TREATMENT PROGRAMS

Sec. 108. [42 U.S.C. 5106b]

(a) Training and Technical Assistance. - The Secretary shall provide, directly or through grants or contracts with public or private nonprofit organizations, for -

- (1) training and technical assistance programs to assist States in developing, implementing, or operating programs and procedures meeting the requirements of section 107(b)(10); and
- (2) the establishment and operation of national and regional information and resource clearinghouses for the purpose of providing the most current and complete information regarding medical treatment procedures and resources and community resources for the provision of services and treatment to disabled infants with life-threatening conditions, including -
 - (A) compiling, maintaining, updating, and disseminating regional directories of community services and resources (including the names and phone numbers of State and local medical organizations) to assist parents, families, and physicians; and
 - (B) attempting to coordinate the availability of appropriate regional education resources for health-care personnel.

(b) Limitation on Funding. - Not more than \$1,000,000 of the funds appropriated for any fiscal year for purposes of carrying out this title may be used to carry out this section.

GRANTS TO STATES FOR PROGRAMS RELATING TO THE INVESTIGATION AND PROSECUTION OF CHILD ABUSE CASES.

Sec. 109. [42 U.S.C. 5106c]

(a) Grants to States. - The Secretary, acting through the Center and in consultation with the Attorney General, is authorized to make grants to the States for the purpose of assisting States in developing, establishing, and operating programs designed to improve -

- (1) the handling of child abuse cases, particularly cases of child sexual abuse, in a manner which limits additional trauma to the child victim; and
- (2) the investigation and prosecution of cases of child abuse, particularly child sexual abuse.

(b) Eligibility Requirements. - In order for a State to qualify for assistance under this section, such State shall -

- (1) fulfill the requirements of sections 107(b) and 107(e) or receive a waiver under section 107(c);
- (2) establish a task force as provided in subsection (c);
- (3) fulfill the requirements of subsection (d); and
- (4) submit an application to the Secretary at such time and containing such information and assurances as the Secretary considers necessary, including an assurance that the State will -
 - (A) make such reports to the Secretary as may reasonably be required; and
 - (B) maintain and provide access to records relating to activities under subsections (a) and (b).

(c) State Task Forces. -

(1) General Rule. - Except as provided in paragraph (2), a State requesting assistance under this section shall establish or designate a State multidisciplinary task force on children's justice (hereinafter referred to as State task force) composed of professionals with knowledge and experience relating to the criminal justice system and issues of child abuse. The State task force shall include -

- (A) individuals representing the law enforcement community;
- (B) judicial and legal officers (including individuals involved with the defense as well as the prosecution of such cases);
- (C) child advocates;
- (D) health and mental health professionals;
- (E) individuals representing child protective service agencies;
- (F) individuals experienced in working with children with handicaps;
- (G) parents; and
- (H) representatives of parents' groups.

(2) Existing Task Force. - As determined by the Secretary, a State commission or task force established after January 1, 1983, with substantially comparable membership and functions, may be considered the State task force for the purposes of this subsection.

(d) State Task Force Study. - Before a State receives assistance under this section, the State task force shall -

(1) review and evaluate State investigative, administrative and judicial handling of cases of child abuse, particularly child sexual abuse; and

(2) make recommendations in each of the categories described in subsection (e).

The task force may make such other comments and recommendations as are considered relevant and useful.

(e) Adoption of State Task Force Recommendations. -

(1) General Rule. - Subject to the provisions of paragraph (2), before a State receives assistance under this section, a State shall adopt recommendations of the State task force in each of the following categories -

- (A) investigative, administrative, and judicial handling of cases of child abuse, particularly child sexual abuse cases, in a manner which reduces the additional trauma to the child victim and which also ensures procedural fairness to the accused;
- (B) experimental, model and demonstration programs for testing innovative approaches and techniques which may improve the rate of successful prosecution or enhance the effectiveness of judicial and administrative action in child abuse cases, particularly child sexual abuse cases, and which also ensure procedural fairness to the accused; and
- (C) reform of State laws, ordinances, regulations and procedures to provide comprehensive protection for children from abuse, particularly child sexual abuse, while ensuring fairness to all affected persons.

(2) Exemption. - As determined by the Secretary, a State shall be considered to be in fulfillment of the requirements of this subsection if -

- (A) the State adopts an alternative to the recommendations of the State task force, which carries out the purpose of this section, in each of the categories under paragraph (1) for which the State task force's recommendations are not adopted; or
- (B) the State is making substantial progress toward adopting recommendations of the State task force or a comparable alternative to such recommendations.

(f) Funds Available. - For grants under this section, the Secretary shall use the amount authorized by section 1404A of the Victims of Crime Act of 1984.

MISCELLANEOUS REQUIREMENTS RELATING TO ASSISTANCE

Sec. 110. [42 U.S.C. 5106d]

(a) Construction of Facilities. -

(1) Restriction on Use of Funds. - Assistance provided under this Act may not be used for construction of facilities.

(2) Lease, Rental or Repair. - The Secretary may authorize the use of funds received under this Act -

- (A) where adequate facilities are not otherwise available, for the lease or rental of facilities; or
- (B) for the repair or minor remodeling or alteration of existing facilities.

(b) Geographical Distribution. - The Secretary shall establish criteria designed to achieve equitable distribution of assistance under this Act among the States, among geographic areas of the Nation, and among rural and urban areas of the Nation. To the extent possible, the Secretary shall ensure that the citizens of each State receive assistance from at least one project under this Act.

(c) Prevention Activities. - The Secretary, in consultation with the task force and the board, shall ensure that a majority share of assistance under this Act is available for discretionary research and demonstration grants.

(d) Limitation. - No funds appropriated for any grant or contract pursuant to authorizations made in this Act may be used for any purpose other than that for which such funds were authorized to be appropriated.

COORDINATION OF CHILD ABUSE AND NEGLECT PROGRAMS

Sec. 111. [42 U.S.C. 5106e] The Secretary shall prescribe regulations and make such arrangements as may be necessary or appropriate to ensure that there is effective coordination among programs related to child abuse and neglect under this Act and other such programs which are assisted by Federal funds.

REPORTS

Sec. 112. [42 U.S.C. 5106f]

(a) Coordination Efforts. - Not later than March 1 of the second year following the date of enactment of the Child Abuse Prevention, Adoption and Family Services Act of 1988 and every 2 years thereafter, the Secretary shall submit to the appropriate committees of Congress a report on efforts during the 2-year period preceding the date of the report to coordinate the objectives and activities of agencies and organizations which are responsible for programs and activities related to child abuse and neglect.

(b) Effectiveness of State Programs and Technical Assistance. - Not later than two years after the first fiscal year for which funds are obligated under section 1404A of the Victims of Crime Act of 1984, the Secretary shall submit to the appropriate committees of Congress a report evaluating the effectiveness of -

(1) assisted programs in achieving the objectives of section 109; and

(2) the technical assistance provided under section 108.

DEFINITIONS

Sec. 113. [42 U.S.C. 5106g] For purposes of this title -

(1) the term "board" means the Advisory Board on Child Abuse and Neglect established under section 102;

(2) the term "Center" means the National Center on Child Abuse and Neglect established under section 101;

(3) the term "child" means a person who has not attained the lesser of -

(A) the age of 18; or

(B) except in the case of sexual abuse, the age specified by the child protection law of the State in which the child resides;

(4) the term "child abuse and neglect" means the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary;

(5) the term "person who is responsible for the child's welfare" includes -

(A) any employee of a residential facility; and

(B) any staff person providing out-of-home care;

(6) the term "Secretary" means the Secretary of Health and Human Services;

(7) the term "sexual abuse" includes -

(A) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or

(B) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;

(8) the term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and the Trust Territory of the Pacific Islands;

(9) the term "task force" means the Inter-Agency Task Force on Child Abuse and Neglect established under section 103; and

(10) the term "withholding of medically indicated treatment" means the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the treating physician's or physicians' reasonable medical judgment -

(A) the infant is chronically and irreversibly comatose;

(B) the provision of such treatment would -

(i) merely prolong dying;

(ii) not be effective in ameliorating or correcting all of the infant's life-threatening conditions; or

(iii) otherwise be futile in terms of the survival of the infant; or

(C) the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane.

AUTHORIZATION OF APPROPRIATIONS

Sec. 114. [42 U.S.C. 5106h]

(a) In General. - There are authorized to be appropriated for purposes of carrying out this title \$48,000,000 for fiscal year 1988, and such sums as may be necessary for fiscal years 1989, 1990, and 1991. Of the funds appropriated for any fiscal year under this section, except as provided in the succeeding sentence

(1) (A) \$11,000,000 shall be available for activities under sections 104, 105, and 106, and

(B) \$9,000,000 shall be available in each fiscal year for activities under sections 107(a) and 108, giving special consideration to continued funding of child abuse and neglect programs or projects (previously funded by the Department of Health and Human Services) of national or regional scope and demonstrated effectiveness,

(2) \$5,000,000 shall be available in each such year for grants and contracts under section 106(a), for identification, treatment, and prevention of sexual abuse, and

(3) \$5,000,000 shall be available in each such year for the purpose of making additional grants to the States to carry out the provisions of section 107(f).

With respect to any fiscal year in which the total amount appropriated under this section is less than \$30,000,000, no less than \$20,000,000 of the funds appropriated in such fiscal year shall be available as provided in clause (1) in the preceding sentence and of the remainder, one-half shall be available as provided for in clause (2) and one-half as provided for in clause (3) in the preceding sentence.

(b) Availability of Funds Without Fiscal Year Limitation. - The Secretary shall ensure that funds appropriated pursuant to authorizations in this title shall remain available until expended for the purposes for which they were appropriated.

TITLE II - GRANTS WITH RESPECT TO ENCOURAGING STATES TO MAINTAIN CERTAIN FUNDING MECHANISMS

FINDINGS AND PURPOSE

Sec. 201. [42 U.S.C. 5116]

(a) Findings. - The Congress finds that -

- (1) disturbing increases have occurred in recent years in the numbers of younger Americans who are abused;
- (2) many children who run away from home, who fall prey to pornography and prostitution, who suffer from a dependency on alcohol and drugs, and who become juvenile offenders, have been victims of child abuse;
- (3) research has shown that abuse tends to repeat itself, and many times parents who abuse their children were once victims themselves;
- (4) given the increased demand for treatment and crisis intervention in child abuse and neglect cases, Federal funds distributed to States are most often used for treatment and little is left for prevention efforts;
- (5) since 1980 some States have begun to recognize the critical need for prevention efforts, and trust funds (generated by surcharges on marriage licenses, birth certificates or divorce actions, or by special checkoffs on income tax returns) are being established to allow such States to pay for child abuse and neglect prevention activities despite depressed State economies and budget cutbacks;
- (6) in recognition of the increased cases of child abuse and neglect, other States have established significant funds for child abuse and neglect prevention activities through direct appropriations; and
- (7) the Nation cannot afford to ignore the importance of preventing child abuse.

(b) Purpose. - It is the purpose of this title, by providing for Federal challenge grants, to encourage States to establish and maintain trust funds or other funding mechanisms, including appropriations to support child abuse and neglect prevention activities.

DEFINITIONS

Sec. 202. [42 U.S.C. 5116a]

As used in this title -

- (1) the term "Secretary" means the Secretary of Health and Human Services; and
- (2) the term "State" means any of the several States, the District of Columbia, the Virgin Islands of the United States, the Commonwealth of Puerto Rico, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Marshall Islands, the Federated States of Micronesia, or Palau.

GRANTS AUTHORIZED

Sec. 203. [42 U.S.C. 5116b]

- (a) In General. - The Secretary is authorized, in accordance with the provisions of this title, to make grants to eligible States.
- (b) Payments. - Payments under this title may be made in any fiscal year following the fiscal year in which any State has collected funds for child abuse and neglect prevention activities through a trust fund or other funding mechanism.
- (c) Authorization of Appropriations. - For the purpose of carrying out this title, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1989 through 1991, but in no event shall amounts so appropriated exceed \$7,000,000 in any fiscal year.

STATE ELIGIBILITY

Sec. 204. [42 U.S.C. 5116c]

Any State is eligible for a grant under this title for any fiscal year if such State has established or maintained in the previous fiscal year a trust fund or other funding mechanism, including appropriations, which is available only for child abuse and neglect prevention activities, including activities which -

- (1) provide statewide educational and public informational seminars for the purpose of developing appropriate public awareness regarding the problems of child abuse and neglect;
- (2) encourage professional persons and groups to recognize and deal with problems of child abuse and neglect;

(3) make information about the problems of child abuse and neglect available to the public and organizations and agencies which deal with problems of child abuse and neglect; and

(4) encourage the development of community prevention programs, including -

(A) community-based educational programs on parenting, prenatal care, perinatal bonding, child development, basic child care, care of children with special needs, coping with family stress, personal safety and sexual abuse prevention training for children, and self-care training for latchkey children; and

(B) community-based programs relating to crisis care, aid to parents, child-abuse counseling, peer support groups for abusive or potentially abusive parents and their children, lay health visitors, respite or crisis child care, and early identification of families where the potential for child abuse and neglect exists.

LIMITATIONS

Sec. 205. [42 U.S.C. 5116d]

(a) Amount of Grant. -

(1) In General. - Any grant made to any eligible State under this title in any fiscal year shall be equal to the lesser of -

(A) 25 percent of the total amount made available by such State for child abuse and neglect prevention activities and collected in the previous fiscal year in a trust fund (excluding any interest income from the principal of such fund) or through any other funding mechanism, including appropriations; or

(B) an amount equal to 50 cents times the number of children residing in such State according to the most current data available to the Secretary.

(2) Definition. - For purposes of paragraph (1)(B), the term "children" means individuals who have not attained the age of majority, as defined by such State.

(b) Application. -

(1) Requirements. - No grant may be made to any eligible State unless an application is made to the Secretary at such time, in such manner, and containing or accompanied by such information as the Secretary deems essential to carry out the purposes and provisions of this title. Each application shall -

(A) specify that the trust fund advisory board, or in States without a trust fund mechanism, the State liaison agency to the National Center on Child Abuse and Neglect, established by section 101, will be responsible for administering and awarding of the Federal grants to eligible recipients carrying out activities described in section 204;

(B) provide assurances that any assistance received under this title shall not be used as a source for non-Federal funds for the matching requirements of any other provision of Federal law; and

(C) provide for keeping records and making such reasonable reports as the Secretary deems essential to carry out the purposes and provisions of this title.

(2) Approval - The Secretary shall approve any application that meets the requirements of this subsection, and the Secretary shall not disapprove any such application except after reasonable notice of the Secretary's intention to disapprove and opportunity for a hearing with respect to the disapproval.

WITHHOLDING

Sec. 206. [42 U.S.C. 5116e]

Whenever the Secretary, after reasonable notice to any State and opportunity for hearing within the State, finds that there has been a failure to comply with any provision of this title, the Secretary shall notify the State that further payments will not be made under this title until the Secretary is satisfied that there is no longer any such failure to comply. Until the Secretary is so satisfied, no further payments shall be made under this title.

AUDIT

Sec. 207. [42 U.S.C. 5116f]

The Comptroller General of the United States, and any of his duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of any applicant and any other entity receiving assistance under this title that are pertinent to the sums received and disbursed under this title.

REPORT

Sec. 208. [42 U.S.C. 5116g]

The Secretary shall prepare and submit to the Congress at the end of each year a compilation and analysis of any reports submitted by eligible States under section 205(b)(1)(C).

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TITLE III - CERTAIN PREVENTIVE SERVICES REGARDING CHILDREN
OF HOMELESS FAMILIES OR FAMILIES AT RISK OF HOMELESSNESS

DEMONSTRATION GRANTS FOR PREVENTION OF INAPPROPRIATE SEPARATION
FROM FAMILY AND FOR PREVENTION OF CHILD ABUSE AND NEGLECT

Sec. 301.

(a) Establishment of Program. - The Secretary may make grants to entities described in subsection (b)(1) for the purpose of assisting such entities in demonstrating, with respect to children whose families are homeless or at risk of becoming homeless, the effectiveness of activities undertaken to prevent -

(1) the inappropriate separation of such children from their families on the basis of homelessness or other problems regarding the availability and conditions of housing for such families; and

(2) the abuse and neglect of such children.

(b) Minimum Qualifications of Grantees. -

(1) In general. - The entities referred to in subsection (a) are State and local agencies that provide services in geographic areas described in paragraph (2), and that have authority -

(A) for removing children, temporarily or permanently, from the custody of the parents (or other legal guardians) of such children and placing such children in foster care or other out-of-home care; or

(B) in the case of youths not less than 16 years of age for whom such a placement has been made, for assisting such youths in preparing to be discharged from such care into circumstances of providing for their own support.

(2) Eligible geographic areas. - The geographic areas referred to in paragraph (1) are geographic areas in which homelessness and other housing problems are -

(A) threatening the well-being of children; and

(B) (i) contributing to the placement of children in out-of-home care;

(ii) preventing the reunification of children with their families; or

(iii) in the case of youths not less than 16 years of age who have been placed in out-of-home care, preventing such youths from being discharged from such care into circumstances of providing their own support without adequate living arrangements.

(3) Cooperation with appropriate public and private entities. - The Secretary shall not make a grant under subsection (a) unless the agency involved has entered into agreements with appropriate entities in the geographic area involved (including child welfare agencies, public housing agencies, and appropriate public and nonprofit private entities that provide services to homeless families) regarding the joint planning, coordination and delivery of services under the grant.

(c) Requirement of Matching Funds. -

(1) In general. - The Secretary shall not make a grant under subsection (a) unless the agency involved agrees that, with respect to the costs to be incurred by such agency in carrying out the purpose described in such subsection, the agency will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount equal to not less than \$1 for each \$4 of Federal funds provided in such grant.

(2) Determination of amount of non-federal contribution. - Non-Federal contributions required under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

PROVISIONS WITH RESPECT TO CARRYING OUT PURPOSE OF DEMONSTRATION GRANTS

Sec. 302.

(a) Joint Training of Appropriate Service Personnel. -

(1) In general. - The Secretary shall not make a grant under section 301(a) unless the agency involved agrees to establish, with respect to the subjects described in paragraph (2), a program for joint training concerning such subjects, for appropriate personnel of child welfare agencies, public housing agencies, and appropriate public and private entities that provide services to homeless families.

(2) Specification of training subjects. - The subjects referred to in paragraph (1) are -

(A) the relationship between homelessness, and other housing problems, and the initial and prolonged placement of children in out-of-home care;

(B) the housing-related needs of families with children who are at risk of placement in out-of-home care; and

(C) resources (including housing-related assistance) that are available to prevent the initial or prolonged placement in out-of-home care of children whose families are homeless or who have other housing problems.

(b) Additional Authorized Activities. - In addition to activities authorized in subsection (a), a grantee under section 301 (a) may expend grant funds for -

(1) the hiring of additional personnel to provide assistance in obtaining appropriate housing--

(A) to families whose children are at imminent risk of placement in out-of-home care or who are awaiting the return of children placed in such care; and

(B) to youth who are preparing to be discharged from such care into circumstances of providing for their own support;

(2) training and technical assistance for the personnel of shelters and other programs for homeless families (including domestic violence shelters) to assist such programs -

(A) in the prevention and identification of child abuse and neglect among the families the programs served; and

(B) in obtaining appropriate resources for families who need social services, including supportive services and respite care;

(3) the development and dissemination of informational materials to advise homeless families with children and others who are seeking housing of resources and programs available to assist them; and

(4) other activities, if authorized by the Secretary, that are necessary to address housing problems that result in the inappropriate initial or prolonged placement of children in out-of-home care.

ADDITIONAL REQUIRED AGREEMENTS

Sec. 303.

(a) Reports to Secretary. - The Secretary shall not make a grant under section 301 (a) unless the agency involved agrees that such agency will -

(1) annually prepare and submit to the Secretary a report describing the specific activities carried out by the agency under the grant; and

(2) include in the report submitted under paragraph (1), the results of an evaluation of the extent to which such activities have been effective in carrying out the purpose described in such section, including the effect of such activities regarding -

(A) the incidence of placements of children in out-of-home care;

(B) the reunification of children with their families; and

(C) in the case of youths not less than 16 years of age who have been placed in out-of-home care, the discharge of such youths from such care into circumstances of providing for their own support with adequate living arrangements.

(b) Evaluation by the Secretary. - The Secretary shall conduct evaluations to determine the effectiveness of demonstration programs supported under section 301 (a) in -

(1) strengthening coordination between child welfare agencies, housing authorities, and programs for homeless families;

(2) preventing placements of children into out-of-home care due to homelessness or other housing problems;

(3) facilitating the reunification of children with their families; and

(4) in the case of youths not less than 16 years old who have been placed in out-of-home care, preventing such youth from being discharged from such care into circumstances of providing their own support without adequate living arrangements.

(c) Report to Congress. -

(1) Preparation of list. - Not later than April 1, 1991, the Secretary, after consultation with the Secretary of Education, the Secretary of Housing and Urban Development and the Secretary of Labor, shall prepare and submit to the Committee on Education and Labor of the House of Representatives and the Committee on Labor and Human Resources of the Senate a list of Federal programs that provide services, or fund grants, contracts, or cooperative agreements for the provision of services, directed to the prevention of homelessness for families whose children are at risk of out of home placement and the incidence of child abuse that may be associated with homelessness, that shall include programs providing--

- (A) rent, utility, and other subsidies;
- (B) training; and
- (C) for inter-agency coordination, at both the local and State and Federal level.

(2) Contents of list. - The list prepared under paragraph (1) shall include a description of -

- (A) the appropriate citations relating to the authority for such programs;
- (B) entities that are eligible to participate in each such program;
- (C) authorization levels and the annual amounts appropriated for such programs for each fiscal year in which such programs were authorized;
- (D) the agencies and divisions administering each such program;
- (E) the expiration date of the authority of each such program; and
- (F) to the extent available, the extent to which housing assistance under such programs can be accessed by child welfare and other appropriate agencies.

(3) Report. - Not later than March 1, 1993, the Secretary shall prepare and submit to the appropriate committees of Congress a report that contains a description of the activities carried out under this title, and an assessment of the effectiveness of such programs in preventing initial and prolonged separation of children from their families due to homelessness and other housing problems. At a minimum the report shall contain -

- (A) information describing the localities in which activities are conducted;
- (B) information describing the specific activities undertaken with grant funds and, where relevant, the numbers of families and children assisted by such activities;
- (C) information concerning the nature of the joint training conducted with grant funds;
- (D) information concerning the manner in which other agencies such as child welfare, public housing authorities, and appropriate public and nonprofit private entities are consulting and coordinating with existing programs that are designed to prevent homelessness and to serve homeless families and youth; and
- (E) information concerning the impact of programs supported with grant funds under this title on--
 - (i) the incidence of the placement of children into out-of-home care;
 - (ii) the reunification of children with their families; and
 - (iii) in the case of youth not less than 16 years of age who have been placed in out-of-home care, the discharge of such youths from such care into circumstances of providing for their own support with adequate living arrangements.

(d) Restriction on Use of Grant. - The Secretary may not make a grant under section 301(a) unless the agency involved agrees that the agency will not expend the grant to purchase or improve real property.

DESCRIPTION OF INTENDED USES OF GRANT

Sec. 304. The Secretary shall not make a grant under section 301(a) unless -

- (1) the agency involved submits to the Secretary a description of the purposes for which the agency intends to expend the grant;
- (2) with respect to the entities with which the agency has made agreements pursuant to section 301(b)(1), such entities have assisted the agency in preparing the description required in paragraph (1); and
- (3) the description includes a statement of the methods that the agency will utilize in conducting the evaluations required in section 303(a)(2).

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REQUIREMENT OF SUBMISSION OF APPLICATION

Sec. 305. The Secretary shall not make a grant under section 301(a) unless an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in section 304, and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this title.

AUTHORIZATION OF APPROPRIATIONS

Sec. 306.

- (a) In General. - For the purpose of carrying out this title, there are authorized to be appropriated \$12,500,000 for fiscal year 1992.
- (b) Availability of Appropriations. - Amounts appropriated under subsection (a) shall remain available until expended.

APPENDIX D

List of Recommendations in the 1990 Report of the U.S. Advisory Board on Child Abuse and Neglect *Child Abuse and Neglect: Critical First Steps in Response to a National Emergency*

A. RECOGNIZING THE NATIONAL EMERGENCY

RECOMMENDATION #1:

The Board urges each citizen to recognize that a serious emergency related to the maltreatment of children exists within American society and to join with all other citizens in resolving that its continued existence is intolerable.

RECOMMENDATION #2:

The Board urges each citizen to demand that his or her elected officials at all levels publicly acknowledge that the American child protection emergency exists, and, having so acknowledged this emergency, take whatever steps are necessary--including the identification of new revenue sources--to rehabilitate the nation's child protection system.

RECOMMENDATION #3:

The Board urges the U.S. Congress, State legislatures, and local legislative bodies to view the prevention of child abuse and neglect as a matter of national security and, as such, to increase their support for basic necessities, such as housing, child care, education, and prenatal care for low income families including the working poor, the absence of which has been linked to child abuse and neglect.

B. PROVIDING LEADERSHIP

RECOMMENDATION #4:

The Board urges the President to become the visible and effective leader of a renewed Federal effort to prevent the maltreatment of American children and to help the nation better serve those children who have been abused and neglected.

RECOMMENDATION #5:

The Board urges each Governor to become the visible and effective leader of a renewed State effort to prevent the maltreatment of children and to assure that child victims of abuse and neglect receive appropriate services.

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RECOMMENDATION #6:

The Board urges each Mayor and County Executive to become personally involved in improving the delivery of services related to the prevention and treatment of child abuse and neglect.

RECOMMENDATION #7:

The Board urges legislative bodies at all levels to join with the President, Governors, and County Executives and Mayors in a renewed national commitment to child protection by providing the funds necessary to prevent and treat child abuse and neglect.

RECOMMENDATION #8:

The Board urges national scientific societies and professional associations to undertake major initiatives to stimulate the development of knowledge about child abuse and neglect and the improvement of the child protection system and to diffuse such knowledge to their members, policymakers, and the general public.

C. COORDINATING EFFORTS

RECOMMENDATION #9:

The Secretary of Health and Human Services, in conjunction with his counterparts within the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should identify and eliminate barriers which stand in the way of providing coordinated community services related to the protection of children.

RECOMMENDATION #10:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Director of the Office of National Drug Control Policy in the White House should take steps to assure that all relevant aspects of the national effort to control substance abuse are coordinated with efforts to prevent and treat child abuse and neglect. These steps should begin immediately and should be made apparent to the public. All steps taken at the national level should be coordinated with relevant State and local "front-line" programs.

RECOMMENDATION #11:

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should undertake joint efforts to address the issue of fatal child abuse and neglect caused by family members and other caretakers. These efforts should include the identification and vigorous dissemination to State and local governments of models for: (a) prevention of serious and fatal child abuse and neglect; (b) multidisciplinary child death case review; and (c) identification and response to child abuse and neglect fatalities by the social services, public health, and criminal justice systems.

D. GENERATING KNOWLEDGE

RECOMMENDATION #12:

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take whatever steps are necessary to establish a Federal data collection system that provides a comprehensive national picture of child maltreatment and the response to it by the several governments of the United States. This new system should insure: accurate, annual, uninterrupted, consistent, and timely data collection; mandatory participation from the States; and a focus on actual incidence, reported incidence, and the operation and effectiveness of all aspects of the child protection system. This new system should be designed and implemented either by the Bureau of the Census or the Centers for Disease Control, working in collaboration with leading experts on child maltreatment.

RECOMMENDATION #13:

The Secretary of Health and Human Services should launch a major coordinated initiative involving all relevant components of the Department of Health and Human Services to promote the systematic conduct of research related to child abuse and neglect.

RECOMMENDATION #14:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should launch a major initiative to use multidisciplinary knowledge about what works as the cornerstone of Federal efforts to rehabilitate the quality of the child protection system. This initiative should include the translation of what is already known about interventions that produce positive results. It should also include the evaluation of possible systemic improvements the value of which has not yet been established.

RECOMMENDATION #15:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the nation's private foundations that have an interest in children, should launch a major initiative to increase both the number and the professional qualifications of individuals conducting knowledge-building activities on child abuse and neglect. The initiative should include the active encouragement of noted researchers from other fields in the social, behavioral, and health sciences to do work in this area.

E. DIFFUSING KNOWLEDGE

RECOMMENDATION #16:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should take whatever steps are necessary to assure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, consistent state-of-the-art information on child abuse and neglect. Such steps should include establishing a permanent governmental unit from which this information is available.

RECOMMENDATION #17:

Leaders of the media should join in a campaign to promote public understanding of the child protection emergency and the most effective ways of addressing it, including coverage of the complexity and seriousness of the emergency and the alternatives for dealing with it.

F. INCREASING HUMAN RESOURCES

RECOMMENDATION #18:

The Secretary of Health and Human Services, the U.S. Congress, their counterparts in State governments, and the Governors of the several States, in concert with professional associations and organizations, should take concrete steps to establish the position of public agency "child protective services caseworker" as a professional specialty with commensurate minimum entry-level educational requirements, salary, status, supervision, administrative support, and continuing education requirements.

RECOMMENDATION #19:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to establish minimum educational requirements for the position of public agency CPS caseworker in agencies which receive Federal financial support. Such requirements should provide for the substitution of appropriate experience for education.

RECOMMENDATION #20:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to assure that all public agency CPS caseworkers systematically receive adequate pre-service and in-service continuing training for the proper performance of their duties. Such training should be offered at different levels in keeping with the differing needs and responsibilities of CPS caseworkers, and should reflect emerging issues in the field.

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RECOMMENDATION #21:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts at the State and County levels, in concert with private sector support should take the necessary steps to establish acceptable caseload standards so as to reduce the caseload sizes of public agency CPS caseworkers in agencies which receive Federal financial support. A part of this initiative should be the recruitment and maintenance of a sufficient number of qualified staff so that services can be provided at the acceptable caseload level.

RECOMMENDATION #22:

State and local social services officials should launch an aggressive campaign to recruit new CPS caseworkers representative of the racial, ethnic, and cultural composition of the child maltreatment caseload population.

RECOMMENDATION #23:

The Secretary of Health and Human Services and the Secretary of Education (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take concrete steps to assure a steady increase in the total number of the nation's professionals who possess the necessary competence and skill to participate effectively in the protection of children. Such steps should include: the development, introduction and expansion of curricula and clinical programs concerned with child abuse and neglect in all the nation's institutions of higher learning; the replication and institutionalization of models for the interdisciplinary training of graduate students preparing for work in child protection; and the establishment of a new program of Presidential or Secretarial Child Maltreatment Fellowships for graduate students willing to commit themselves to entering the field.

G. PROVIDING AND IMPROVING PROGRAMS

RECOMMENDATION #24:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that comprehensive, multidisciplinary child abuse and neglect treatment programs are available to all who need them.

RECOMMENDATION #25:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that efforts to prevent the maltreatment of children are substantially increased. Such efforts, at a minimum, should involve a significant expansion in the availability of home visitation and follow-up services for all families of newborns.

RECOMMENDATION #26:

The U.S. Congress and State and local legislative bodies should ensure that, in any expansion of programs concerned with child abuse and neglect, resources devoted to prevention and resources devoted to treatment do not come at the expense of each other.

RECOMMENDATION #27:

The headquarters or regional units of private sector organizations--voluntary, religious, civic, philanthropic, and entrepreneurial--should take the necessary steps to increase significantly the involvement of their local affiliates and outlets, members, or employees in efforts to support and strengthen families as well as to prevent and treat child abuse and neglect. At a minimum the efforts for which increased involvement is encouraged should include: participation in neighborhood home visitation networks; participation in formal volunteer programs; the introduction of workplace measures aimed at reducing familial stress; participation in programs aimed at increasing greater accountability within the child protection system; and the promotion of greater awareness of the child protection emergency, as well as advocacy for more enlightened public policies in response to it. Government at all levels should facilitate the development of public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect.

RECOMMENDATION #28:

The Attorney General, the U.S. Congress, the State legislatures, the Chief Justice of each State's highest court, and the leaders of the organized bar should assure that all State and local courts handling the large numbers of civil and criminal child abuse and neglect cases coming before the court system promptly and fairly resolve these cases. Prompt and fair resolution will require sufficient resources including: (a) adequate numbers of well-trained judges, lawyers, and court support staff, as well as manageable caseloads that take into account the complex and demanding nature of child abuse and neglect litigation; (b) specialized judicial procedures that are sensitive to the needs of children and families; (c) improved court-based diagnostic and evaluation services; and (d) greater educational opportunities for all professional personnel involved in such proceedings. Courts hearing child maltreatment cases must also be given the funding and status befitting these most important of judicial tribunals. These officials should also take steps to assure that every child has independent advocacy and legal representation, and every CPS caseworker is effectively represented by counsel throughout the judicial process.

RECOMMENDATION #29:

The Secretary of Education and his counterparts in State and local educational agencies, in concert with the leaders of all relevant national educational organizations and their State and local affiliates, should launch a major initiative to establish and strengthen the role of every public and private school in the nation in the prevention, identification, and treatment of child abuse and neglect.

H. PLANNING FOR THE FUTURE

RECOMMENDATION #30:

The U.S. Congress should direct an appropriate research agency to determine the cost of developing and implementing a comprehensive national program for the prevention and treatment of child abuse and neglect, as well as the projected cost of not developing and implementing such a program.

RECOMMENDATION #31:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the National Governors Association, the U.S. Conference of Mayors, and the National Association of Counties, should develop a model planning process aimed at generating plans for the coordinated, comprehensive, community-based prevention, identification, and treatment of abuse and neglect, and take appropriate steps to assure that the model process is implemented throughout the nation.

September 5, 1991

Richard D. Krugman, M.D.
Chairman
U.S. Advisory Board on Child Abuse and Neglect
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Krugman:

The purpose of this letter is to communicate our reservations about the Second Report of the U.S. Advisory Board on Child Abuse and Neglect, "Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect."

We recognize and appreciate the tremendous amount of effort that the report represents. Indeed, the report will play a vital role in raising public consciousness about the continued crisis in child protection in America. We are entirely supportive of the goals of the report, and continue to applaud its endorsement of the concept of a neighborhood-based, integrated service system as the preferred approach to addressing the problem of child maltreatment.

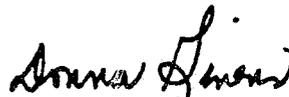
However, we would like to clarify that we do not agree with all the findings, recommendations and options. For example, we believe that the Board report focusses inordinately on criticizing and judging decisions and actions which were taken in the past. Further, many of the options which suggest future actions are prescriptive and appear to be an attempt to dictate inappropriately the details of implementation. For example, Recommendation D-10, "Providing Adequate Funding for the New Specially Targeted Efforts", prescribes specific changes in Office of Management and Budget (OMB) processes and procedures. We believe that such suggestions are inconsistent with the Board's proper role. We also note that the plethora of options makes it more difficult to clearly discern which activities would be most effective in accomplishing the goal of creating caring communities.

We appreciate the opportunity to express our views.

Sincerely,



Betsy Brand
Assistant Secretary
for Vocational and Adult
Education
U.S. Department of Education



Donna N. Givens
Deputy Assistant Secretary
for Children and Families
U.S. Department of Health and
Human Services