





**A POCKET GUIDE
FOR
HELPING TO PREVENT
CHILD ABUSE
AND NEGLECT
IN YOUR COMMUNITY**

MADE BY MPCWRC

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INTRODUCTION

Child abuse and neglect is a gnarled and twisted problem that yields no clear and simple solutions. It is a problem that generates intense emotions, particularly when its more spectacular manifestations are emphasized. Among members of the general public these emotions often lead to actions which may not be effective in stopping or preventing child abuse and neglect. Or the emotions may be so strong that people are not able to deal with them at all and consequently ignore the problem. These two courses of action (or inaction) are also often taken by professionals. Feeding on aroused emotions or placing blame solely on parents, on over-worked professionals, on understaffed agencies, are reactions which do little to resolve the problem. These reactions do nothing to prevent future occurrences. It is society's problem.

However, there is some hope. If attacked with a well-thought-out, comprehensive, community-based approach, child abuse and neglect is a problem that can be alleviated or eliminated. This has been our experience. In developing materials for this pamphlet it was our hope to share some of the tools we have found useful. This then is a *Pocket Guide* of basic ideas and materials for those people who are interested in working toward a lasting solution to the problem of child abuse and neglect. This includes both professionals and concerned citizens.

As it is a *Pocket Guide* it is not a complete listing of resources that exist or a description of what will work in your community. It is in the exploration of resources and experimentation with possibilities that you will discover what works for your community. Our feeling is that you can do something. We stand ready to help as do others within your own community.

In preparing this pamphlet, we relied on the best knowledge available to us. We appreciate the contributions of Dr. Newberger and Dr. Chilman as well as of those whose materials we have incorporated in a modified manner.

The Community Minimessages were originally developed to be used in a telephone dial-a-message service and they are included here not only for their informational content, but also as examples of the types of community service announcements that might be used in a community education program. The Checklist of Programs, the Checklist of Community Resources, and Finding Out More are not intended to be comprehensive listings but rather basic lists to be added to and revised by individual users of this pamphlet.

These materials may be reproduced by agencies or community groups with the insertion of appropriate local names and phone numbers. Or additional copies can be obtained at cost from the Midwest Parent-Child Welfare Resource Center. However, we would appreciate knowing how it is used and what the results are so that we can make necessary modifications.

— THOMAS BELL
Information Specialist
Midwest Parent-Child Welfare Resource Center

CONTENTS

Introduction	2
Community Minimessages	
Where to Get Help	5
Guidelines to Help Teachers and Child Care Workers Recognize Children and Families-at-Risk	6
Signs of Child Abuse and What To Do About Them	7
Should I Get Involved in My Neighbor's Problem?	8
When Is Discipline Child Abuse?	9
Is Your Home Safe?	10
A Pediatrician's Message to Professionals	11
Dr. Eli Newberger, Director, Family Development Study, Boston Children's Hospital	
A Message to Citizens	14
Adrienne Haeuser, Director, Midwest Parent-Child Welfare Resource Center	
Checklist of Programs	16
Checklist of Community Resources	22
Finding Out More	24

WHERE TO GET HELP

When a family needs help related to child abuse or neglect, the possibility that child abuse or neglect might occur, or because of a stress or crisis, the most accessible and helpful resources are their own personal ones along with caring relatives, neighbors and friends. When these resources are limited or when pressure is too overwhelming for the family to deal with by itself, appropriate community resources should be enlisted to assist the family before the problem becomes worse.

In some communities hotlines provide telephone counseling, information, and referral on an anonymous basis and often serve as a supportive link between the caller and other community resources. Parents Anonymous chapters offer supportive services to families who are having problems with parenting. Counseling is also available from county welfare departments, county health departments, and community mental health clinics. In some communities, private agencies also offer supportive family services and counseling.

Child protective services' telephone number
in this community is _____.

Other helpful local telephone numbers:

AGENCY OR PROGRAM	NUMBER
Parents Anonymous	

GUIDELINES TO HELP TEACHERS AND CHILD CARE WORKERS RECOGNIZE CHILDREN AND FAMILIES-AT-RISK

Teachers and child care workers are frequently in contact with children who are neglected or abused. Being alert to the warning signs which suggest possible or actual abuse or neglect is the first step in bringing help to children and families-at-risk. Specific warning signs of a family-at-risk are apparent in the child, in the parents and in the home and family situation.

In observing the child, note:

1. Is he aggressive, disruptive, destructive? Such a child may be trying desperately to get attention. He may be shouting for help.
2. Is the child shy, withdrawn, passive, or "too eager" to please? His cry for help may be merely a whisper.
3. Is the child habitually absent or late? Are the reasons frequently flimsy?
4. Does the child arrive at school unreasonably early or linger at the end of the day?
5. Is the child appropriately dressed for the weather? Is his clothing torn or unlaundered? Is the child unbathed to the point where he smells and the other children avoid him?
6. Does the child appear undernourished? Is he coming to school without breakfast? Does he go without lunch?
7. Is the child always tired and listless? Does he fall asleep in school?
8. Does the child appear to need medical attention? Glasses? Dental work?
9. Does the child have bruises, welts, or other suspicious injuries? Does he complain about beatings or other harsh punishment?

In observing the parents, note:

1. Are they aggressive or non-responsive when approached about problems concerning their child?
2. Is the behavior of the parents, as observed by staff or as related by the child, bizarre and strange?
3. Do the parents show little concern about the child and what he is doing? Do they not participate in school activities or forbid the child's participation?
4. Are there other concerns about the family? Is the family isolated from relatives, friends and neighbors? Has the family recently moved? Do they move frequently?
5. Is there a serious or long term illness in the family — mental or physical? Has there been a recent divorce, separation or marriage in the home? A family death? Have there been other recent crisis situations or problems in the home such as unemployment, drug abuse, alcoholism, or mental retardation?

If you and your staff can answer yes to MANY of these questions for a particular child and his family, the next step is to offer a helping hand to this family *and* to make an appropriate referral to a community resource. Abuse and neglect are *rarely* willful or deliberate. In fact, *most* parents want to be good parents. Therefore, early identification and referral of families-at-risk is crucial in helping families to be healthy.

SIGNS OF CHILD ABUSE AND WHAT TO DO ABOUT THEM

Abused children are likely to share several of the following characteristics:

1. They appear to be different from other children in physical or emotional makeup. Their parents may describe them as "different" or "bad."
2. They seem afraid of or unduly respectful of their parents.
3. They may show evidence of overall poor care or specific injuries, often inadequately treated.
4. They may be immaculate and show evidence of meticulous physical care, hiding psychological maltreatment.
5. They may be either extremely aggressive and destructive or passive and withdrawn.
6. They may be apprehensive of any physical contact initiated by an adult.
7. They may take over the role of the parent, attempting to meet the parent's needs.
8. They may have learning and school problems.
9. They may come from families which seem to live in isolation without relatives or friends.
10. They may have parents who anger quickly or who have unrealistic expectations about the children's behavior.

If these signs describe a neighbor's child, a child you know in a classroom or a child you know in some other way, call child protective services at your local county department of public welfare.

If you are not sure whether the child is being abused or neglected according to the signs listed above, it is best to call child protective services anyway, as the worker taking your call will be able to help you determine whether a report is appropriate. These services are sometimes available twenty-four hours a day and are mandated by law to investigate complaints of child abuse — it is not absolutely necessary for you to give your own name in asking these programs to investigate, and by law you are immune from any liability in reporting a possible case to a child protective services program.

SHOULD I GET INVOLVED IN MY NEIGHBOR'S PROBLEM?

Parents who abuse or neglect children are not monsters. They are people who desperately want and need help. How can we help? How can we get involved?

First of all, we can help by understanding some of the things that may cause child abuse and neglect, things like stress, depression, lack of knowledge about how to care for children, and their being abused or neglected themselves as children.

Second, as we begin to understand some of these causes, we can offer help. Help can be offered in many ways. Help can be: offering a cup of coffee and a chance to talk; offering to babysit so a parent can have time to catch up with work or just have a chance to relax; going with a parent for medical, financial, or social services.

But what if the neighbor refuses help? Again, it is important to remember that very few parents really want to injure their child, but because the parent is upset, the child is being hurt. If your offer to help is refused, you should know that you can call child protective services to explain your concern. Child protective services in your local county welfare department has legal responsibility to work with parents and children around the problems of abuse and neglect. Legal responsibility means that, under law, children have a right to be protected from abuse and neglect. That is why child protective services also can use your help. They will meet with the parents and then work with the parents and children toward preventing further abuse and neglect. You may again offer your help and involvement because child abuse and neglect must be stopped. Child abuse and neglect not only causes individual tragedies but hurts society as a whole.

Should I get involved in my neighbor's problem? Yes!

WHEN IS DISCIPLINE CHILD ABUSE?

Discipline from an angry, upset parent can be abusive, and abuse can cause emotional as well as physical injury to a child. Discipline is abusive when punishment is completely uncalled for or when discipline is out of proportion to what has happened.

Discipline should be thought of as the managing that parents do *only* until children can manage themselves. This self-management or self-discipline is learned gradually and is very dependent on how children feel about themselves. Discipline should teach and help children develop self-control and should not be humiliating, punitive or manipulative.

For example, while parents should accept children's anger and frustration, children cannot be permitted to take their anger out on a brother or sister or by breaking a toy. The event, however, can be used to learn self-discipline if the parent will take a moment to teach. The teaching also gives children the parent's attention when this attention is needed most. The parent can say, "Tell me why you are angry and let's try to solve the problem, *but* you cannot hurt your brother or break your toy." When parents think of discipline as teaching, they may also find that they can better control their frustration with their children's misbehavior.

Dr. Catherine Chilman, Professor at the School of Social Welfare, The University of Wisconsin—Milwaukee (also parent and grandmother), writes that parents must try to control their feelings and to remember some basic rules:

1. The most important things that parents can give their children are: a) steady, supporting love, and b) firm, mild, consistent discipline.
2. Praise children for what they do right; this makes them want to do it again.
3. Rules should be few, with the reasons for these rules clearly explained. Mild, firm discipline should be given as soon as a child breaks a rule.
4. Rules should fit the child's age and be related to the child's safety as well as the rights of others. Younger children need simple rules that change as they grow older.
5. When children are naughty, look for reasons. They may be sick, upset about a problem, bored, or need your loving attention. Try to treat causes rather than to merely punish.
6. Lastly, and very importantly, try to get enough rest, enjoyment, and companionship for yourself. When you are upset, it is much harder to be loving but firm with your children.

IS YOUR HOME SAFE?

Most parents understand the importance of a house which is physically safe for children.

Parents should also be aware of the psychological and emotional climate in the home. This climate includes their own feelings about life and about their children. Most parents do not know how to make sure that infants and children are not in danger ("at risk") of potential abuse or neglect.

Four things are usually present when a parent abuses a child:

1. A PARENT. A parent with this potential is usually a parent who himself or herself was physically or mentally abused as a child.
2. A CHILD. This is generally a particular child who causes the parent special or continuous anxiety.
3. A CRISIS. This crisis can be of any kind, prolonged or immediate. Child abuse may be precipitated by prolonged stress such as illness, marital problems, financial difficulties, or job frustration.
4. ISOLATION. Child abuse usually occurs when parents are isolated from family, friends, and community sources of help.

Parents who think they themselves may have been physically or mentally injured on one or more occasions by their own parents will especially want to ask themselves the following questions:

1. Does one or more of my children "get on my nerves" much or most of the time?
2. Am I treating this particular child the way my parents treated me? If you answer YES to these two questions, also ask yourself:
3. What kinds of current or prolonged stress am I under and can I do anything to relieve this?
4. Can I handle crises without "blowing up" or taking my anger or frustration out on my child or children?
5. Are there members of my family or friends or community resources that I can call upon for help or just to talk things over?
6. Do I really know much about caring for a baby and about child development?

If you answer NO to these additional questions, you can best protect your children's safety by seeking assistance, and the earlier this is done the better, but it is rarely ever too late. Also, you can be sure that you are not alone in wanting help.

A PEDIATRICIAN'S MESSAGE TO PROFESSIONALS

In protective service practice, too often our first impulse on seeing a child who has been abused is to separate the child from the parents. One of the big problems we have in this field right now is that entirely too many children are going into foster home care, and no consideration is given to the many other ways in which families can be safely kept together. In *good* protective service work one tries through a variety of supports to enable families to keep their children with them and to maintain the family intact. But the support and therapy services we make available to families are very often provided by different professional and nonprofessional people in different institutions, and often communication among them is very difficult.

For those of you who are not intimately familiar with protective service work, let me list some of the services which one should think about when one sees a case of abuse or neglect. Admittedly these services are not available everywhere in this country; but it is hoped that at some point, some of them will become universally available:

1. Social services and child development services or counseling about children's development and how one, as an adult, takes responsibility for supporting a child's growth.

2. Day care services and the many other supports that are now being built around day care, such as health services and counseling services.

3. Homemaker services, which, in my experience, frequently can be life-saving for families, in that they help parents organize their lives effectively and give them distance, when needed, from their children.

4. Public health/nursing services.

These are some of the elements of good protective service work. But we all know how difficult it is to communicate with people whose offices are in other buildings; whose professional ethics and professional jargon very often constrain them from communicating effectively with us. It is very difficult to communicate with people who don't speak your language as a professional. This is particularly true in the crisis situation of child abuse management, where the cases themselves are so urgent and where the parents and the kids sometimes make you very angry.

To effectively provide services to families whose children are in jeopardy, the ability to establish and maintain communication links with other people in other institutions is very important. I suspect that each of us who has worked in this field can think of one or two professionals whom we would sooner never see again. Some of this, I'm afraid, has to do with the way we train our professionals. It concerns me. For example, doctors are schooled in giving orders to people, and social workers often get angry when doctors give the orders. Very often, nurses and social workers may be the only people who are able effectively to see and understand the family context in which abuse and neglect problems occur and yet, equally often, they don't have the decision-making prerogatives — say around the admission or discharge of the child to or from the hospital or whether or not a case gets heard before a court — that the more high-prestige

professionals have. So there are many factors that make it difficult — sometimes impossible — for us to communicate effectively.

A matter which concerns and perplexes me and many other professionals in this field is the reluctance of professionals to classify children from middle and upper class families as victims of child abuse or neglect. In medicine, we have a whole vocabulary for children's injuries — terms like "ecchymoses," which means "bruises," and "head trauma," and a term that we use most frequently, "accidents" — where the implication is of an isolated, random event with no hint of parental cause or responsibility. These terms are less often applied to the children of poor, minority or socially marginal families, who are much more likely to be labeled "abused" or "neglected." And this, unfortunately, perpetuates the illusion that child abuse is a phenomenon of poverty. Clearly, it is not. But the trouble is that when problems in this country appear to be poor people's problems, we don't respond with the same resources, with the same compassion, with the same quality of professional services that we do when problems are considered everybody's problems. Those of us in protective service work who are frustrated by having insufficient resources available for families in which child abuse and neglect occur should recognize that we really do deal with what is identified as a poor people's problem.

Now, this is by way of a general public policy discussion, but it is not of incidental interest to those of us in the professions. It has to do with why, for example, in 1977, under the federal Child Abuse Prevention and Treatment Act, there is only \$20 million available — really a pittance when one considers the size of the problem. And why, in every state, Departments of Public Welfare, which are the agencies generally assigned to deal with child abuse and neglect, have not been able to attract resources nearly commensurate with the soaring number of case reports.

There are reasons child abuse appears to be a problem of poverty. Most important, I'm afraid, is the value-laden nature of the labels "child abuse" and "child neglect." These labels really imply that the parent is a bad parent. My feeling as a pediatrician is that we've got to get away from these labels; we've got to find other ways of describing these family problems.

Our practice at our hospital is to try not to ask "who did it" questions, for fear of alienating the parent. Rather, we try to establish a helping relationship with the family, and if they choose to share information with us — if we do find out who it was who did what to the child — it's all to the good. But it's important not to carry on an interrogation.

I think it's important for all of us professionals to be mindful of the fact that we cannot ourselves save the victims of child abuse and neglect. It seems to me that when we so identify with the victims of child abuse and neglect that we feel it is our job to save the kids, we very often overlook the underlying problems of the parent. And, conversely, I think we can lose sight of the child by over-identifying with the parent and the parent's problems. I think a saner and happier way to look at it is to consider our technical work as providing parents with the tools to get their lives in order.

This raises the very important issue of what parents know about child development. We have to deal with this day in and day out in cases of child abuse and neglect. The distorted expectations of children — expecting children

to be too much like adults or to be very much like adults when they're young — is something that you see very often in clinical work. In part, I'm afraid, this has to do with the fact that many people become parents without having an adequate fund of child development information and have no one to turn to for help when there is trouble or a crisis.

There is another very important factor which one often has to contend with in child abuse and neglect cases — namely, parents expecting from children stimulation and love which, ordinarily, the parents would be expected to provide the child; the so-called "role reversal" phenomenon in which parents get angry with their kids for not adequately stimulating and nurturing them. A mother will tell you that her two-month-old baby is intentionally making her angry by waking up in the middle of the night. It's very important when one hears stories like this, when one sees injuries in young kids, to find out how much the parent knows about the development of children and also what this child in particular means to the parent. This matter of the parents' expectations of their children has been discussed amply in the psychiatric literature.

I'm not at all discouraged with work in this field, which, as you know, can burn out people very quickly. It seems to me that, with the right tools available to us, there's a great deal we can do for families in which child abuse and neglect have occurred and, with more of the same, there's a great deal we can do to prevent child abuse and neglect from occurring. I'm convinced that in 90% of the families with whom we work, children can be kept safely in their homes, with adequate professional services. But I'm also convinced that around this country right now, there's nowhere near an adequate commitment of resources. There's nowhere near an adequate respect for workers in the child welfare professions, and I particularly mean the social work profession. There's nowhere near an adequate communication system which would enable providers in one institutional setting and discipline to work with people in the others. We have some very important barriers to overcome before we can provide really effective practice. We must establish links, not only with people in our own profession. We must try to build some bridges to other people who can provide supports to help families whose children are in jeopardy.

— DR. ELI NEWBERGER
Director
Family Development Study
Boston Children's Hospital

(This message was adapted from a keynote address delivered at the Indiana Governor's Conference on Child Abuse and Neglect, June 12, 1977.)

A MESSAGE TO CITIZENS

Besides direct professional involvement, citizen participation is critical to advocate and support programs and policies which really do something about child abuse and neglect. Broad-based community support is needed for funding of programs and for breaking through the bureaucratic maze which often keeps agencies and programs in their own confined worlds. Influential and committed citizens can often get action while professionals are still studying the problem. Vigorous action may be necessary, not only for financial support of the program coordinator and various programs, but also for agency agreement to participate. Voluntary agencies in particular may hesitate to serve child abuse and neglect cases since they are accustomed to voluntary, self-motivated clients. This kind of community participation is probably best accomplished by developing a voluntary association or council of lay and professional persons to whose board of directors the community team program coordinator is responsible. Such organizations, which frequently begin as task forces, have already evolved in various locations, both large and small, from Children's Advocates in Boston, to Friends of the Family in Van Nuys, California, to the Concerned Citizens League in McHenry County, Illinois.

As a first step in moving toward a community organization, concerned citizens might examine and complete the Checklist of Programs. This will introduce them to the traditional care providers and will reveal community needs and issues with respect to child abuse and neglect which can then be used as "talking points" for developing the umbrella organization. The assessment, however, should not be allowed to become a vehicle for those who would resist change. It should be time-limited, and program development should proceed thereafter regardless of the quality of the information obtained. Further assessment can occur as the community program evolves.

Materials are available to help professionals and citizens find sources of funding for programs. However, the use of lack of funding as an excuse for inaction should not deter development of a community organization. Sufficient funding may never be available, and incremental approaches are consistent with a growing organization.

A second reason for citizen participation is to monitor professional power and agency turf problems and to facilitate communication among the professionals. Professionals in one field are rarely aware of the objectives, conceptual bases, ethics and problems of other disciplines, and the difficulty of cross-disciplinary communication represents a real barrier to the community team approach. Furthermore, Mr. or Mrs. John Q. Citizen may not understand any of them! However, our Mr. or Mrs. Citizen will likely ask questions and demand straight answers. The citizen associated with the community team has a vital role in building communication and trust between disciplines and between agencies. To help professionals become sensitive to the barriers to communication, the

Midwest Parent-Child Welfare Resource Center has developed a training videotape and child abuse and neglect community task force simulation exercise for use in training or orientation of community team and/or umbrella community support groups. Besides facilitating trust and communication, the citizen will ensure that unchecked professional power does not permit passing decision-making responsibility from agency to agency.

A third reason for citizen participation in the community team approach is to advocate and facilitate the use of trained volunteers who can perform important functions such as staffing helplines or "mothering" parents as parent aides or lay therapists, activities for which professionals have neither time nor, often, skill. Mr. or Mrs. Citizen can reduce the professional resistance that sometimes arises to the use of volunteers. They can also identify volunteers and sources of volunteers. Sources of information on volunteer programs in child abuse and neglect include the National Center for Voluntary Action, the National Center on Child Abuse and Neglect, the Office of Volunteer Development of the Department of Health, Education and Welfare, and the Midwest Parent-Child Welfare Resource Center.

A fourth reason for citizen participation is to interpret the community team program to the community and thereby raise the community's level of awareness and understanding of the problem. Mr. or Mrs. Citizen may even go back to his or her club or church group and report that child abuse and neglect is a respectable, treatable problem and that there should be no stigma or resistance which prevents seeking help.

Community understanding will not only facilitate early intervention, but it will foster prevention. As more and more people understand that child abuse and neglect crises are so often triggered by inadequacies of housing, education, public assistance, health services or alienation in the workplace, public interest will stimulate ameliorative activity. The Child Welfare League *Standards for Child Protective Services* notes that, "There is such a thing as community neglect of children. The whole community, including schools, churches, civic groups, medical practitioners and health agencies, has a part in doing something about conditions that increase child neglect or abuse."

The final, and perhaps most important, reason for citizen participation is an extension of the previous point with respect to public understanding leading to social action in the community. However, more significantly, the ultimate benefit of that understanding may be a citizenry sensitive to gaps in both health and social policy and a citizenry which advocates to fill those gaps on a national scale.

— ADRIENNE A. HAEUSER

Director

Midwest Parent-Child Welfare Resource Center

CHECKLIST OF PROGRAMS

What can be done?

This is a listing of programs and program components that exist in many areas of the country which have been found to be helpful in resolving the problem. If these components don't exist in your community, perhaps there are ways you can help to get them started.

Some of this material has been adapted from the *Community Assessment Guide on Child Abuse and Neglect*, developed by the Family Life Development Center, Cornell University, and *Protective Services for Abused and Neglected Children and Their Families: A Guide for State and Local Departments of Public Social Services on the Delivery of Protective Services*, Public Services Administration, U.S. Department of Health, Education and Welfare, 1977. For more detailed guides and further information, see these publications.

	YES	NO	WHY NOT?
I. COMMUNITY NEEDS			
A. Has an assessment of the needs of children been conducted in your community within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Has an assessment of the needs of abused and neglected children and their families been conducted within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Were these needs assessments conducted by an agency?	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. By a community group?	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Is there provision for on-going assessments?	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Is there a plan to meet identified needs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
	YES	NO	WHY NOT?
II. SERVICES			
A. Is there some community or agency effort devoted to each of the following broad areas:			
1. Long-term treatment of parents, children and the family as a unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Support services for identified or potential families-at-risk	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Coordination of services	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Education of parents	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Staff training	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Public awareness	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Public and professional education	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Future program development	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Prevention	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Prevention of the problem before it becomes a problem	<input type="checkbox"/>	<input type="checkbox"/>	_____

PROGRAMS - 2

	YES	NO	WHY NOT?
B. Are each of the following specific services available in sufficient quality and quantity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
1. For parents			
a. Parents' groups	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Parents Anonymous	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Family planning services	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Parent education	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Child care instruction	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Group therapy for adults	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Couple therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Foster parent counseling	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Employment training and placement	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Financial counseling and assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. For the child			
a. Child counseling/therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Group therapy for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Speech/hearing testing and therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Health examinations	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Foster care services	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Adoption services	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Visiting/public health nurse service	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. For the family			
a. Family therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Casework services	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Housing and relocation assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Day care services	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Homemaker services	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Transportation services	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Legal services	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Family crisis			
a. 24-hour crisis hotline	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Emergency caretakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Crisis nurseries	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Emergency shelter/foster homes	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Emergency family shelter	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Client emergency fund	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Is protective services a distinct service within the agency under the supervision of a single administrator?	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Is there a centrally located assessment and intake/investigation unit?	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Does the agency receive reports 24 hours a day, 365 days a year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Is the public aware that the agency receives reports?	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Are professionals (doctors, nurses, policemen, teachers) aware that the agency receives reports?	<input type="checkbox"/>	<input type="checkbox"/>	_____

PROGRAMS — 3

III. COMMUNITY COUNCIL	YES	NO	WHY NOT?
A. Does a community council or task force exist in your community?	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Does it meet regularly to:			
1. Identify and solve problems which arise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Plan for future programs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Promote interagency cooperation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Develop public awareness and education programs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Develop professional awareness and education programs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Assess the effectiveness of programs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Are meetings well publicized?	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Does it have representatives from:			
1. Appropriate agencies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Involved professionals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Elected officials?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. The general public?	<input type="checkbox"/>	<input type="checkbox"/>	_____
 IV. INTERDISCIPLINARY TEAM	 YES	 NO	 WHY NOT?
A. Is there a diagnostic team which meets regularly to assess new cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
1. Is there input from medical, psychological and social work professionals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does this team have resources for referrals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Is there a treatment team?	<input type="checkbox"/>	<input type="checkbox"/>	_____
 V. INTERAGENCY COORDINATION	 YES	 NO	 WHY NOT?
A. Are there regular channels for interagency coordination in addition to those provided by the council?	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Are there written agreements?	<input type="checkbox"/>	<input type="checkbox"/>	_____
 VI. AGENCY STRUCTURE	 YES	 NO	 WHY NOT?
A. Case management			
1. Is a service plan developed with the family in every case?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does the supervisor review the service plan at its inception?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are procedures in place which ensure that the supervisor is consulted at each of the following points:			
a. Implementation of the service plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Changes or modifications in the plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Termination of a service in the plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Any major crisis in the life of the family	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Use of the court	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Court review of the status of the case and court reports at the time of review	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Removal of a child from the home	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Decisions affecting a child in foster care	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Return of a child to own home	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are case plans reviewed by supervisors at least every two months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Do workers providing casework services see families on an average of once a week?	<input type="checkbox"/>	<input type="checkbox"/>	_____

PROGRAMS — 4

	YES	NO	WHY NOT?
6. Do workers functioning primarily as service coordinators see families at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are workers in touch at least monthly with all service providers on a case-by-case basis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do workers submit monthly to supervisors a summary of all agency contacts on behalf of clients?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Do workers submit monthly to supervisors a summary of all client contacts?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Do workers submit monthly to supervisors a summary of all services rendered to their clients?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Is a monthly update of all services received by clients submitted by supervisors to the administrator?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. In cases involving the court, are procedures in place which ensure that parents understand their legal rights and are assisted in obtaining representation from legal counsel?	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Assessment, investigation and validation			
1. Are all reports investigated within 24 hours of their receipt?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do workers doing assessment and intake have a set of guidelines that spell out the information they are responsible for obtaining from persons reporting abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Do workers have a set of guidelines that spell out the information they are responsible for obtaining from families and from collateral contacts and the procedures to be used in conducting the investigation and validating the report?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are there procedures that ensure feedback to persons reporting abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are all cases validated within, if not before, 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Do procedures exist for an orderly transfer of cases from the worker doing intake to the worker doing case management?	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Agency organization			
1. Do workers with an abuse caseload have more than 20 cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do workers with a primarily neglect caseload have more than 30 cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are there no more than five to six protective services workers to a unit?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is there at least one worker who has had special training in handling physical and sexual abuse and whose caseload includes such cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Within a worker's area of specialization, are cases assigned on a geographical basis?	<input type="checkbox"/>	<input type="checkbox"/>	_____

PROGRAMS — 5

	YES	NO	WHY NOT?
6. Have workers received special training so that cases are assigned in terms of the skills required rather than in terms of numbers of cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Is caseload size related to caseload composition and to a careful assessment of the various tasks and workload duties assigned to each worker?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do all workers have at least a BA degree and at least two years' relevant experience?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Do all supervisors have at least a BA degree, three years' experience as protective services workers, and two years' additional relevant experience?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Does each supervisor meet weekly with staff as a team for case discussion?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Does each supervisor meet with each worker weekly for individual case consultation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Does each supervisor meet monthly with the unit to review agency policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Does the administrator of protective services have at least a BA degree, three years' experience as a protective services supervisor, and additional relevant experience?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Is two-way communication promoted by the agency? Are there regular meetings?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Does an interdisciplinary team of professionals meet weekly with the protective services unit(s) to provide consultation on difficult cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Does the protective services staff have access to legal, medical and mental health consultation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Does staff participate in the selection and evaluation of consultants?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Have procedures been developed for collaboration with other services provided by the agency, such as:			
a. Income maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Other social services	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Foster care	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Day care	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Homemaker services	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Court preparation services	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Have written guidelines and criteria been established for the use of these different services in protective services cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Record-keeping, monitoring and evaluation			
1. Are client records kept in locked files?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are there policies and procedures related to the clients' access to information?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	WHY NOT?
3. Does every case record contain the following:			
a. A copy of the reporting form	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Copies of court orders	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Intake summary, including findings and supportive documentation	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. A case management/treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. A month-by-month record of contacts	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. A month-by-month record of services to clients	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. A month-by-month record of case manager/other agency contacts	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. A two-month review	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. A summary at termination	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is the information from case records quantified and used for program planning and review?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there a local registry of protective services cases?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Is there a resource file that is periodically updated and available to staff?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Does the administrator of protective services meet regularly with all agencies with which protective services has a purchase of services contract?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Does the staff participate in the process of program review and evaluation which should precede the development of the annual plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Staff development			
1. Is there a written plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does staff have opportunities to attend conferences and workshops?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does the agency have a resource library?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is there an orientation and training period for new staff?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there a gradual buildup of a new worker's caseload?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Is there a quarterly workshop series for workers and supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are staff given the opportunity to take courses at local graduate schools, colleges and universities, and mental health centers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do unit meetings represent an opportunity for developing case management and treatment skills?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Is a cotherapy approach used as a staff development strategy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are any workshops specifically geared to the needs of supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Do administrators of protective services have the opportunity to attend workshops on administration?	<input type="checkbox"/>	<input type="checkbox"/>	_____

CHECKLIST OF COMMUNITY RESOURCES

	Does Resource Exist?	Can It Be Used to Meet Your Need?	Name of Person(s) to Contact:
Your county's child abuse and neglect coordinating council, committee or task force			
Your county's department of public welfare or mandated protective services agency			
Local advocacy or coordinating groups, programs and planning bodies which relate to children, families and human services			
United Way			
County mental agencies			
Other			
Parents Anonymous			
Other local parenting and parent education programs			
Legislators and public officials			
Local elementary and secondary schools			
Day care centers			
Head Start programs			
Law enforcement agencies (e.g., police, sheriff's department)			
Hospitals (administrators, doctors, nurses)			

RESOURCES -- 2

Does Resource Exist?	Can It Be Used to Meet Your Need?	Name of Person(s) to Contact:
<p>Health care plans and groups</p> <p>Psychiatric and mental health centers</p> <p>Doctors in private practice</p> <p>Associations of nurses, doctors, hospitals (e.g., county medical societies)</p> <p>Attorneys Agency attorneys District Attorneys Attorneys in private practice Legal Aid Legal associations</p> <p>Local volunteer programs and volunteer coordinating agencies</p> <p>Unions</p> <p>Local affiliates of national associations (e.g., Junior League, Boy Scouts)</p> <p>Libraries</p> <p>Institutes of higher education</p> <p>Federal agencies</p> <p>State agencies</p> <p>Local offices of state or national agencies which relate to children, families and human services (e.g., education, health, mental health)</p>		

FINDING OUT MORE

Many national organizations have information available on the problem of child abuse and neglect and potential solutions. Those specifically committed to providing information on this topic include:

The National Center on Child Abuse and Neglect

Administration for Children, Youth and Families

U.S. Department of Health, Education and Welfare

P.O. Box 1182

Washington, D.C. 20013

NCCAN serves as a focal point within the government for the development of plans, policies and programs.

The National Committee for the Prevention of Child Abuse and Neglect

111 E. Wacker Dr., Suite 510

Chicago, IL 60601

A private, nonprofit organization dedicated to combatting the problem of child abuse and neglect through stimulating citizen interest and involvement in prevention programs.

The Midwest Parent-Child Welfare Resource Center

Center for Advanced Studies in Human Services

School of Social Welfare

University of Wisconsin—Milwaukee

Milwaukee, WI 53201

Serves federal Region V (Minnesota, Michigan, Wisconsin, Illinois, Indiana and Ohio). Distributes the Midwest Parent-Child Review quarterly and publishes a bibliography series. No. 1 in this series, "Some Ways to Find Out About Child Abuse and Neglect," gives further information resources.

Your county or state department of welfare has information available for the public on the topic, on current legislation, and on statistics.

Some recent books which are recommended as a general introduction to the topic are:

Irwin, Theodore, *To Combat Child Abuse and Neglect*, 1974. Available for 35¢ from Public Affairs Pamphlets, 381 Park Ave. South, New York, N.Y. 10016.

Basic information for the general public.

Child Abuse and Neglect: The Problem and Its Management (3 volume series). Volume I: *An Overview of the Problem* (#017-092-0018-9; \$1.50). Volume II: *The Roles and Responsibilities of Professionals* (#017-092-0017-1; \$1.90). Volume III: *The Community Team* (#017-092-00019-7; \$2.60). Available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Basic background information for professionals.

Helfer, Ray E., and C. Henry Kempe (eds.), *Child Abuse and Neglect: The Family and the Community*, 1976. 438 pp. Available for \$20 from Ballinger Publishing Co., 17 Dunster St., Harvard Square, Cambridge, MA 02138.

An in-depth guide for child abuse/neglect professionals.



END