

WHAT *it will* TAKE:

Investing in Wisconsin's future
by keeping kids safe today



**Child
Maltreatment
Prevention:**
Where We
Stand and
Directions for
the Future

PRODUCED BY

*Children's
Trust Fund*





CHILD MALTREATMENT PREVENTION: WHERE WE STAND AND DIRECTIONS FOR THE FUTURE

EXECUTIVE SUMMARY	1
INTRODUCTION	2
UNDERSTANDING CHILD MALTREATMENT PREVENTION	3
CURRENT PREVENTION EFFORTS IN WISCONSIN	6
POLICY RECOMMENDATIONS	12

EXECUTIVE SUMMARY

Early experiences in the lives of children have a profound impact on their well-being, including their health and development, school success, future employment and earning potential, as well as their ability to form positive, lasting relationships and become productive citizens. Extensive research affirming the effects of early relationships and experiences has underscored the importance of efforts to prevent and respond to child abuse and neglect.

Results of a recent survey of child maltreatment prevention programs in Wisconsin show wide variation across counties in the types and amounts of investments in prevention efforts. Depending on where a family lives, they have very different access to services and programs that are intended to support them and prevent maltreatment. Spending on prevention programs ranges from \$0 to \$100 per child. The survey also reveals low reliance on evidence-based programs; fewer than 5% of the prevention programs reported on in the survey are based on models that have been rigorously evaluated and shown to be effective in reducing child maltreatment.

As a result of this survey and a review of the literature on maltreatment prevention, the Wisconsin Children's Trust Fund and the Wisconsin Council on Children and Families recommend the following policy changes to improve the scope, effectiveness, and coordination of prevention services in Wisconsin:

- **Develop a statewide prevention agenda that is informed by state departments, counties, tribes, and private partners.** Through the coordination of key prevention leaders, Wisconsin can develop a shared statewide prevention agenda to ensure that all Wisconsin families have access to effective prevention programs and services.
- **Increase financial resources for prevention efforts in Wisconsin.** A greater percentage of state general purpose revenue and county tax levy should be dedicated to effective prevention programs. State funding priorities should be revised to focus current resources on prevention efforts; and additional federal funding sources should be designated for prevention, when appropriate.
- **Strategically reinvest funds saved through prevention efforts demonstrated to be effective.** As Wisconsin increases its investment in child maltreatment prevention, costs will undoubtedly go down not only in child welfare, but within other public systems that serve victims of child maltreatment throughout their lives. These savings should be reinvested in further expansion and improvement of effective prevention programs and services.

- **Develop a unified, consistent reporting framework for keeping track of prevention programs and initiatives.** A unified and consistent framework for reporting on prevention services and outcomes across systems and funding streams would allow the state to more readily account for prevention investments in the state.
- **Dedicate resources to rigorous evaluation of prevention programs.** A pool of state resources should be dedicated to the rigorous evaluation of prevention programs to determine effectiveness. In addition, all programs funded with state and federal funds should be required to evaluate their services regularly, and receive support to do it consistently and well.
- **Increase access to education and technical assistance on evidence-based programs.** To effectively prevent child maltreatment and invest resources wisely, it is essential to provide ongoing education and technical assistance to child maltreatment prevention program directors on what constitutes an evidence-based program or practice; how to implement such programs and practices; and how to increase the effectiveness of existing programs.
- **Encourage and evaluate innovative approaches and promising practices in prevention.** Agencies should be encouraged to be innovative in their approaches to prevention, taking advantage of the latest research on child development and family strengths. The state should support such constructive innovation by funding promising new approaches to child abuse prevention programming and committing to rigorously evaluating those efforts.
- **Encourage cross-county and multi-system approaches.** The state should provide incentives to enhance collaborative efforts that improve access to services for families and increase efficiency. In addition, collaboration should be encouraged between the various systems and agencies that serve children and families, both within and across counties, and at the state level.

INTRODUCTION

Early experiences in the lives of children have a profound impact on their well-being, including their health and development, school success, future employment and earning potential, as well as their ability to form positive, lasting relationships and become productive citizens. Extensive research affirming the effects of early relationships and experiences has underscored the importance of efforts to prevent and respond to child abuse and neglect.

Today's decisions by legislators and policymakers about issues relating to early care and education, economic support for families, and the availability of parenting resources and supports have real and lasting impacts for children – and for our society as those children grow up and enter adulthood. Especially in tight fiscal times, it is imperative to use our resources effectively to ensure the best possible future for our state and its youngest residents.

This report is intended to help Wisconsin's legislators, policymakers, and decision makers at all levels understand the field of child maltreatment prevention and what is currently being done in Wisconsin to prevent the abuse and neglect of children. Based on a survey of current prevention programs around the state, we make specific policy recommendations to improve the scope, effectiveness, and coordination of prevention services in Wisconsin.



what it will take:

INVESTING IN WISCONSIN'S FUTURE BY KEEPING KIDS SAFE TODAY.

This report is the result of a collaboration between the Children's Trust Fund (CTF), Wisconsin's state agency for the prevention of child maltreatment, and the Wisconsin Council on Children and Families (WCCF), a private, not-for-profit research and advocacy organization. The information presented in this report was informed by research conducted by CTF, the state Department of Children & Families (DCF), and the University of Wisconsin–Madison's Institute for Research on Poverty (IRP).

In addition, CTF and WCCF have developed a series of background briefs to help keep policy makers up to date on recent developments in the field of child abuse and neglect prevention.

“WHAT IT WILL TAKE” BACKGROUND BRIEFS

1. Child abuse and neglect prevention: What is it and how do we know when it works?
2. Best practices in child abuse and neglect prevention
3. Current trends in approaches to child abuse and neglect prevention
4. Risk and protective factors related to child abuse and neglect
5. Prevalence of child abuse and neglect in Wisconsin

All materials can be downloaded from www.wccf.org/what_it_will_take.php.



UNDERSTANDING CHILD MALTREATMENT PREVENTION

What is child maltreatment prevention and how do we know when it works?

Child maltreatment prevention includes any program, intervention, or service designed to prevent the initial or repeat occurrence of any form of child abuse or neglect. Prevention can take many forms, from social marketing campaigns that promote adult responsibility for children's safety to group-based parent education and one-on-one home visiting programs designed to build parents' skills and support them to parent their children well.

In this report, we categorize prevention programs and services in terms of the risk level of the population they target, as suggested by the Institute of Medicine¹ and the Centers for Disease Control and Prevention.² *Universal prevention* is aimed at the general public or an entire population, regardless of level of risk for child maltreatment. *Selective prevention* is aimed at people who are determined to be at higher risk for child maltreatment due to individual, family, or community factors. *Indicated prevention* is aimed at preventing escalation of problems among people who have shown signs of abusive or neglectful behaviors.³

The research to date shows that a number of high-quality programs can effectively reduce child abuse and neglect. These programs that have been rigorously evaluated and shown to be effective are called "evidence-based programs." Cost-benefit analyses have shown that many evidence-based programs, when implemented well, produce benefits to society that far outweigh their costs. (The background brief "Child abuse and neglect prevention: What is it and how do we know when it works?" in this series discusses how prevention programs are evaluated.) Unfortunately, however, the majority of child maltreatment prevention efforts have never been rigorously evaluated and their effectiveness is unknown.⁴

Best practices in child abuse and neglect prevention

From the research that has been conducted on child maltreatment prevention, there is a growing body of knowledge about what makes a program or approach more likely to be effective. It can be tempting to argue that only evidence-based programs should be funded; but using an evidence-based program is not always feasible or appropriate, and can stifle the development of innovations in prevention. Instead, we can learn from those evidence-based programs about important components of effective practice, and steps other programs can take to improve their effectiveness.

The "Best practices in child abuse and neglect prevention" background brief in this series summarizes best practices at the program, organization, and community level, and discusses policy implications of those best practices.



child maltreatment

The federal government defines child maltreatment as "an act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm."⁵

In 2008, 56,934 reports were made to Child Protective Services (CPS) in Wisconsin for suspected maltreatment. Of these reports, 26,700 received an initial assessment or investigation. 5,868 reports involving 4,865 children were substantiated. Most experts agree that child maltreatment is under-reported.⁶ For more information, please see the background brief, "Prevalence of child abuse and neglect in Wisconsin" in this series.

¹ Institute of Medicine. (1994). *Reducing risks for mental health disorders: Frontier for preventive intervention research*. Washington, D.C.: National Academy Press.

² Self-Brown, S. and Whitaker, D.J. (2008). Parent-focused child maltreatment prevention: Improving assessment, intervention, and dissemination with technology. *Child Maltreatment*, 13, 400-416.

³ Some readers may be familiar with the traditional categories of primary, secondary, and tertiary prevention. In this newer approach to categorizing prevention efforts, universal prevention is similar to primary prevention; selective prevention falls between primary and secondary prevention; and indicated prevention is similar to secondary prevention. Tertiary prevention typically refers to treatment or intervention to prevent re-occurrence, which is not included in the newer definition of prevention.

⁴ Slack, K.S., Maguire-Jack, K., & Gjertson, L.M., Eds. (2009). *Child Maltreatment Prevention: Toward an Evidence-Based Approach*. Madison, WI: Institute for Research on Poverty, University of Wisconsin-Madison. <http://www.irp.wisc.edu/research/WisconsinPoverty/pdfs/ChildMaltreatment-Final.pdf>

⁵ Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003

⁶ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. <http://www.nis4.org/>

Risk and protective factors related to child abuse and neglect

Research on child maltreatment has identified a number of characteristics of families, children, and communities that heighten the risk of maltreatment. Families experiencing more of these risk factors have a higher probability for abuse or neglect. Conversely, we know that another set of characteristics are correlated with more effective parenting and better outcomes for children. These family strengths, or protective factors, are particularly important when families are facing stress.

“Risk and protective factors related to child abuse and neglect,” a background brief in this series, provides more information about these factors and their prevalence among Wisconsin families. Of particular interest to state and county decision-makers will be the county-specific data on the relative levels of risk each county faces for child maltreatment, based on the rates of various risk factors within the population. Figure 1 shows the overall risk levels of Wisconsin counties using 2008 data. The background brief provides much more detail and includes maps showing county risk levels based on parental, familial, child, and economic risk factors.

calculating risk levels by county

For each grouping of risk factors (parental, familial, child, and economic), the best available county-level data was gathered from various sources, such as the Wisconsin Interactive Statistics for Health (WISH) and Wisconsin’s Behavioral Risk Factor Survey, to determine risk levels across counties. The process for assigning risk level was as follows:

1. categorize risk factors into four domains: parent characteristics, family situations, child characteristics, and economic circumstances;
2. gather and standardize county-level data on each risk factor;
3. average standardized scores across risk factors within a domain to achieve a mean score for each domain;
4. average the mean score from each domain to achieve an overall risk score, and assign risk levels according to standard deviations from the mean.

NOTES:

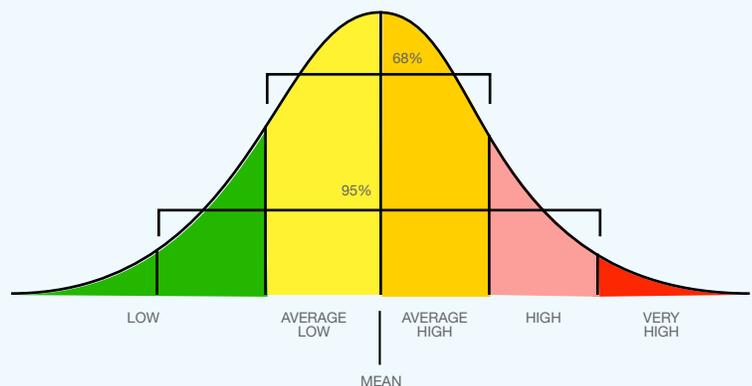
- Each individual risk factor is weighted equally within each domain and each domain is weighted equally for the overall risk factor calculation.
- County risk levels are relative to other counties in Wisconsin and do not reflect a broader population standard for what constitutes low, average, or high risk on any given risk factor.

IN FIGURE 1, counties are color-coded based on their risk level. As shown in the chart to the right, the risk levels were assigned and color-coded as follows:

- low - green: more than 1 standard deviation below the mean;
- average/low - yellow: within 1 standard deviation below the mean;
- average/high - orange: at the mean or within 1 standard deviation above the mean;



- high - pink: between 1 and 2 standard deviations above the mean; and
- very high - red: more than 2 standard deviations above the mean.



CURRENT PREVENTION EFFORTS IN WISCONSIN

With the increased attention on the consequences of child maltreatment, a multitude of programs and service delivery models have been developed to attempt to prevent maltreatment and promote positive parenting. Dedicated staff at public and private social service agencies are currently providing a wide variety of child maltreatment prevention services to families throughout Wisconsin. However, there is very little coordination of these services at the state level, and very few of the programs being implemented have been rigorously evaluated. As a result, we lack a comprehensive statewide understanding of what services are being provided, who they are reaching, and what effects they are having on children and families.

To begin to address this issue, the Department of Children and Families (DCF) and the Children's Trust Fund (CTF) conducted an environmental scan of prevention efforts underway in all of Wisconsin's counties in 2008, in consultation with the University of Wisconsin-Madison's Institute for Research on Poverty. The prevention scan and its findings are described below.

Description of prevention scan

Between September 2008 and March 2010, DCF and CTF collected information on universal and selective child maltreatment prevention programs in Wisconsin counties. Several sources of information were used for the scan. First, information was derived from various state reports that contained information on prevention programs, services provided, and the amounts and sources of funding provided to programs. Specifically, these reports included information from counties on the Brighter Futures Initiative, Empowering Families of Milwaukee, Family Foundations, Promoting Safe and Stable Families, Runaway Program Funding, and Title IV-E Incentive funds. Information was also gathered on programs that are funded by the Children's Trust Fund, including family resource centers and community response programs. (See box on this page for information about each of these prevention initiatives.) Program information was requested for a 12-month period in 2007–2008.⁸ This process was completed in March 2009. This initial step provided information on all prevention programs supported (partially or fully) by these funding sources, from every Wisconsin county. Some of the programs identified did not meet the definition of universal or selective prevention, and thus were not included in the scan.

Beginning in April 2009, DCF and CTF developed a survey to collect additional information on maltreatment prevention programs that are not supported with funding from the aforementioned sources. The survey included questions about type of program, services provided, and amounts and sources of program funding. The survey was sent to county human service directors and tribal leaders, and to directors of Family Resource Centers, United Way chapters, domestic violence agencies, agencies funded through the Child Abuse Prevention Fund, UW-Extension, and Post-Adoption Resource Centers. The survey asked respondents to identify other service providers within the community that would be able to contribute additional information. Whenever relevant, the survey was then sent to these additional providers. Responses were received from 61 of 72 county human service agencies and 87 additional local agencies.⁹ Responses were not received from any of Wisconsin's tribes.

⁸ Counties vary on whether their budgets operate on a calendar year, state fiscal year, or federal fiscal year. For ease of survey completion, counties were asked to provide information on a 12-month period between 2007 and 2008, but were allowed to choose between the three time periods.

⁹ 17 of 43 United Way agencies, 38 of 66 domestic violence agencies, 18 of 43 family resource centers, 12 of 18 agencies funded by the Child Abuse Prevention Fund. 2 responses were received from UW-Extension agencies.



state prevention initiatives

The Brighter Futures Initiative funding is provided by DCF to Douglas, Forest, Iron, Kenosha, Milwaukee, Racine, Rock, Walworth and Winnebago Counties and the Menominee reservation for a number of activities intended to strengthen families, including: healthy families and youth; school readiness for children; child safety in families and communities; and successful navigation from childhood to adulthood.

Empowering Families Milwaukee is a home visitation program founded by DCF that provides personal visits to pregnant women and their families and mothers and families with children from birth to 5 years old.

Family Foundations funding is provided by DCF to Fond du Lac, Portage, Waupaca, Brown, Door, Manitowoc, Marathon, Vernon, and Waukesha Counties and the Lac Courte Oreilles tribe for home visitation.

The Federal Promoting Safe and Stable Families program provides funding to all Wisconsin counties and seeks to prevent child abuse and neglect, avoid the removal of children from their homes, and support timely reunification where temporary removal has been necessary, in order to ensure children's safety.

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For the final stage of the data collection process, DCF and CTF sent a follow up letter to each county human service director with a compiled list of information on the county’s maltreatment prevention programs as reported by all survey respondents. The directors were asked to review the information and correct inaccuracies. Thirty-two county directors responded to this follow-up task, including three county agencies that had not previously responded to the survey.

An extensive review process was then undertaken by CTF to identify programs from any of the above sources that did not meet the definitions of the scan with respect to being a universal or selective child maltreatment prevention program. These programs were removed from the final data set. Some examples of programs and services that were removed from the final dataset are: after school programs, foster parent training, and out-of-home care costs. The programs in the final dataset were also categorized according to the type of service or intervention provided. Some programs offered services in more than one category. Table 1 presents these categories and corresponding descriptions.

TABLE 1. Universal and Targeted Child Maltreatment Prevention Service Types in Wisconsin

SERVICE TYPE	DESCRIPTION
Coordinated Services Teams/Family Team Meetings/Wraparound	Coordinated Services Teams, Family Team Meetings, or Wrap-around programs that are not strictly provided to children who are identified through the Child Protective Services (CPS) system but are provided with the intent of maltreatment prevention.
Domestic violence	Includes services to victims of domestic violence and their children that are specified as being provided for the prevention of child maltreatment. Typically services are provided within a domestic violence shelter.
Family services	Programs that are intended to prevent child maltreatment but lack sufficient detail to be categorized elsewhere. Usually this is described as “family support.”
Flexible funding	Financial support for basic needs with the goal of preventing maltreatment, usually provided in the context of a program.
Home visiting	Programs that are specified as a home visitation program or the description of services specify that the program is provided within the client’s home, to pregnant women or families with new babies or young children.
In-home therapy	Counseling programs that are specified as being provided within the home, with the explicit goal of maltreatment prevention. This does not include home visitation programs.
Mental health	Counseling services that are provided outside the client’s home.
Parenting education	Group-based or individual-based parent education classes or instruction.
Resource and referral	Referrals to community resources intended to prevent child maltreatment.
Respite care	Respite services that are not strictly provided to child-welfare identified families. Does not include respite for foster parents.
Substance abuse	Counseling services related to substance abuse.
Support groups	Support groups that are intended to prevent child maltreatment.
Youth services	Services that are specified as being targeted to youth but have the goal of reducing maltreatment.
Other	Funding for programs that do not fit into any of the above categories including newsletters, research projects, and toll-free helplines.



state prevention initiatives
CONTINUED

DCF provides runaway program funds to 13 sites to implement homeless and runaway programs for youth that are in crisis. Funded programs are required to provide intervention, outreach, and prevention services.

Federal Title IV-E Incentive funds were formerly provided to counties for services to children who were at risk of abuse or neglect to prevent the need for child abuse and neglect intervention services and for other services assisting children and families. In 2010, these funds are no longer available to counties.

Family resource centers are open to all families in their communities and provide family support services such as home visiting, parenting education, support groups, playgroups, resource referrals, and family events. CTF funds 20 family resource centers in Wisconsin.

Community response programs provide services on a voluntary basis to families who have been reported to Child Protective Services but screened out, or investigated and not substantiated. Services provided can include family team meetings, flexible funding to meet immediate family needs, resource referrals, and family support, among other services. CTF funds community response programs at 11 sites.

FINDINGS OF THE PREVENTION SCAN

Child maltreatment prevention spending per child capita

Per child capita prevention spending was estimated for the entire state and for the 64 counties that responded to the prevention scan. Statewide per capita spending was conservatively estimated using the data from state and federal funding sources related to universal and selective child maltreatment prevention programs during 2007-08. A more liberal estimate of child maltreatment prevention spending was calculated for the 64 counties that responded to the survey, using the above sources, plus additional information provided in the survey on child maltreatment prevention funding from private foundations, competitive grants, county levy, and other sources. As shown in Table 2, statewide child maltreatment prevention spending was estimated to be \$7.83 per child (using the conservative calculation), with county spending ranging from \$0 to \$98.99 per child. Within the 64 counties that responded to the survey, the more liberal estimate of prevention spending came out to be \$26.71 per child, with counties spending from \$0.69 to \$238.35 per child.

TABLE 2. Per child capita prevention spending

STATEWIDE CONSERVATIVE ESTIMATE	RANGE	LIBERAL ESTIMATE (N=64 counties)	RANGE
\$7.38	\$0 - \$98.99	\$26.71	\$0.69 - \$238.35



Types and Array of Prevention Programs

Parenting education and home visiting are the most prevalent types of prevention programs in Wisconsin, in terms of both representation across counties, and the number of these programs overall. Table 3 shows, for each program type, the percentage of counties reporting at least one program, and the range and average number of programs of that type reported per county.

TABLE 3. Types and array of prevention programs

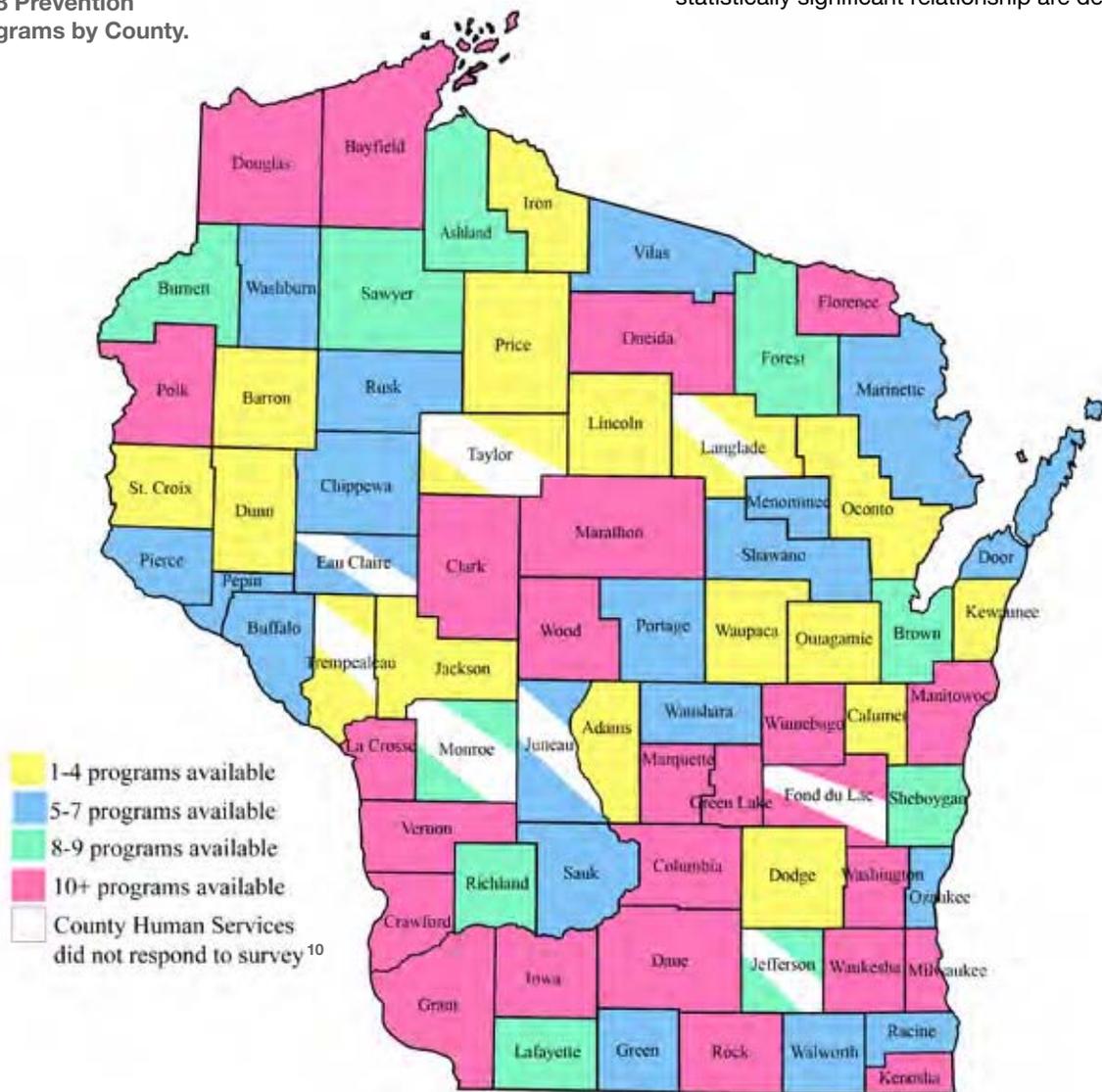
PROGRAM TYPE	% OF COUNTIES WITH PROGRAM TYPE	AVERAGE NUMBER OF PROGRAMS OF THIS TYPE PER COUNTY	RANGE
Coordinated Services Teams	42%	.56	0-3
Domestic violence	30%	.53	0-6
Family services	53%	.89	0-7
Flexible funding	67%	1.70	0-7
Home visiting	73%	2.14	0-18
In-home therapy	53%	1.13	0-8
Mental health	47%	.72	0-5
Parenting education	91%	3.50	0-23
Resource and referral	73%	2.58	0-17
Respite care	61%	1.00	0-4
Substance abuse	12%	.28	0-9
Support groups	67%	1.43	0-13
Youth services	48%	.78	0-12
Other	64%	1.33	0-6

The map in Figure 2 shows the count of prevention programs in each county based on the survey responses. In eight counties, the human services department did not respond to the survey (indicated with a white diagonal stripe). The count of prevention programs in those counties is based on reports by other agencies and may, therefore, not be as accurate as the count of programs in other counties. From the map it can be seen that counties in the southern part of the state tend to have a greater number of prevention programs.

County characteristics associated with prevention service array and prevention spending

Counties with a greater number of program types, on average, have larger populations and greater population density; a larger proportion of residents who are African American, Asian American, or Hispanic/Latino; and a greater proportion of the population with a high school degree.

FIGURE 2.
2008 Prevention Programs by County.



Using the conservative estimate of per-child prevention spending, counties with greater per-child prevention spending tend to have smaller populations, lower median incomes, lower rates of high school education, and lower proportions of residents who are Caucasian or Asian. Greater per-child prevention spending in areas with smaller populations may be reflective of programs having certain fixed costs, for example, a full-time staff member. In counties with larger population sizes, this fixed cost is spread across a much larger number of children in the calculation of per-child prevention spending. Greater per-child prevention spending is also associated with higher child poverty rates, and higher proportions of American Indian residents.¹¹ The liberal estimate of per-child prevention spending were followed the same pattern, but fewer relationships were found to be significant.¹²

Correlations with Table 4 provides information regarding the relationships between the data. A “+” sign indicates that the two variables are positively associated while a “-” sign indicates that they are negatively associated. Variables that do not have a statistically significant relationship are denoted as “NS.”

¹⁰ Note: Human services did not respond to the survey in Eau Claire, Fond du Lac, Jefferson, Juneau, Langlade, Monroe, Taylor, and Trempealeau Counties. Therefore, the count of programs is based on reports from other agencies and may not be as accurate as the count in other counties.

¹¹ The data collectors made several attempts to retrieve information on tribal prevention programs but were unsuccessful in these efforts. Therefore, these figures are not comprehensive in that they do not include information on tribes.

¹² The liberal estimate of per-child prevention spending was positively associated with percent of children in poverty and negatively associated with median income.

Use of Evidence-Based Programs

Agencies responding to the prevention scan survey were asked to indicate whether each program being implemented was evidence-based, which was defined as a program or curriculum that has been rigorously evaluated and shown to be effective. For further clarification, the survey noted that an evidence-based program would typically have to be purchased from the program developer or another organization, and might involve special training for staff. The survey also asked respondents to indicate which curriculum or model they were using.

Of all the programs reported in the survey, very few were reported to be evidence-based, and even fewer could be confirmed as evidence-based. Only 10% of programs were reported by the survey respondents to be evidence-based. The authors searched national registries of evidence-based programs for programs by the names given in those survey responses, and searched for published evaluations of programs not listed on those registries. The authors were able to confirm that 40% of the programs reported to be evidence-based were using a program or curriculum that meets the definition of evidence-based, for a total of less than 5% of all reported programs.



TABLE 4. Correlations between County Demographics, Prevention Program Array, and Prevention Spending (N=64)

COUNTY-LEVEL CENSUS DATA	COUNT OF PREVENTION PROGRAM TYPES	PER-CHILD PREVENTION SPENDING (CONSERVATIVE ESTIMATE)
Total population size	+	-
Persons per square mile	+	NS
Percent of children in poverty	NS	+
Median income	NS	-
Percent of persons with high school degree	+	-
Percent of population African American	+	NS
Percent of population Caucasian	NS	-
Percent of population Hispanic/Latino	+	NS
Percent of population American Indian	NS	+
Percent of population Asian	+	-

+: Positive association; -: Negative association; NS: No significant relationship

Data collected from state agency reports on programs funded through CTF, Brighter Futures Initiative, Empowering Families of Milwaukee, Family Foundations, Promoting Safe and Stable Families, Runaway Program Funding, and Title IV-E Incentive funds also revealed wide variation in the use of evidence-based programs and practices. For example, CTF requires each of its funded family resource centers to include at least one evidence-based program in its portfolio of services for families, and has provided training and technical assistance to its grantees in recent years to support the implementation of evidence-based

programs and practices. Among the other funding sources, only Brighter Futures Initiative, Empowering Families of Milwaukee and Family Foundations require grantees to implement programs with an evidence base.¹³

Indirect prevention

Although the prevention scan of counties focused on only those services and programs that explicitly aim to prevent child abuse and neglect, there are a number of other programs available in counties that may indirectly prevent maltreatment. These

¹³ Brighter Futures Initiative service providers are required to demonstrate the evidence for effectiveness of their approach and encouraged to use evidence-based programs. Empowering Families of Milwaukee and Family Foundations require grantees to comply with a set of "critical elements" established as markers of effective home visiting programs. However, that does not necessarily mean that the programs implemented have been rigorously evaluated or would be considered evidence-based.

include: mental health services, substance abuse services, programs for victims of domestic violence, programs that offer economic supports for parents, and general resource and referral programs. All counties have access to some domestic violence services (e.g., hospital-based, stand-alone services), and the 2-1-1 resource and referral program. Most counties are served by a Community Action Program (CAP) that seeks to reduce stressors associated with poverty.¹⁴

Based on the count of providers within each county (N=69) who accepted and filed Medicaid claims, ratios of the population to the number of mental health and substance abuse treatment providers were calculated. These data were provided by the Department of Health Services and were derived from Medicaid reimbursement data for calendar year 2008. Three counties reported no Medicaid mental health claims and 10 counties reported no Medicaid substance abuse treatment claims. The statewide averages for the 69 counties reporting any Medicaid mental health claims and the 62 counties reporting any Medicaid substance abuse treatment claims are 1 mental health provider per 7,830 individuals (range 1:912 to 1:55,195), and 1 substance abuse treatment provider per 27,506 individuals (range 1:1,521 to 1:313,388).

CONCLUSIONS OF THE PREVENTION SCAN

All counties are providing some level of prevention programming, but there is wide variation in the number of programs and type of services being offered as well as the amount that counties are spending, both per-child and overall, on prevention. Statewide, there is relatively little spending on prevention. The average amount spent per child on prevention programs is about \$8 using the conservative estimate. Depending on where a family lives, their county of residence spends between \$0 and almost \$100 per child on prevention programs.

The survey also revealed a low implementation rate of evidence-based programs; fewer than 5% of Wisconsin's prevention programs are based on models that have been rigorously evaluated and shown to be effective. There is significant need for more rigorous evaluation of programs generally, as well as increased awareness, understanding, and use of evidence-based programs and practices. The authors were able to locate evidence of effectiveness for fewer than half of the programs that county survey responders reported were evidence-based, and only a small fraction of prevention programs were reported by survey respondents to be evidence-based at all.

Collecting data for the prevention scan was a cumbersome process. The data collectors began by mining various government reports that counties regularly submit. They found that the information contained in these reports was not uniform and often lacked information on the effectiveness of programs being provided. The government reports also did not capture the wide variety of programs that are operated by counties or by private organizations within counties without state or federal funding.

The iterative process of collecting additional data from county human service agencies and other local programs was also very time consuming, and still did not result in a comprehensive picture of prevention programming in Wisconsin due to a lack of response from some agencies. Despite numerous follow-up attempts encouraging agencies to respond to the survey, not all counties or agencies did so. Furthermore, although significant efforts were made to verify the information provided by survey respondents, not all county human service agencies responded to follow-up verification attempts. The data collectors made several attempts to engage the tribes in the survey to obtain information on tribal prevention programs, but were unsuccessful in this endeavor. We report this not to be critical of counties or tribes, but because this clearly limits findings of the prevention scan and, to us, indicates the need for greater coordination and monitoring of prevention programming at the state level.



¹⁴ Washington, Ozaukee, and Calumet Counties are not served by a CAP agency.

POLICY RECOMMENDATIONS

The findings of the prevention scan indicate that there are significant changes that can be made to improve child maltreatment prevention in Wisconsin. The Wisconsin Council on Children and Families and the Children's Trust Fund recommend the following policy changes to improve the scope, effectiveness, and coordination of prevention services in Wisconsin:

Develop a statewide prevention agenda.

The Children's Trust Fund should convene key prevention leaders to develop a shared statewide prevention agenda. Through the coordination of key prevention leaders, Wisconsin can develop a shared statewide prevention agenda to ensure that all Wisconsin families have access to effective prevention programs and services.

Child maltreatment has been shown to increase reliance on other systems throughout childhood and adulthood. Rigorous longitudinal studies have shown that preventing child maltreatment results in savings not only within the child welfare system, but in schools, health care, juvenile justice, corrections, and public assistance systems as well. Unfortunately, many of these systems are not currently engaged in coordinated prevention efforts in Wisconsin, yet stand to gain significantly from increasing the number and scope of effective prevention programs and services.

Additionally, the state-supervised, county-delivered approach to human services in Wisconsin often creates challenges for state and county workers to communicate and collaborate meaningfully. A shared prevention agenda would provide the structure and guidance for more meaningful communication and collaboration within and between counties and across the state. Engaging tribal leaders in such collaborations is also essential to ensure a complete and comprehensive prevention agenda.

Increasing coordination with private sector stakeholders is also key to the success of this effort. The prevention scan has shown that a number of private agencies invest a great deal of resources in prevention programs in this state, including resources from local private foundations, United Way agencies, and the Child Abuse Prevention Fund.

Increase financial resources for prevention efforts in Wisconsin.

In order for Wisconsin to have meaningful and sustained success with prevention efforts, funds dedicated to prevention must be increased. Child abuse prevention is much more cost effective than relying on the deep end system to help families, but prevention is often the first to be cut in difficult economic times. Reductions in federal funding in combination with the recent economic downturn have put significant constraints on agency budgets. In many counties, prevention services have all but disappeared in response to reduced funding.

A greater percentage of state general purpose revenue and county tax levy should be dedicated to effective prevention programs. State funding priorities should be revised to focus current resources on prevention efforts; and additional federal funding sources should be designated for prevention when appropriate.

These additional resources should be strategically targeted to areas with greatest need and dedicated to programs that have been shown to be effective in preventing maltreatment, or are being rigorously evaluated as innovative or promising approaches.

Strategically reinvest funds saved through prevention efforts demonstrated to be effective.

As mentioned above, preventing child maltreatment results in savings across a variety of public systems. As Wisconsin increases its investment in child maltreatment prevention, costs will undoubtedly go down within these other systems. These savings should be reinvested in further expansion and improvement of effective prevention programs and services. As other systems realize the benefits of prevention through declining caseloads and reduced demand, it is hoped that a sustained commitment from multiple systems toward prevention investments can be created.

Develop a unified, consistent reporting framework for keeping track of prevention programs and initiatives.

Currently, each funding stream for prevention programs requires a different set of reports from counties and tribes on the outcome of the services it funds. This results in a lack of comparable data at the state level. It also creates a high reporting burden for counties and tribes that operate multiple programs using different funding sources. A unified and consistent framework for reporting on prevention services and outcomes across systems and funding streams would allow the state to more readily account for prevention investments statewide. To the extent that CTF is successful in engaging private partners, programs that are funded with private dollars could report through the same system. Given the difficulty in obtaining the data for the prevention scan, it is essential that a unified system of reporting be put in place so that funders, policymakers, and constituents can understand how prevention dollars are being spent and how children and families are benefiting from those services.

Dedicate resources to rigorous evaluation of prevention programs.

Relatively few prevention programs have undergone rigorous evaluation. To invest more wisely in prevention programs, it is essential that more research be conducted to understand the effectiveness of such programs. A pool of state resources should be dedicated to the rigorous evaluation of prevention programs. In addition, all programs funded with state and

federal funds should be required to conduct consistent, regular evaluation of their services, and receive support to do it well. Central to this effort would be better education of prevention service providers about how to evaluate their programs, including the benefits of rigorous evaluation.

Increase access to education and technical assistance on evidence-based programs and practices.

It is clear from this study that there is low reliance on evidence-based programs in Wisconsin. In addition, the understanding of what constitutes evidence-based programs and practices varies greatly throughout the state. To effectively prevent child maltreatment and invest resources wisely, it is essential to provide ongoing education and technical assistance to child maltreatment prevention program directors on what constitutes an evidence-based program or practice; how to implement such programs and practices; and how to increase the effectiveness of existing programs. There are a number of statewide organizations that could potentially increase their efforts in this area and/or coordinate efforts statewide, including the University of Wisconsin–Extension, the Supporting Families Together Association, and state and private agencies that fund prevention programs.

Encourage and evaluate innovative approaches and promising practices in prevention.

As research improves and knowledge grows regarding successful prevention strategies, the field of prevention is continually changing. Agencies should be encouraged to be innovative in their approaches to prevention, taking advantage of the latest research on child development and family strengths. The state should support such constructive innovation by funding promising new approaches to child abuse prevention programming and committing to rigorously evaluating those efforts.

Encourage cross-county and multi-system approaches.

In many areas of the state, small populations and limited funds do not allow counties and tribes to offer the wide range of services that may be needed to assist all families in their area. Multi-county collaborations, including collaborations with tribes, can increase the availability of a wide array of prevention services. The state should provide incentives to enhance collaborative efforts that improve access to services for families and increase efficiency. In addition, collaboration should be encouraged between the various systems and agencies that serve children and families, both within and across counties, and at the state level.

Child maltreatment prevention efforts in Wisconsin have been pioneered by many dedicated providers and policy makers at the local, county, and state level. Despite these great efforts there is significant room for improvement. Through the implementation of the changes recommended in this paper, Wisconsin has the opportunity to create a comprehensive continuum of prevention services for all Wisconsin families. These changes are what we believe it will take to keep kids safe today in order to invest in Wisconsin's future.



acknowledgements

The preparation and publication of this paper involved the participation and efforts of a number of people committed to improving the system of child maltreatment prevention in Wisconsin.

The research contained in this paper would not have been possible without the input and resources of Cathyanna Johnson and Dr. Kristen Shook Slack, UW-Madison School of Social Work and IRP; Mark Campbell, Kim Eithun-Harshner, Anne Medeiros, and Christopher Walton, DCF; Jennifer Jones and Mary Anne Snyder, CTF; and Laura Hofer, UW-Madison La Follette School of Public Affairs.

This report was written by Katie Maguire-Jack and Cailin O'Connor. The following people provided invaluable feedback in the drafting of this paper: Martha Cranley, Jennifer Jones, Dr. Kristen Shook Slack, Mary Anne Snyder, and Ken Taylor.

Suggested citation: Maguire-Jack, K., & O'Connor, C. (2010). Child maltreatment prevention: Where we stand and directions for the future. *What it will take: Investing in Wisconsin's future by keeping kids safe today*. Madison, WI: Wisconsin Children's Trust Fund and Wisconsin Council on Children and Families.

Thanks to our many prevention partners who work every day to improve the lives of Wisconsin's children and families. We value your commitment and compassion to provide services that build on family strengths, are responsive to their emerging needs, and respect their cultural identities.

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