



# Setting the Context for Evidence Based Practice in Strengthening Families and Preventing Child Maltreatment

A Position Paper on Evidence Based Practice  
Relevant to the Prevention of Child Abuse and Neglect

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Prepared by:

The National Alliance of Children's Trust and Prevention Funds  
[www.ctfalliance.org](http://www.ctfalliance.org)

## Acknowledgements

The National Alliance of Children's Trust and Prevention Funds (Alliance) wishes to acknowledge the cooperative agreement and collegial collaborations that have led to the evolution of this position paper on Evidence Based Practice that is relevant in the prevention of child maltreatment. The Alliance was one of three national child abuse prevention organizations<sup>1</sup> that had a cooperative agreement with the Centers for Disease Control and Prevention (CDC) in 2005 that led to an inventory of strategies that were focused on reducing or preventing child abuse and neglect.

The CDC social ecological model guided the Alliance efforts in identifying effective child maltreatment prevention strategies as well as the characteristics of the strategies and of the targeted populations. The Alliance has also benefited from incorporating into its work the CDC review, identification, and classification of child abuse prevention strategies in a continuum of evidence of effectiveness that has also been shared with the Alliance member states.

The sustained support and guidance from the CDC provided the momentum for the Alliance to establish a National Working Group (NWG) that formed a committee to address evidence based practice specific to the prevention of child maltreatment. The Committee composed of researchers, practitioners, executive directors of state Children's Trust Funds, and a parent representative drew on their expertise and available research findings to form a definition of evidence based practice in

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<sup>1</sup> Prevent Child Abuse America and Parents Anonymous® also had a cooperative agreement with the CDC on the BECAUSE Kids Count Project.

addition to identifying the necessary components to be considered in developing evidence based practice. The Alliance committee on Evidence Based Practice is cited later in this paper as are many of the sources that were included in the reviews and discussions held by the committee.

The Alliance acknowledges the support and collegial information through the Children's Bureau and FRIENDS network that was discussed by the Alliance National Working Group and has shaped the sources cited in this paper. The Alliance also acknowledges that through a contract to assist the State of Alaska to draft a Strategic Plan for Child Abuse Prevention, the Alliance had the opportunity to review sources on evidence based practice that has been revised for this position paper.

The Alliance has gratefully included the responses of the National Working Group members and the National Parent Partnership Council in the iterations of this position paper on evidence based practice. The issue of Evidence Based Practice is one of four areas in the Alliance five year plan so the NWG will continue to review continuing developments in the field. The position stated here reflects the collective thinking of the National Alliance of the Children's Trust and Prevention Funds' members, consultants, National Working Group, and Evidence Based Practice Committee but not all of the members of the National Working Group have been available to provide final content approval. The paper does not necessarily represent the views of any funding organization. The primary author of this paper is Margaret McKenna, PhD, MPH, Alliance Evaluation Consultant.

## Setting the context for Evidence Based Practice in Strengthening Families and Preventing Child Maltreatment

### *Executive Summary*

The National Alliance of Children's Trust and Prevention Funds (Alliance) provides guidance to assist state Children's Trust Funds (CTFs) in funding effective strategies and programs that focus on strengthening families and preventing child abuse and neglect. Two aims of the work of the Alliance and the Children's Trust Funds are to focus on strengthening families to prevent child abuse before it occurs and to work to reduce risks and build protective factors within families.

Funders, researchers, and the public have a common interest in the investment of resources to provide information on child development and parenting skills training as proactive preventive measures to reduce child abuse and neglect. Investing in promotion and engaging communities in supporting families should lessen the long term societal costs that are incurred for the treatment and intervention for victims of child abuse and neglect.

The determination of the effectiveness of various strategies, programs, and interventions to prevent child abuse and neglect has been complex. There is a continuing process to identify scientifically based research findings that can be applied to the prevention of child maltreatment. Evidence-based practice has been defined in numerous ways but is generally described as practice supported by research data that have been generated using methods

that meet scientific standards and demonstrate a level of efficacy worthy of application on a large scale.<sup>2</sup> One key dimension is typically a reference to a body of scientific knowledge about efficacy under laboratory conditions while some statements of evidence based practice include findings from studies that are conducted under common conditions. Determination of the effectiveness of an evidence based practice may be based on the experience of professionals who implement a selected practice. The question as to generalizability of an evidence based practice arises when studies have not included major subgroups with whom practices are expected to be applied or used.

One intent of foundations, organizations, and federal programs to arrive at definitions and agreed-upon criteria for evidence based practice is to assist funders and practitioners in the field to know the quality and strength of evidence about interventions and programs to prevent child maltreatment. The Alliance referred to several resources in order to develop a definition of evidence based practice: the Centers for Disease Control and Prevention (CDC) Division of Violence Prevention, National Center for Injury Prevention and Control, the Office of Child Abuse and Neglect (OCAN) review of prevention programs and

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<sup>2</sup> Center for Mental Health in Schools at UCLA. About Empirically-supported practices.

initiatives, and the Child Welfare Information Gateway.

The National Alliance of Children's Trust and Prevention Funds (Alliance) Evidence Based Practice (EBP) Committee drew on work done in other fields and drafted a definition of evidence based practice as "a decision making process that integrates the best available research evidence with family and professional wisdom to choose a course of action."<sup>3</sup> This definition has several features that are found in other definitions, but places an emphasis in the *process of selection* of models, approaches, and strategies that are based on awareness of the values of a *given community, population or family*. This definition includes the consideration of research evidence but also adds that some attention should be given to professional wisdom which could be inclusive of but not limited to clinical experience, that is referred to in definitions drafted by the Institute of Medicine and the California Evidence-Based Clearinghouse for Child Welfare.

The Alliance's EBP Committee definition also incorporates "family wisdom" that is the compilation of the experiences, cultural traditions and values, and socially influenced norms and expectations that are influential on families' behavior and on their participation and response to program interventions. Family wisdom also refers to the collective wisdom of families in a community setting or those faced with specific challenges. The inclusion of family wisdom means the selection of

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<sup>3</sup> The definition is adapted from work by Buyesse, V., & Wesley, P.W. Evidence Based Practice in the Early Childhood Field. Washington, D.C.: Zero to Three.

evidence based practices are not to be made solely on evidence derived from scientific or experimental designs but must be inclusive of the results of the implementation of interventions and of the real-life experiences of the parents, caregivers, children and families who are the intended recipients and participants in the planned strategies and programs.

The Alliance is committed to the position that evaluating the effectiveness of child maltreatment prevention strategies solely by the use of randomized controlled trials (RCTs) may not be ethically acceptable and may be unreasonably restrictive in the intent to identify programs that will be beneficial. The Alliance concurs with the American Evaluation Association to reject the statement that "evaluation methods using an experimental design are the best for determining project effectiveness." The Alliance and the EBP Committee acknowledged that the use of RCTs is appropriate under some conditions for selected interventions where a limited number of variables are to be measured and other possible interferences may be controlled. However, the Alliance advances the position that interventions and strategies intended to bring about positive behavior change in families and in communities that are experiencing complex situations with multiple interactions of social, economic and health factors do not allow for experimental evaluation with the random assignment of individuals to a group that does or does not receive the intervention.

The Alliance cites the evidence from the American Evaluation Association that in addition to RCTs there are qualitative and quantitative methods that are rigorous and scientific that should be

used in studies of the evaluation of the effectiveness of family strengthening and child abuse prevention programs. The application of mixed evaluation methods in studies is appropriate to the intervention and to the population and is scientifically based research that will inform policy and program decisions. The Alliance supports the use of evaluation methods that are not restricted to RCTs and that are ethically sound and sufficiently rigorous in light of the complex real-world situations and settings where the Children's Trust Funds' (CTFs) funded strategies and programs take place. Writing about the necessity to rethink what constitutes evidence of the effectiveness of social interventions, Smyth and Schorr (2009) state that evaluation approaches "...must find credible evidence of effectiveness in sound theory, and in an accumulation of empirical evidence from similar or related efforts, consensus among informed observers based on a combination of theory, research, and practice experience..."<sup>4</sup>

The Alliance recognizes that communities where interventions are implemented have diverse populations, varying infrastructures of resources, support networks and educational facilities as well as varied social norms and differing institutional cultures. These are sources that will influence the implementation and the effectiveness of any intervention, project or program intended to strengthen families and to prevent child abuse and neglect. An

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<sup>4</sup> Smyth, K.F. & Schorr, L. (2009) A Lot to Lose: A Call to Rethink What Constitutes "Evidence" in Finding Social Interventions that Work" Unpublished paper Retrieved on Jan. 30, 2009 from [http://www.hks.harvard.edu/socpol/A\\_Lot\\_to\\_Lose.pdf](http://www.hks.harvard.edu/socpol/A_Lot_to_Lose.pdf)

evaluation of the effectiveness of a program, intervention, or strategy should employ appropriate qualitative and quantitative approaches to measure the influence of factors that affect whether a program, strategy or approach works under real-life conditions.

The Alliance is also committed to assist the CTFS to ensure that programs that are funded will increase the knowledge base of what strategies will be effective for different populations and diverse communities under identified conditions.

- The Alliance is in a position to collect evidence on innovative case studies that are effective so that Children's Trust Funds may continue to fund innovative programs that will lead to more knowledge of what works in specific communities.
- The guidance of the Alliance is for state Children's Trust Funds to support a combination of programs that have accumulated evidence as well as innovative programs that are on the road to compiling evaluative data. The Evidence Based Practice Committee of the Alliance has identified that funding priorities might adopt a minimum of an 80-20 principle to provide 80 percent of the funding to programs with accumulated evidence and 20 percent of funding to innovative efforts, although this ratio may vary to as much as a 60-40 split.

The Alliance has identified that the continuing efforts of the Evidence Based Practice Committee will include:

1. Identify a continuum of the effectiveness of prevention programs that includes innovative community-based approaches that show promise of effectiveness but have not yet had a thorough evaluation as well as research informed practice along with evidence based practice to prevent child maltreatment.
2. Develop guidelines for the CTFs to use in funding a range of strategies that include evidence based practice as well as innovative strategies that are locally and culturally responsive to communities.
3. Incorporate relevant dimensions from the evidence based practices in other fields, including mental health and child welfare, into the development of evidence based practice for strengthening families.
4. Develop guiding principles to assist the CTFs to develop rigorous evaluation designs that are appropriate to the size, scope, and duration of the intervention and to the characteristics of the intended participants in the family strengthening and child maltreatment prevention intervention. The Alliance is being deliberate in expanding rigor to include qualitative and quantitative evaluation methods that are appropriate to demonstrate effectiveness in the complex and dynamic systems of families and communities.<sup>5</sup>

The Alliance position is to continue to support the provision of effective programs that strengthen families and prevent child abuse and neglect. The Alliance endorses that evaluations of program effectiveness should incorporate rigorous designs along with practitioner experience and family wisdom. The Alliance is also committed to advancing the cumulative progress toward decreasing child maltreatment that will occur through continuing and expanding support for the practices and programs that have demonstrated effectiveness. At the same time the Alliance and the trust funds endorse the concurrent development of innovative practices that are supported by practitioner and family wisdom that contribute to the overall goal of decreased child maltreatment. The Alliance and the Children's Trust Funds are ever mindful of the necessity and the urgency to continue this work in light of the costly social, health, and financial burdens on society that occur due to child maltreatment.

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<sup>5</sup> Rust, G. & Cooper, L. (2007) How Can Practice-based Research Contribute to the Elimination of Health Disparities? *The Journal*

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*of the American Board of Family Medicine*, 20(2),105-114.

# Setting the context for Evidence Based Practice in Strengthening Families and Preventing Child Maltreatment

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## *Overview*

Many researchers, public health officials, mental health care providers, and parents have recognized the critical importance of the community in strengthening families. The National Alliance of Children's Trust and Prevention Funds (Alliance) provides guidance to assist state Children's Trust Funds (CTFs) in funding effective strategies and programs that focus on strengthening families and preventing child abuse and neglect. Two aims of the work of the Alliance and the Children's Trust Funds are to focus on

strengthening families to prevent child abuse before it occurs and to work to reduce risks and build protective factors within families.

With an increase in the number of strategies, programs, and interventions that are being developed and implemented to reduce or prevent child maltreatment, there is an outstanding need to identify and categorize these efforts according to sound evidence of effectiveness. The Alliance and the Children's Trust Funds are working to

shape the fields of family strengthening and child maltreatment prevention by ensuring that proven effective programs as well as new prevention concepts with emerging effectiveness are available to families and children.

This paper advances the position that has been developed by the Alliance on the importance and identification of the approaches that are effective or have the potential to be effective to strengthen families and to prevent or reduce child abuse and neglect. The first section of the paper provides the overview of the array of the schemes that have classified effective strategies

and approaches to prevent child abuse and neglect. The second section of the paper is the definition of evidence based practice that has been formulated by the Alliance with accompanying statements of the Alliance commitment to furthering evidence based practice. The last section identifies the future direction of the Alliance to develop criteria and guidelines for evidence based practice that will provide guidance for state Children's Trust Funds. Appendix 2 has a description of selected family strengthening and child maltreatment prevention strategies that are evidence based or evidence informed practices.

## Highlights of categorizing Prevention efforts

During the past decade, there has been an accumulation of evaluation results demonstrating that communities are implementing prevention initiatives and are developing resources, supports, and strategies that are targeted to prevent child abuse and neglect. The aim to strengthen and support families prepared to be resilient and to have sources of support is a proactive approach to prevent child abuse and neglect. Many prevention programs also focus efforts on strengthening child and family protective factors such as the knowledge and skills children need to help protect themselves from sexual abuse, the promotion of positive interactions between children and parents, and the knowledge and skills parents need to raise healthy, happy children.

This focus follows a number of local, state and national efforts to reduce child abuse and neglect in the 1970s-90s that ranged from increasing public awareness to researching the contributing factors of child abuse that warranted population-focused educational campaigns. The most recent support for some child abuse prevention efforts has been influenced by research that is focused on early intervention, typical child development and early brain development, and on the importance of investing in the first years of life. There have been initiatives focused on teaching parenting skills to young parents or stressed parents or

low-income parents in the interest of reducing child abuse.<sup>6</sup> These efforts have generally been accompanied by well-researched and effective alternative services to protect children when their parents are not capable of providing nurturing and safe care. The cumulative body of prevention research identifies that there are selected prevention strategies, pro-active interventions, and community resources that have shown some effectiveness to prevent or reduce injury or maltreatment of children.

Earlier reviews have referred to classifications of prevention strategies as universal and targeted.<sup>7,8, 9</sup> Universal prevention efforts, including education, are typically directed to individuals, families, entire communities and the general public before any maltreatment occurs. Universal child abuse prevention strategies have been focused on increasing protective factors and modifying individual or family risk factors including lack of knowledge of parenting techniques or social isolation. In a review of primary child abuse prevention strategies, Klevens and Whitaker identified

<sup>6</sup> Daro, D. (2008) Working Paper on Preventing Child Abuse and Neglect in the United States. Prepared for the Doris Duke Charitable Foundation. RAND Child Policy working paper series.

<sup>7</sup> Macmillan, H. (2000) Canadian Task Force on Preventive Health Care. Preventive Health care 2000: prevention of child maltreatment. *CMAJ*, 163,1451-1456.

<sup>8</sup> U.S. Department of Health and Human Services, Administration of Children, Youth and Families (2003). Emerging practices in the prevention of child abuse and neglect. Washington, D.C. U.S. Government Printing Office.

<sup>9</sup> Gonzalez,A., & MacMillan,H. (2008) Preventing child maltreatment: An evidence-based update. *Journal of Postgraduate Medicine*,54, 280-286.

that more research is needed to evaluate neglected risk factors such as poverty, social norms tolerating violence toward children, and teenage pregnancy.<sup>10</sup>

The other major classification of selective prevention programs are targeted to at-risk or high-risk individuals and families with an aim to alleviate conditions associated with the risks for maltreatment. An in-home parent education program in a low-income neighborhood is an example of a selective or targeted prevention strategy. A recent study analyzed individual and family risk factors in targeted interventions and concluded that prevention programs may need to target select populations using specific approaches associated with the type of maltreatment in order to maximize effectiveness.<sup>11</sup>

At the third level are tertiary or indicated prevention efforts that are targeted to individuals and families when maltreatment has occurred in order to reduce the negative consequences of the maltreatment and to prevent its recurrence.<sup>12,13</sup> A parent mentor program with families serving as role models for other parents who have neglected their children would be an example of a tertiary intervention. A

community would require a combination of universal and targeted strategies to create a continuum to address the needs of children and families.

There are two other guiding frameworks that are applicable in categorizing the development and implementation of prevention programs and interventions for children and families: (1) a system of care framework and (2) a social ecological framework. In either framework, the emphasis of the Alliance and the state trust funds is in primary prevention. The system of care builds on the integration of systems and a focus on prevention. In the system of care framework, the education, mental health, child welfare, and early childhood care systems work together with families in a consistent approach to address issues of child abuse and neglect. Family members are engaged as participants in the system as partners and not as isolated subjects. There are three levels in the system of care model that correspond to the primary-tertiary levels of prevention in a public health model. A system of care would engage children and families in three levels:

- Systemic prevention: Programs to enhance strength and resiliency for all children and families by helping to develop protective factors such as social connections, sources of support, parenting skills, and access to resources.
- Early intervention: Programs to help vulnerable children and families that show risk factors in order to overcome risks and to enhance resiliency.
- Progressive intervention: Programs for children and families that show a

<sup>10</sup> Klevens, J. & Whitaker, D. J. (2007). Primary Prevention of Child Physical Abuse and Neglect: Gaps and Promising Directions. *Child Maltreatment*, 12, 364-377.

<sup>11</sup> Mersky, J. P., Berger, L., Reynolds, A., & Gromoske, A. Risk factors for Child and Adolescent Maltreatment. *Child Maltreatment* 14, 73-88.

<sup>12</sup> These levels of prevention have been influenced and informed through other efforts and sources, retrieved online [http://www.caseyfamilyservices.org/nr\\_what\\_is\\_prevention.html](http://www.caseyfamilyservices.org/nr_what_is_prevention.html)

<sup>13</sup> Child Welfare Information Gateway (2003) A Coordinated response to Child Abuse and Neglect: The Foundation for Practice. Ch.7 What can be done to prevent child abuse and neglect?

heightened need for help to overcome problematic factors.<sup>14</sup>

From among the differing theoretical perspectives guiding the research in child abuse and prevention, the social ecological model is most applicable here as it focuses on the impact of prevention strategies at four levels: (1) individual, (2) relationships that include family, neighbors, and networks, (3) community and (4) encompassing societal level.<sup>15, 16</sup> There are interventions that will transcend across the levels but generally prevention strategies are primarily focused at one level with an intended audience and objectives.

There have been large-scale, multi-agency initiatives that have focused on the prevention of child abuse and neglect that applied the social ecological model. In 2005, the Centers for Disease Control and Prevention (CDC) partnered with the National Alliance of Children's Trust and Prevention Funds, Parents Anonymous®, Inc. and Prevent Child Abuse America in the BECAUSE Kids Count Initiative. Several products that have evolved from this cooperative agreement include inventories of child abuse prevention strategies, evaluations of effective approaches, and increased information about the financial investment in the prevention of child abuse and neglect. The underlying theory of prevention indicates

the investment in programs that intervene with parents who are at risk for child maltreatment as well as efforts to promote positive parenting behavior that prevent child abuse and neglect should save public dollars over time. The emphasis and the efforts that are focused on strengthening families should lead to caring parents who understand typical child development who provide a safe and nurturing environment for their children.

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<sup>14</sup> Center for Urban Policy and Environment (2006) Evidence Based Practices in Prevention and Treatment for Children and Adolescents: A Report to the Early Intervention Planning Council. Indianapolis, IN.

<sup>15</sup> Bronfenbrenner, U. (1986) Ecology of the family as a context for human development. *Developmental Psychology*, 22, 723-742.

<sup>16</sup> Belsky, J. (1993) Etiology of child maltreatment: A developmental ecological analysis. *Psychological Bulletin*, 114, 413-434.

## ***Definitions of Evidence Based Practice***

The focus on prevention of child abuse and neglect has included the development of multiple strategies that promote positive parenting and nurturing relationships between children and their caregivers. The strategies and related programs that have proven to be effective have received recognition from the CDC and the Administration of Children and Families that have also promoted the replication of programs that have been determined to reduce risk for maltreatment. The determination of the strategies, programs, and interventions that are effective to prevent child abuse and neglect has been complex and is a continuing process of discovery.

The effort to identify findings from prevention research studies that can be applied in practice to prevent child abuse and neglect has received increasing attention in the past decade. Among resources the Alliance selected three informative resources: the Centers for Disease Control and Prevention (CDC) Division of Violence Prevention, National Center for Injury Prevention and Control; the Office of Child Abuse and Neglect (OCAN) review of prevention programs and initiatives; and the Child Welfare Information Gateway.

Foundations, organizations, and federal programs have worked to arrive at definitions and agreed-upon criteria that will assist practitioners to know the quality and strength of evidence about child maltreatment prevention interventions and programs. Identifying if child abuse prevention strategies are effective is complicated as most

program strategies to prevent child maltreatment are typically complex with multiple components tailored to the population of interest, include some flexibility to best meet local conditions, and may have some fluidity owing to the interaction of program components and human relationships.

Turning to the available definitions of evidence based-practice we see that the focus has been on the methods of collecting data. Evidence-based practice has been defined in numerous ways but is generally described as practice supported by research data that have been generated using methods that meet scientific standards and demonstrate a level of efficacy worthy of application on a large scale.<sup>17</sup> One key dimension is typically a reference to a body of scientific knowledge about efficacy under laboratory conditions, usually with randomized assignment. The narrow emphasis has been on accumulating evidence from studies using randomized controlled trials to demonstrate the effectiveness of an intervention.

The Institute of Medicine (IOM) defined “evidence-based practice” as a combination of the following three factors: (1) best research evidence, (2) best clinical experience and (3) consistent with patient values.<sup>18</sup> The 2000 American Medical Association (AMA) Evidence

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<sup>17</sup> Center for Mental Health in Schools at UCLA. About Empirically-supported practices.

<sup>18</sup> Institute of Medicine cited by the California Evidence Based Clearinghouse for Child Welfare. Retrieved online [www.cachildwelfareclearinghouse.org/importance-of-evidence-based-practice](http://www.cachildwelfareclearinghouse.org/importance-of-evidence-based-practice)

Based Medicine Working group cited the first principle as the hierarchy of evidence so support for clinical trials accumulated. The AMA Evidence Based Medicine Working Group also referred to the second fundamental principle as the values and preferences of the informed patient that expanded consideration of the patients' perspectives and processes that were used to consider available options.<sup>19</sup> This opens the door to look at the human experience in defining evidence of effectiveness. Recently the Institute of Medicine Roundtable on Evidence-based Medicine has created an opportunity to explore that randomized controlled trials may have their application but other methods of defining evidence of effectiveness should be considered.

The California Evidence-Based Clearinghouse on Child Welfare adapted the IOM definition to include: best research evidence, best clinical experience, consistent with family/client values. The National Institute for Mental Health had identified that in general, evidence based practice refers to a body of scientific knowledge about service practices or about the impact of preventive intervention on the course of children's development.<sup>20</sup> The policy statement of Evidence-Based practices in psychology adopted by the American Psychological Association (APA) in 2005 was that evidence based practice is the integration of (1) the best available research with (2) clinical expertise in the

(3) context of patient characteristics, culture, and preferences.

The attention to the context of individuals' characteristics, culture and preferences is a necessary focus toward identifying the effectiveness of any child maltreatment prevention strategies and the accumulation of laboratory based research is not sufficient. Lee Schorr, lecturer in social medicine at Harvard University, cited the narrow emphasis being placed on defining evidence with reference to studies using random assignment as contributing to the reduction of promising strategies and innovative responses. She referred to the risk of losing innovative programs or strategies that did not "lend themselves to random assignment."<sup>21</sup> Schorr endorses a more inclusive "results framework" to know what interventions, programs, and strategies are effective that makes use of multiple methods, and draws on theory, research, and experience.

#### **Alliance definition of Evidence Based Practice**

The National Alliance of Children's Trust and Prevention Funds (Alliance) Evidence Based Practice (EBP) Committee drew on work from other fields and drafted this definition, "a decision making process that integrates the best available research evidence with *family and professional wisdom* to choose a course of action."<sup>22</sup>

<sup>19</sup> Montori, V., & Guyatt, G. (2008) Progress in Evidence-based medicine. *JAMA*, 300, 1814-1816. doi: 10.1001/jama.300.15.1814

<sup>20</sup> Hoagwood, K. (2003) Evidence based Practice in Children's Mental Health Services. Data Matters National TA Center for Children's Mental Health. Special Issue 2003.

<sup>21</sup> Schorr, E. (2009) To Judge what will best help Society's Neediest, Let's Use a Broad Array of Evaluation Techniques. *The Chronicle of Philanthropy*, August 20, 2009.

<sup>22</sup> The definition is adapted from work done by Buyesse, V., & Wesley, P.W. *Evidence Based Practice in the Early Childhood Field*. Washington, D.C.: Zero to Three.

### FEATURES OF THE ALLIANCE DEFINITION

This definition has several features that are similar to other definitions, but places an emphasis in the *process of selection* of models, approaches, and strategies that are based on an awareness of the values of *a given community, population or family*. The Alliance EBP Committee and National Working Group have placed a nearly equal emphasis on the inclusion of scientific research along with professional experience and family wisdom.

Professional experience could be inclusive of but not limited to clinical experience that is referred to in the Institute of Medicine, California Clearinghouse, and APA definitions. Practitioner experience would include knowledge acquired through observations of interventions, programs, and strategies that were implemented in different settings, varied contexts, and across time. The Alliance National Working Group has also identified that there will need to be credible ways to collect and classify practitioner experience for this to be meaningful inclusion in evidence based practice.

The Pathways Mapping Initiative (PMI) offers a framework that integrates practitioner wisdom to construct community-wide strategies to increase protective factors and reduce risk factors associated with child maltreatment.<sup>23</sup> The PMI incorporates reliance on practitioner wisdom to make judgments, to understand the local context for action, and to

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<sup>23</sup> The Pathways Mapping Initiative has been developed and revised through the work of researchers Lisbeth Schorr, a Lecturer in Social Medicine at Harvard Medical School, and Vicky Marchand, who are Alliance National Working Group members.

continually improve efforts to prevent child maltreatment.

#### ***Terms at a glance***

The Alliance recognizes a distinction between Evidence based practice and evidence-based programs. The term Evidence-based practice (EBP) refers to the approaches to prevention that have been documented with research evidence.

An Evidence-based program uses a curriculum that when implemented with fidelity to the entire curriculum has been validated with research evidence.

The Alliance also endorses Evidence-informed practices that are based on accumulated research, practice results and lessons learned that also allow for innovation in the implementation of the practice.

The Alliance's EBP Committee definition also incorporates and places equal importance on family wisdom that is the compilation of the experiences, cultural traditions and values, and socially influenced norms and expectations that determine families' behavior and their participation and response to program interventions. Family wisdom also refers to the collective wisdom of families in a community setting or those faced with specific challenges. The inclusion of family wisdom means the selection of evidence based practices are not to be made solely on evidence derived from scientific or experimental designs but must be inclusive of the results of the implementation of interventions and of the real-life experiences of the parents, caregivers, children and families who are the intended recipients and participants in

the planned strategies and programs. The inclusion of family wisdom also means that the identification and selection of evidence based practices must be made with awareness that variations will occur among individual participants' and groups of participants' responses to any practices, interventions, or programs. The variations will be influenced by the individuals' culturally influenced patterns of behavior, educational levels, employment status, acculturation, socioeconomic conditions, lifestyles, and values that determine how people interact with each other and interface in the community.

In addition, family wisdom also refers to the importance of including parents in all levels of decision-making on issues that impact families. This includes strategic planning, policy making, program planning and implementation and evaluation. When the effectiveness of any prevention programs or strategies are being assessed, parents who can share their experiences and knowledge should be included in the decision making regarding the results, benefits, and cultural appropriateness of the intervention, program or strategy. This helps ensure that those strategies that are targeted to families will have the input of collective wisdom and experience of parents.

The Alliance supports the importance of family wisdom as a critical component of collecting and synthesizing information acquired through family experiences. The Alliance has integrated the wisdom and experience of parents through the National Parent Partnership Council (NPPC). There are parent representatives from six states who have provided input on the Alliance primary prevention and early childhood

multi-year effort, the Early Childhood Initiative. Engaging and partnering with parents makes the Alliance and the state Children's Trust Funds keep the parents' perspectives as an integral component in determining evidence based practice.

What are questions that families should ask or what should you ask to include families' perspectives?

- Who developed the program or intervention? What was the race or ethnicity of the developers and where was the program used?
- What were the characteristics of the intervention group as compared to the new targeted group?
- Who defined the effectiveness or success of the program? Were participants included in identifying program effectiveness?
- Who defined the criteria by which a program was termed evidence based? That is, were the criteria sensitive to the context and the culture of the families? Were the criteria based only on one perspective or body of knowledge?

What would most families understand about Evidence Based Practice?<sup>24</sup>

- Programs or interventions meet strict standards of effectiveness
- Programs or interventions require training to ensure adherence to a model or curriculum.

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<sup>24</sup> Slaton, A.E. (2003) A Family Perspective on Evidence-Based Practices. Data Matters National TA Center for Children's Mental Health. Special edition 2003.

- Programs have proof that it works for some people under some conditions.

*DISTINGUISHING THE EFFECTIVENESS OF EVIDENCE BASED PROGRAMS*

There is not a consensus on the use of the term evidence based practice nor in the terminology of the categories composing evidence based practice. Sources sometimes refer to evidence based *practice* and evidence based *programs* interchangeably, but more correctly there are practices that may be based on scientific evidence that may not be readily infused or applied into programs in a practical way.

There are at least 35 different entities that have developed organizing conceptual frameworks for evaluating and categorizing programs and interventions along the dimensions of their effectiveness. Among these entities there were seven that are referenced here: Blueprints for Violence Prevention, California Evidence-Based Clearinghouse, Children's Bureau, Community-Based Child Abuse Prevention (CBCAP), Handbook of Injury and Violence Prevention, Kauffman Best Practices Project, Substance Abuse and Mental Health Services Administration Model Programs. The work of all of these entities has advanced our understanding of the use of evidence to support work in the prevention field. The Alliance EBP Committee has also identified that these conceptual systems are based on the models of research and evaluation that are applied in scientific research studies when ideal testing conditions can be met so therefore there are limitations of these conceptual systems to the prevention field. The conceptual systems have not incorporated findings from practitioners nor from family wisdom or from applications in

real-world settings when test conditions can not be performed. Professionals in the field of child abuse and neglect prevention draw from the body of evidence based practice what is relevant, and at the same time, also add the experiential wisdom that comes from developing, implementing and evaluating innovative practices and interventions that are intended to prevent child abuse and neglect.

This brief discussion summarizes the different conceptual approaches that have been developed and applied separately by an agency, special initiative or organization with an interest in the advancement of evidence based practice. The Advisory Group to the Children's Bureau Office of Child Abuse and Neglect (OCAN) reviewed programs in 2002 for consideration of effective or innovative programs and used the following categorization of programs:

**Demonstrated effective:** For programs subjected to rigorous evaluation using an experimental design. Available evidence of effectiveness is positive and outcomes can be considered definitive on strength of design.

**Reported effective:** For programs subjected to evaluation using a quasi-experimental or experimental design. Available evidence of effectiveness is positive, but outcomes cannot be considered definitive because of design considerations or the stated goals.

**Innovative:** For programs that have a new strategy in prevention that has noteworthy aspects, but was not yet evaluated and had not accumulated evidence as to its overall effectiveness.

The California Evidence Based Clearinghouse for Child Welfare applied a six level scale that classified programs ranging from Level 1 to Level 6. Level 1 referred to well-supported, effective practice, as evident in at least two rigorous randomized controlled trials (RCTs) that found the practice to be superior to a comparison practice. Level 2 was a supported efficacious practice. Level 3 Promising Practice referred to practices that were found to be better than comparison practices in at least one study using some form of control design (wait list, untreated group). Level 4 was used when effectiveness was unknown and Level 5 referred to studies that failed to demonstrate an effect. Level 6 was a Concerning practice when the evidence from studies indicated that the practice had a negative effect upon clients served.

A definitive effort, referred to as the Kauffman Best Practices Project reviewed 24 treatment protocols often used with abused children and their families, and classified the programs into one of six categories: (1) Well supported, efficacious treatment; (2) Supported and probably efficacious treatment; (3) Supported and acceptable treatment; (4) Promising and acceptable treatment; (5) Innovative and novel; (6) Experimental or concerning treatment.

The National Registry of Effective Programs (NREP) helps to move the prevention field and government agencies along from scientific evidence translated into practice and used an expert review process to identify three types of programs:

**Promising Programs** are generally well implemented and evaluated but may not have consistently positive results across all domains of measurement or replication.

**Effective Programs** are well implemented, well evaluated and have demonstrated consistent positive outcomes across domains of measurement and replication.

**Model Programs** have common characteristics with Effective Programs but in addition, will be actively disseminated through training and technical assistance made available to interested sites.

The Division of Violence Prevention, Centers for Disease Control and Prevention, Centers for Disease Control and Prevention developed a matrix that aligned the different conceptual frameworks along the dimension of scientific support, with a range at the high end of Well Supported Programs through several distinctions to poor performing interventions that were described as Unsupported, and Concerning or potentially harmful based on ineffectiveness of findings.

In sum, these classification systems rank practices higher that have accumulated evidence from scientifically based studies that were conducted with a rigorous design and that have published results in peer-review journals that indicates critical review of the study findings. These conceptual frameworks indicate there are similarities across different programs and the programs can be distinguished by their effectiveness. The different classification systems identify the range in programs as some interventions have been found to be

effective and others are promising but the magnitude of the effects is yet to be determined.

The conceptual frameworks can also be compared and contrasted using the characteristics of the evaluation designs such as experimental design with a randomized control trial, a matched design for assignment to comparison or intervention group, or a pre/post design with one sample. The distinguishing characteristics are not limited to the research study design, but the quality and quantity of the data that are derived from the research studies also determine if practices are to be identified as evidence based and in what category of evidence based practice such as Levels 1 through 6, or promising or effective, or well supported or concerning.

There is a lack of agreement or consensus among the multiple frameworks to assign one single category of effectiveness. In part, this is due to the complexities of prevention programs. Prevention programs may range from universal access community based programs that are directed at offering all families sources of support and information through projects that are targeted to high-risk families coping with multiple stress factors. The communities are complex and several prevention strategies may be implemented with diverse populations of families, young children, adolescents, and school age children. Work is ongoing in the prevention field to assess and use the classification frameworks to evaluate the effectiveness of programs, strategies and interventions.

There is still a limited base of solid empirical research evidence on selected prevention practices in child maltreatment prevention but the results on more

prevention strategies are starting to accumulate. The Alliance is committed to critically evaluate the quality of the evidence about any practice or program along with the quantity and consistency of the evidence. The Alliance and the trust funds incorporate knowledge of the rigor and critical reviews of evaluations in order to identify programs and practices that are promising and those that demonstrative effectiveness in positive outcomes. The Alliance also directs attention to assessing evidence of program effectiveness in the local context in which the program was provided for a population with selected characteristics.

The Alliance recognizes that there are complex research issues in the application and implementation of practices and programs that are taken out of the laboratory or research setting and applied in the real world. There are different responses among subgroups of program participants, variations in the results related to a range in intervention duration, attrition due to multiple factors, plus the effects of receipt of concurrent services that effects outcomes. In the realities of serving families and children the laboratory models or models shown to have efficacy in research settings may not be immediately and totally transferable into settings such as family support centers, clients' homes, parent education classes, early childhood settings, peer support meetings, and parent-child recreational events. The Alliance is committed to advancing strategies that have supportive scientific evidence while also ensuring that preventive strategies will work—that is to produce the desirable outcomes for various

subgroups, groups and diverse communities under real world conditions.<sup>25</sup>

The Alliance endorses the inclusion of experiential knowledge of families and practitioners to evaluate the effectiveness of practices and interventions that are implemented under typical conditions in diverse settings. The experiences and responses of program participants as well as practitioners' evaluations should be accorded significance in the recognition of effective child maltreatment prevention strategies.

The Alliance will be undertaking further work to develop an array of levels of effectiveness of programs that draws upon elements in the cited work of the CDC, OCAN and other entities. The Alliance will incorporate scientific evidence, professional experience, and family wisdom as dimensions at each level of program effectiveness. The levels or tiers are tentatively proposed as:

**Exemplary programs** Rigorous scientific evidence, accumulated professional experience, and family endorsement concur on the effectiveness of programs through positive outcomes that are evident with diverse groups in different settings.

**Supported programs** Scientific evidence of effectiveness is positive, professional experience is favorable, and family endorsement concurs but the programs have not yet been widely implemented. Evidence is favorable to implement a supported program under new conditions or a different population to generate more findings.

**Promising programs** Professional experience and family endorsement affirm the effectiveness of evidence informed programs that have not yet accumulated evidence of effectiveness under rigorous evaluation.

**Innovative programs and practices** - Professional experience and the best available knowledge support the intervention that is undergoing evaluation to elicit family responses and to identify effectiveness under certain conditions with a selected group.

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<sup>25</sup> National Alliance of Children's Trust and Prevention Funds, Evidence Based Practice Committee. Discussion Notes as of October 2007.

## **Alliance Commitments to Evidence Based Practice**

The Alliance has been committed to identifying child maltreatment prevention strategies that reconcile pure research models with the real world applications in which the work of the Children's Trust Funds takes place. The focus of the Alliance has been in the identification of effective practices to build protective factors with families and to reduce risks to prevent child abuse before it occurs. The Alliance has also been committed to assessing the array of programs and strategies that address the needs of diverse populations with apparent success whether or not all of the evidence to support effectiveness is in place. The Alliance recognizes that not all evidence based programs work the same with all groups, and because a program worked in one setting it will not necessarily be effective in another setting with a different community context or a target population. The Alliance is also committed to assist the state trust funds to ensure that programs that are funded will increase the knowledge base of what strategies will be effective for different populations and diverse communities under identified conditions.

The Alliance is committed to the position that evaluating the effectiveness of child maltreatment prevention strategies solely by the use of randomized controlled trials (RCTs) may not be ethically acceptable and is unreasonably restrictive in the intent to identify programs that will be beneficial. The Alliance concurs with the American Evaluation Association in rejecting the statement that "evaluation methods using an experimental design are *the best* for determining project effectiveness."

The Alliance and the EBP Committee acknowledged that the use of RCTs is appropriate under some conditions for selected interventions where a limited number of variables are to be measured and other possible interferences may be controlled. However, the Alliance advances the position that interventions and strategies intended to bring about positive behavior change in families and in communities that are experiencing complex situations with multiple interactions of social, economic and health factors do not allow for experimental evaluation with the random assignment of individuals to a group that does or does not receive the intervention.

The Alliance cites the evidence from the American Evaluation Association that in addition to RCTs there are qualitative and quantitative methods that are rigorous and scientific that should be used in studies of the evaluation of the effectiveness of family strengthening and child abuse prevention programs. The application of mixed evaluation methods in studies, including qualitative and quantitative approaches, is appropriate to the intervention and to the population and is scientifically based research that will inform policy and program decisions. The Alliance supports the use of evaluation methods that are not restricted to RCTs, that are ethically sound and sufficiently rigorous in light of the complex real-world situations and settings where the Children's Trust Funds' (CTFs) funded strategies and programs take place. Writing about the necessity to rethink what constitutes evidence of the effectiveness of social interventions, Smyth and Schorr (2009) state that

evaluation approaches "...must find credible evidence of effectiveness in sound theory, and in an accumulation of empirical evidence from similar or related efforts, consensus among informed observers based on a combination of theory, research, and practice experience..."<sup>26</sup>

The Alliance also recognizes that child maltreatment prevention strategies are typically implemented in complex social environments encompassing individual, interpersonal, community and societal levels. The strategies to prevent child maltreatment that are funded by the state Children's Trust Funds are often focused at more than one of these levels. The CTF efforts also extend beyond individual programs to broader strategies with the intended target being system reform to alter the occurrence of factors contributing to child maltreatment. The evaluations of these multi-tiered prevention strategies call for initiative evaluation approaches, distinguished from project specific evaluations, in order to develop knowledge of what contributes to system change.<sup>27</sup> To assess for system reform and system change evaluators should build on an appreciation for complex adaptive systems and complexity theory to be prepared to seek out and identify if multiple systemic interactions occur, unanticipated consequences emerge, or if systemic changes develop in an organized or

unorganized manner. The Alliance recognizes that theory supported evaluation approaches are necessary to evaluate the effectiveness of innovative child maltreatment prevention strategies that may have a societal focus or deep penetration into a local community that could potentially prevent maltreatment and improve child safety and well-being.

The Alliance position on advancing our understanding and use of evidence based practice promotes these guidelines:

- Include multiple sources in evaluation and conduct meaningful evaluations. The Alliance endorses appropriate quantitative and qualitative methods in evaluating programs. It is not sufficient to include only observational methods but tools that include the participants' perspective or voice should be included in program evaluations. The Alliance should also work with the Children's Trust Funds to assist them to guide funded grantees to conduct meaningful evaluations that will contribute to identifying the promising components of programs as well as elements of programs that are not shown to be effective under specific circumstances.
- Apply evaluation designs and methods that are appropriate to the characteristics and values of the program, strategy, or intervention. Smyth and Schorr<sup>28</sup> identified the characteristics of social interventions that are successful in addressing the complex situations of individuals and families today and these apply to strengthening families and preventing child maltreatment. These

<sup>26</sup> Smyth, K.F. & Schorr, L. (2009) A Lot to Lose: A Call to Rethink What Constitutes "Evidence" in Finding Social Interventions that Work" Unpublished paper Retrieved online Jan. 30, 2009 from [http://www.hks.harvard.edu/socpol/A\\_Lot\\_to\\_Lose.pdf](http://www.hks.harvard.edu/socpol/A_Lot_to_Lose.pdf)

<sup>27</sup> W.K. Kellogg Foundation. (2007) Developing Initiative Evaluation: A Systems-oriented framework for evaluating Social change efforts.

<sup>28</sup> Smyth and Schorr (2009), p.9

interventions were described by the authors as not being amenable to an evaluation that used an experimental design including a randomized controlled trial.

The Alliance recognizes that successful interventions focused on strengthening families and preventing child maltreatment often share these characteristics: an emphasis on relationships and trust; an orientation toward working in partnership with program participants, significant front-line flexibility, an understanding of the importance of the larger environment, and accountability. The Alliance and EBP Committee would support that interventions with these characteristics call for a more innovative evaluation approach that should be rigorous in the collection and analysis of data with comparison to theory, practice, and other similar programs in order to contribute to our understanding.

- Identify promising program components. Focusing solely on a program model in its entirety does not allow for determining what adaptations may influence the impact of a program with a different population and a different array of resources. To maximize the impact of evidence-based programs, the Alliance supports identifying and understanding what effective program components can be replicated or applied in different contexts.
  
- Provide examples for the field on the range of programs and strategies that can be implemented. The Alliance would endorse that appropriate evaluation methods include case studies that examine the influence of factors that affect whether

a program, strategy or approach works under real-life conditions. The Alliance is in a position to collect evidence on innovative case studies that are effective so that CTFs may continue to fund innovative programs that will lead to more knowledge of what works in specific communities. The Alliance is also supportive of the use of Evidence Informed programs and practices (EIP) that refer to the application of the best available research and practice knowledge in the design and the development of prevention strategies relevant to family and community contexts.<sup>29</sup>

- Provide support for innovative programs as well as models that have demonstrated effectiveness and are identified as evidence based practices. The direction that will have the biggest impact is most likely to support a combination of programs that have accumulated evidence as well as innovative programs that are on the road to compiling evaluative data. The Evidence Based Practice Committee of the Alliance has identified that funding priorities might adopt a minimum of an 80-20 principle to provide 80 percent of the funding to programs with accumulated evidence to support their implementation, and 20 percent of funding to innovative efforts. The principle is also expressed as a 60-40 split for funding evidence based and innovative programs.

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<sup>29</sup> Definition is adapted from work by the Institute of Medicine and the American Psychological Association cited in the Guidelines for CBCAP Lead Agencies in the Use of Evidence-Based Practice and Evidence Informed Programs and Practices: Learning along the Way. Working Paper 11/13/07

- Inform the field in the success of increasing protective factors and reducing risk factors as contributing to the goal of preventing child maltreatment.

The Alliance may work cooperatively with other organizations to identify the markers or indicators to measure protective factors that are related to strengthening families and to preventing child abuse and neglect. The Alliance is positioned to promote that these indicators be accepted as evidence of success toward preventing child abuse. The Alliance would like to accumulate evidence on the promise of the protective factors to strengthen families and to prevent child maltreatment while also being open to emerging data that may identify when protective factors are not sufficient and when alternative approaches are warranted.

### PREVENTION STRATEGIES

The Alliance has not endorsed or directly funded specific evidence based programs. The trust funds have supported different prevention strategies and the range in the strategies has been considerable from funding the implementation of evidence-based home visiting models to funding the innovative adaptation of evidence-informed programs that are tailored to fit the targeted community needs and values to increase positive behavioral change. The trust funds have funded strategies that have accumulated evidence on effectiveness through provider and

participant evaluations as well as widely recognized best practices.

The trust funds have employed numerous criteria to select a mix of strategies that have an intended impact at the individual, relationship, community and society levels. At the individual level, child abuse and neglect prevention strategies can be specific in focus to a group considered to be at-risk such as teen parents or broad in outreach to provide information to all community residents. The prevention strategies at the individual level are usually focused on reducing the effects of risk factors that include parents' lack of understanding of typical child development, parents' history of child abuse in family of origin, parental substance abuse, or parental distress or mental health conditions. At the interpersonal or relationship level, prevention strategies are typically based on reducing the effects of family risk factors that include social isolation, socioeconomic disadvantage such as unemployment or lack of education, family disorganization, and poor parent-child relationships.

At the individual, interpersonal, and community levels there are encouraging results to promote the continuation of evidence informed and evidence based practices and programs. See Appendix 2 for a description of selected strategies, some of which have been funded and supported by state trust funds, plus the highlights of the results of strategies.

## *Continuing work related to Evidence Based Practice*

The Alliance will continue to advance the application of evaluation research along with practice experience to support the provision of effective programs that strengthen families and prevent child abuse and neglect. The Alliance is also committed to advancing the cumulative progress toward decreasing child maltreatment that will occur through continuing and expanding support for the practices and programs that have demonstrated favorable outcomes. At the same time the Alliance and the trust funds endorse the concurrent development of innovative practices that are supported by practitioner and family wisdom that contribute to the overall goal of decreased child maltreatment. The Alliance and the Children's Trust Funds are ever mindful of the necessity and the urgency to continue this work in light of the social, health, and financial implications for society that occur due to child maltreatment.

The Alliance is committed to expand the understanding and use of evidence in practice and to enhance the effectiveness of strategies and programs to focus on strengthening families and preventing child abuse and neglect. The Alliance has determined that in alignment with its five year strategic plan, the continuing work of the Evidence Based Practice Committee will be to:

1. Identify a continuum of evidence based and evidence informed practices and strategies. The continuum would likely include the points referred to earlier as Exemplary, Supported, Promising, and Innovative programs. Innovative practices such as creative community-

based approaches that show potential for desired effects but lack a thorough evaluation will have a place, as does research based child maltreatment prevention programs that have undergone rigorous evaluation. The Alliance continuum of effectiveness of prevention programs will incorporate the practitioner and participant experiential dimensions that have not been included in other categorizations of levels of effectiveness.

- Implicit in these points along a continuum is that programs should include working in partnership with parents and communities to ensure the responsiveness of strategies and approaches.
- The development of a continuum of effectiveness of prevention practices should lead to the identification of criteria for effective programs that align with practices and strategies.

2. Develop guidelines for the trust funds to use in funding a range of prevention strategies that include evidence based programs as well as innovative strategies that are locally and culturally responsive to communities.

- One underlying assumption is that any given strategy may not be effective for a targeted group or population and parents and community members may provide this information.
- The selection of child maltreatment prevention strategies should be made with the input of knowledgeable representatives, including parents in the community. The professional

practice experience and the collective wisdom of practitioners should also be incorporated in developing guidelines for funding strategies which have proven or potential effectiveness.

3. Incorporate relevant dimensions from the evidence based practices in other fields, including mental health and child welfare, into the development of evidence based practice for strengthening families.
4. Provide the most current information to the trust funds so they may make decisions to fund implementation projects that will replicate evidence-based models or promote evidence-informed practices that expand available knowledge on child maltreatment prevention.
5. Disseminate guiding principles to assist the CTFs to develop rigorous evaluation designs that are appropriate to the size, scope and duration of the intervention and to the characteristics of the intended participants in the family strengthening efforts and child maltreatment prevention. The Alliance is being deliberate in expanding rigor to include qualitative and quantitative evaluation methods that are appropriate to demonstrate effectiveness in the complex and dynamic systems of families and communities.<sup>30</sup>

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<sup>30</sup> Rust, G. & Cooper, L. (2007) How Can Practice-based Research Contribute to the Elimination of Health Disparities? *The Journal of the American Board of Family Medicine*, 20(2), 105-114.

### GENERATING NEW EVIDENCE ON FAMILY STRENGTHENING AND CHILD MALTREATMENT PREVENTION

The evidence is clear that long term health, mental health, and behavioral health conditions that are associated with child maltreatment are a pervasive societal problem (See technical notes 1-5). Indirect costs for child abuse and neglect include special or remedial education, welfare, criminal justice, and medical costs when abused or neglected children require services and subsequent interventions, including income maintenance programs, mental health services, and Medicaid. The indirect costs to society are not only for the long term treatment and intervention for children but also for the effects that childhood abuse may have on adult alcoholism, drug abuse, depression, suicide and chronic disease.<sup>31</sup> (See technical notes 6-8).

The tremendous costs for intervention services combined with the indirect costs for mental health treatment, law enforcement, medical care and remedial education that can be compared to the much lower costs for prevention services demonstrate that investing in prevention is a sound direction to take. The investment in prevention should ensure that today's children become tomorrow's productive adult workers, caregivers, parents, and taxpayers. The data on societal costs related to child maltreatment provide more than sufficient motivation to push ahead in identifying all the potential strategies to

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<sup>31</sup> National Center for Injury Prevention and Control. (2005) Using Evidence-Based Parenting Programs to advance CDC Efforts in Child Maltreatment Prevention Research Activities. Atlanta,GA: Centers for Disease Control and Prevention.

prevent child abuse and neglect. The high costs of child maltreatment also demand that an extensive range of prevention strategies should be implemented in order to achieve positive outcomes in strengthening families and in decreasing child maltreatment. The Alliance will

continue to advance and promote innovative strategies and programs as well as to support programs known to be effective toward achieving the goals of strengthening families and preventing child maltreatment

## Appendix 1.

### Technical Notes on Child Abuse and Neglect

1. Child abuse and neglect is a serious social and public health problem that has emotionally devastating effects on its young victims. Nearly one million children annually have been the victim of some form of abuse or neglect. A decade ago, the National Center on Addiction and Substance Abuse (NCASA) reported that 50-90 percent of the children coming into the Child Protective Services (CPS) system, have parents who had abused alcohol, methamphetamine, cocaine, and marijuana or were under the influence of alcohol or other substances.<sup>32</sup> Children of substance abusers may have suffered damage beyond the emotional neglect, as they may have fetal alcohol syndrome, or physiological symptoms of withdrawal or lead poisoning due to meth manufacturing. Costs for the long term treatment and interventions for children who have been abused or neglected and suffered effects of substance abuse may continue to increase as more become known about these toxic exposures to children.
2. The long term effects of child maltreatment on adult behavior and health outcomes were described in the Adverse Childhood Experiences (ACE) Study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente Health Appraisal Clinic in San Diego, California.<sup>33</sup> The study researchers defined adverse childhood experiences to include physical, emotional, sexual abuse, emotional and physical neglect as well as household dysfunction evident in parental violence, mental illness, and parental incarceration. The data from 17,000 individuals, including 9,367 women and 7,970 men, were analyzed and Individuals who had experienced child maltreatment had an increased risk of depressive disorders in early adulthood;<sup>34</sup> and were also at greater risk of alcoholism and were more likely to marry an alcoholic.
3. Children who have endured abuse and neglect are more likely to develop disabilities. Young children that experience serious head trauma as a result of abuse may develop blindness, motor impairment, and cognitive impairments. Maltreatment during early childhood can cause regions of the brain to develop improperly which can cause physical, mental, or emotional problems such as attention deficit hyperactivity disorder.<sup>35</sup> One study found that one of every two abused children has difficulties in school and 22 percent of abused children have a learning disorder.<sup>36</sup> Abused children are also more likely to exhibit aggressive or withdrawn behaviors, as well as higher risks for juvenile delinquency and criminal activity. In one study, researchers found that being abused or neglected nearly doubled the odds that a child would commit a crime as a juvenile. As many as 20 percent of abused children will be convicted for a serious juvenile crime.<sup>37</sup>

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<sup>32</sup> Altshuler, S.J. (2005) Drug-endangered Children Need a Collaborative Community response. *Child Welfare*, 84(2),171-190.

<sup>33</sup> Middlebrooks, J.S., & Audage, N.C. (2008) The Effects of Childhood Stress on Health Across the Lifespan. Atlanta,GA: Centers for Disease Control and Prevention. National Centers for Injury Prevention and Control.

<sup>34</sup> Widom,C., Dumont,C., Czaja,S. (2007) A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up. *Archives of General Psychiatry*, 64(1),49-56.

<sup>35</sup> Department of Health and Human Services (DHHS) Administration on Children, Youth and Families. (2001). In focus: Understanding the effects of maltreatment on early brain development. Washington,DC: Government Printing Office. Retrieved online. [www.childwelfare.gov/pubs/focus/earlybrain/earlybrain.pdf](http://www.childwelfare.gov/pubs/focus/earlybrain/earlybrain.pdf)

<sup>36</sup> Daro, D. (1988) *Confronting Child Abuse: Research for Effective Program Design*. New York: The Free Press.

<sup>37</sup> Lewis,D., Mallouh,C., & Webb, V. (1989) Child Abuse, delinquency, and violent criminality. In D. Cicchetti & V. Carlson, (Eds.) *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*, pp. 707-721.

4. The victims of abuse: According to the National Child Abuse and Neglect Data System (NCANDS), in the United States in 2005, there were more than three million reports of child abuse and neglect. Of these referrals, 899,000 were confirmed to be victims of neglect or abuse.<sup>38</sup> Most often, the victims were under three years of age, and 40 percent of the children in confirmed reports were under six years of age. The very youngest children were often the victims of abuse as indicated in a Centers for Disease Control and Prevention (CDC) study conducted on data in 2005-06. In the data reviewed by the CDC, there were 91,278 babies less than one year old who were documented victims of child abuse or neglect.<sup>39</sup> Even more concerning was that 33 percent of these infants, or 29,881, were victims of abuse or neglect before they were one week old.
5. Disproportionality in removal of children due to neglect: Using the NCANDS data, in 2005, nearly half of the children who were maltreated were white, 23.1 percent were African American, and 17.4 percent had Hispanic ancestry. American Indian and Alaska Natives were 1.2 percent of the victims, and Asian American-Pacific Islanders accounted for less than 1 percent of the victims.<sup>40</sup> A review of NCANDS data indicated that across communities in the U.S., African American and Native American children may be removed from a home and placed in foster care more often than in comparison to similar cases of white children. The disproportionate representation of children of color in the child welfare system has been due, at least in part to the differences in perceptions between professional staff, usually social workers, and family members regarding acceptable lifestyles and home environments.<sup>41</sup> The different perceptions based on different values have led to clashes and cultural misunderstandings as to what constitutes abuse and/or neglect among families. In numerous cases, the social workers' decisions to remove a child from a home are most likely based on the imposition of the social worker's values as to the poverty of the home. The lack of understanding of cultural variation has contributed to significantly higher rates of reported neglect for American Indian children than children of other races.<sup>42</sup>
6. The estimated annual cost of child abuse and neglect in 2007 was \$103.8 billion. This cost refers to the price of intervention and treatment of children who are physically, emotionally, or sexually abused as classified in the Third National Incidence Study of Child Abuse and Neglect (NIS-3).<sup>43</sup> This amount does not include the costs for intervention or treatment for the perpetrators. Nearly one-fourth of the total cost was for expenditures associated with child abuse and neglect by state and local public child welfare agencies. The costs for hospitalizations for children who suffered serious injuries were more than \$6.6 billion in 2007.
7. The costs in the adult criminal justice system that are associated with 13% of the victims of child maltreatment later becoming adult violent offenders are nearly \$28 billion. The highest cost, more than \$33 billion, was in the lost productivity to society for victims of serious child abuse and neglect. This was calculated based on the number of child victims that sustained serious injuries

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<sup>38</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2007) *Child Maltreatment 2005*. Washington, D.C: Government Printing Office.

<sup>39</sup> Centers for Disease Control and Prevention. (2008) Nonfatal maltreatment of Infants-United States Oct. 2005-Sept. 2006. *CDC Morbidity and Mortality Weekly Report*, 57(13), 336-339.

<sup>40</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2007) *Child Maltreatment 2005*. Washington, D.C: Government Printing Office.

<sup>41</sup> Fisher, P.A., Bacon, J.G., Storck, M. (1998) Teacher, parent, and youth report of problem behaviors among rural American Indian and Caucasian adolescent. *American Indian and Alaska Native Mental Health Research*, 8, 1-23. Northwest Institute for Children and Families. (2007) Program Report of the Frontline Connections Quality Improvement Center. Seattle, WA: University of Washington, Northwest Institute for Children and Families.

<sup>42</sup> Earle, K.A. and Cross, A. (2001) Child Abuse and Neglect among American Indian/Alaska Native Children: An Analysis of Existing Data. Seattle, WA: Casey Family Programs.

<sup>43</sup> Wang, C. & Holton, J. (2007) Total estimated Cost of Child Abuse and Neglect in the United States. Chicago, IL: Prevent Child Abuse America. Study funded by The Pew Charitable Trusts.

that impaired their wage earning capacities over 34 years that is the average number of years (for men and women) in the labor force.

8. A study completed for the Alabama Children's Trust Fund identified that the indirect costs to society for child abuse and neglect are due to several factors: mental health costs for adults affected by child abuse, loss of tax revenue due to the child abuse victims' death or disability, reduced wage earnings for adults who are underemployed or unemployed as a result of childhood trauma, and costs of incarceration for juvenile delinquents and adult offenders.<sup>44</sup>

The Michigan and Colorado Children's Trust Funds completed separate studies that supported the provision of prevention services as less costly than multi-system intervention services. The cost of providing prevention services to all first-time parents in Michigan was estimated at \$43 million annually. The costs linked to responding to child abuse, medical treatment, child protective services, foster care, juvenile and adult criminal justice costs, mental health costs were estimated at \$823 million annually.<sup>45, 46</sup> In Colorado, the Children's Trust Fund study found that intervention costs were estimated at \$402 million annually but the home visitation services for high risk families was estimated at just \$24 million annually.

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<sup>44</sup> Center for Business and Economic Resources, University of Alabama (2007). The Costs of Child Abuse vs. Child Abuse Prevention: Alabama's Experience. Alabama: Alabama Children's Trust Fund, April 2007.

<sup>45</sup> Caldwell 1992 cited in Thomas, A. et al. (2003) Emerging Practices in the Prevention of Child Abuse and Neglect. Maltreatment Incidence, Impact, and Existing Models of Prevention. Retrieved online: <http://www.childwelfare.gov/preventing/programs/whatworks/report/emerginga.cfm>

<sup>46</sup> Caldwell, R.A., & Noor, I. (2005) The Cost of Child Abuse vs. Child Abuse Prevention: A Multi-year Follow-up in Michigan.

## Appendix 2.

### Selected Evidence-Based and Evidence-informed Prevention Strategies

#### PREVENTION EFFORTS ON A SOCIAL ECOLOGICAL MODEL

Prevention efforts may be conceptualized along several dimensions in an ecological framework--the focus may be at the individual level, the interpersonal level such as the family unit, the community level including media campaigns such as efforts to prevent Shaken Baby Syndrome, and at the society level. It is important that all four levels are addressed by prevention efforts in order to bring about lasting changes from our prevention efforts.

Many of the Children's Trust Funds have provided funding for a number of prevention strategies at the individual, interpersonal, community and society levels. The strategies have included primary prevention services or interventions directed to individuals, groups, or to entire communities. Strategies are inclusive of many types of programs or interventions that are targeted to certain groups or individuals with selected characteristics. These include: home visitation, early childhood center-based services, mutual support groups, parent education, and public education media campaigns that may be aimed at the general public or targeted to specific groups.

The Children's Trust Funds have provided funding for various strategies that are typically selected based on several criteria. One criterion is how can the program or intervention be measured, for example, can changes in parenting behavior be assessed; or, can

participants demonstrate that increased knowledge has changed their behavior? The prevention activities or models that are included here have demonstrated specific measurable ways to assess results and these models have been implemented under conditions where there was rigorous analysis of the findings. These models have been identified as evidence based practices in more than one review of prevention strategies. The models developed in research settings, such as the Nurse Family Partnership, have not included the parents' perspective in assessing success of interventions and programs. The inclusion of parents' perspectives would be an additional element to improve the relevance of this strategy in different groups.

The following strategies are selected from published sources and from the comprehensive inventory of preventive strategies that was developed from the National Alliance of Children's Trust and Prevention Funds. This is only a selection of the strategies that have been evaluated and are regarded as evidence based or evidence informed strategies. There is also evidence that is accumulating that will likely support additional strategies based on positive outcomes. The Alliance recommends that innovative strategies should also be implemented that are based on professional and participant experiential knowledge that have been shown to have promising effects.

#### HOME VISITING AS A STRATEGY

Home visitation programs have usually been targeted to specific population

groups: low income parents, young parents or teen parents, first time mothers, children at risk for abuse and neglect, or parents of low birth weight infants. The home visiting strategy has been applied in different contexts with variations in the key components: the provider of the service, the duration and intensity of the services, and the curriculum that has been applied. Visitation programs have typically included development of problem-solving skills, infant care, family planning skills, tips on parenting, and referrals for community services. The intent is that by providing resources and guiding the parent to adopt positive behaviors the parent will not resort to any violent or neglectful behavior, with the result being a positive effect in the parent-child relationship and the child's development.

- Nurse Family Partnership: Evaluations that have been conducted of various home visitation programs have generated different findings that provide support for components of this strategy in selected contexts. A meta-analysis of home visiting programs done in 1999 cautioned against the large scale expansion of all home visiting programs citing somewhat modest effects. In the last decade, the refinements in evaluations have demonstrated the success of home visiting programs for some populations with certain characteristics under some conditions. In an analysis of 26 home visiting programs that had a goal to reduce child abuse and neglect, the result was that programs delivered by professional visitors (nurses or mental health workers) generated more positive results than did those delivered by paraprofessionals. Programs delivered by nurses demonstrated a median reduction in child abuse of 48.7 percent (range

24.6-89 percent) while programs with a mental health worker demonstrated a median reduction in child abuse of 44.5 percent.<sup>47</sup> The Nurse Family Partnership is one program where professional nurses regularly visit families up to the child's second birthday. The evaluation of a trial of the Nurse Family Partnership (NFP) that was initially implemented in Elmira, NY showed that 19 percent of the comparison group mothers (who had not received services) abused their children within two years as contrasted to 4 percent of the intervention group of mothers. However, this striking result of the home visiting program based on nurses seeing at risk families in their home prior to and following the birth of their first child, was not replicated in another implementation of the Nurse Family Partnership when families were considered as low risk.<sup>48</sup> This finding indicates that higher risk mothers benefit more from the NFP services.<sup>49</sup>

However, the replication of the Nurse Family Partnership in Memphis and Denver yielded data that could be

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<sup>47</sup> Task Force on Community Preventive Services. (2003) First reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. Centers for Disease Control and Prevention (CDC). MMWR Recommendations and Reports Oct. 3, 2003/52 (RR14)1-9.

<sup>48</sup> Olds, D., Henderson, C., Kitzman, H., Eckenrode, J., Cole, R., & Tatelbaum, R. (1998). The promise of home visitation: Results of two randomized trials. *Journal of Community Psychology*, 26, 5-21.

<sup>49</sup> Karoly, L.A., Kilburn, R., Bigelow, J.H., Caulkins, J.P., Cannon, J.S. (2001) Assessing Costs and Benefits of Early Childhood Intervention Programs: Overview and Applications to the Starting Early, Starting Smart Program. Santa Monica, CA: RAND Corporation. Retrieved online: [http://www.rand.org/pubs/monograph\\_reports/MR1336/](http://www.rand.org/pubs/monograph_reports/MR1336/)

combined with data from the initial study in Elmira, NY that indicated a benefit cost ratio of 2.88:1. The savings were related to decreased justice costs when children in the intervention group did not commit crimes as adolescents in the longitudinal data collection. The Nurse Family Partnership had some sites that had statistically significant reductions in emergency room visits for childhood injuries and in rates of child abuse and neglect. The savings from these program impacts were relatively small that was due in part to these results not being found consistently across all three sites.<sup>50</sup> The program results from the Nurse Family Partnership that were found consistently were that parents in the intervention group delayed subsequent pregnancies that meant mothers had more energy, time, and resources for their child and this increased a protective factor associated with diminishing risks for child abuse and neglect.

In the National Alliance of Children's Trust and Prevention Funds, several states, including Washington, provide funding to public health or child welfare partnerships that are implementing the Nurse Family Partnership. In some states, there is more than one site where the NFP is being conducted and evaluation data are being collected to contribute to the knowledge base of evidence based practice models.

•Other Home Visiting Models: CTFs in the Alliance have also provided a substantial portion of their total available funds to entities that are implementing other home visiting models. Examples of this include the Healthy Families America Model, implemented in New York and

Massachusetts, as well as the STEEP Program model that is home visiting targeted to families with medically fragile or premature infants. Selected results of these models are referred to below as examples of evidence based home visiting programs funded by CTFs.

•Healthy Families: The NFP Model used a professional home visitor, but another home visitation model is the Healthy Families America model that employs paraprofessional home visitors. The program effects of the Healthy Families America model, that used a one sample pre and post design in some evaluations, were not as pronounced as the NFP model. This finding could be explained by the characteristics of the mothers who received services. In an evaluation of Healthy Families New York (HFNY), that had a random assignment with a sample size of over 1,000 women, the results for the subgroup of mothers under 19 years of age were similar to the results of the NFP model. This finding strongly suggested the characteristics of the parents (first time, young, at risk parents) could explain the differences in the reported effects for the Healthy Families and Nurse Family Partnership models.

The evaluation of Healthy Families New York met the Promising Practices Network evidence based on study design, effect size and statistical significance. In the evaluation of Healthy Families New York (HFNY) that used a random assignment, the HFNY mothers were less likely (51 percent) to report having committed minor physical aggression against their children in the past year than did their counterparts in the control group (70 percent). The intervention group parents were also less likely (41 percent) to self report having engaged in harsh

<sup>50</sup> Isaacs, J.B. (2006) Cost-Effective Investments in Children. Budgeting National Priorities. The Brookings Institution.

parenting behaviors in the past week than did the control group, (62 percent) when measured at year 2.<sup>51</sup> The HFNY evaluators also used CPS substantiated reports on child abuse and neglect as a measure to evaluate the program effect. In the HFNY evaluation and in a study of Alaska's Healthy Families program, there were no significant differences between the HF intervention groups and the control groups on substantiated CPS reports at year 1. A possible explanation is that families in the Healthy Families Programs have more scrutiny and the paraprofessional's attention to the parent behavior so any suspected incidents are more likely to be detected.

The evaluation of the Healthy Families Massachusetts Program, conducted by Tufts University, found that child maltreatment by Healthy Families mothers was two-thirds lower than the 33 percent rate among teen mothers in a demographically comparable sample. Healthy Families Massachusetts provides home visiting targeted to parents age 20 and under and the home visits begin in pregnancy and continue until the child's third birthday. Additional effects included the young children's evidence of healthy development in all assessed areas.

•Home Visiting targeted to vulnerable populations: The evidence from a different home visiting model, the Steps toward Effective, Enjoyable Parenting (STEEP) Program that was targeted to families with medically fragile infants was positive in several areas. The results indicated a reduced number of injuries

treated in emergency rooms due to maltreatment and enhanced safety of vulnerable children. The evaluation also indicated that program participants, compared to a control group, had an increased understanding of child development, provided more appropriately stimulating home environments, and responded to their child's needs even in stressful situations. The program focuses on parent child interactions, role-modeling for parents, and promoting positive behaviors.

Parents as Teachers (PAT) is another model that has accumulated evidence of increasing parenting knowledge and skills to reduce risks associated with child abuse and neglect. PAT targets parents with children from birth to 3-5 years old and focuses on child development. PAT includes home visits, group meetings, developmental screenings, and connection to community resources. In a recent report of early childhood interventions, the results of a randomized trial were that adolescent mothers who received case management and PAT were significantly less likely to be subjected to child abuse investigations than were control group mothers who had received neither case management nor PAT.<sup>52</sup>

One model that has been identified for physically abusive parents is a coached behavioral parent training intervention, Parent-Child Interaction Therapy. A randomized efficacy trial suggested that PCIT may reduce future abusive

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<sup>51</sup> DuMont, K., Mitchell-Herzfeld, S., & Greene, R. Healthy Families New York Randomized Trial: Impacts on Parenting After the First Two Years. Rensselaer, NY: New York State Office of Children and Family Services.

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<sup>52</sup> Reynolds, A., Mathieson, L., & Topitzes, J. (2009) Do early childhood interventions prevent child maltreatment? *Child Maltreatment*, 14(2), 182-206.

behavior among abusive parents<sup>53</sup> but further evaluations are needed.

FAMILY FOCUSED CENTER-BASED FAMILY STRENGTHENING STRATEGIES

The most often cited benefits of enrolling children in high quality early childhood programs are improved outcomes in school and higher years of education completion. Some research has also shown lower rates of child maltreatment and higher rates of employment among mothers of children enrolled in early childhood center based programs.<sup>54,55</sup> Providing high quality child development in early childhood/child care centers will not of itself reduce child abuse and neglect, unless specific strategies are also implemented that are focused on parents.

•Strengthening Families through Early Care and Education: One parent/family focused approach that has very broad applicability is Strengthening Families through Early Care and Education. The Strengthening Families approach is an evidence informed practice based on decades of child abuse prevention studies. The National Alliance of Children's Trust and Prevention Funds has worked in cooperation with the Center for the Study of Social Policy

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<sup>53</sup> Chaffin, M., Silovsky, J., Funderburk, B. et al. (2004) Parent child interaction therapy with physically abusive parents. *Journal of Consulting and Clinical Psychology*, 72, 491-499.

<sup>54</sup> Isaacs, J.B. (2006) Cost-Effective Investments in Children. Budgeting National Priorities. The Brookings Institution.

<sup>55</sup> Reynolds, A.J., Temple, J.A., Ou, S.R. (2003) School based early intervention and child well being in the Chicago Longitudinal study. *Child Welfare*, 82, 633-656.

(CSSP) in implementing the Early Childhood Initiative, funded by the Doris Duke Charitable Foundation. In 2006, the Alliance awarded seed grants to nine states and had a learning community of a total of 23 state CTFs that are accomplishing an overall aim to strengthen families through increasing the protective factors known to reduce child abuse and neglect.<sup>56</sup> The CTFs are developing early childhood networks, alliances, or work groups and the Protective Factors have been integrated as an approach for services, programs, or activities for children and families. The protective factors are interconnected and as an overarching approach are intended to be infused into the practices, policies, and programming in early childhood settings toward the ultimate goal of reducing child abuse and neglect.

The protective factors for parents are: Parental resilience, Social connections, Knowledge of parenting and child development, and Concrete Support in time of need. The protective factor for children is: children's social and emotional development. These five protective factors are each supported by research, for example, the second protective factor is Social Connections. Adults who are isolated and who have little respite from parenting, with little or no interaction with supportive relatives or friends are at risk for child maltreatment. The Strengthening Families approach would have early childhood settings provide opportunities for parents to connect with other parents, and to also develop relationships that are positive, reciprocal, and flexible. Applying the

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<sup>56</sup> Center for the Study of Social Policy. (2004) Protecting Children by Strengthening Families. Washington, DC: Center for Study of Social Policy.

Strengthening Families approach, early childhood settings would also offer support to parents to help them develop positive relationships. Another protective factor is knowledge of parenting and child development. Parents who do not know typical child development may over-estimate their child's abilities and that can lead to parent frustration, anger or resentment, which will likely increase risks for maltreatment. The Strengthening Families approach would support education that focuses on parents' strengths and emphasizes relationships over time and developing decision making skills. Strengthening Families would not recommend a single educational program but would support the use of educational approaches that respect parents' individual and cultural differences.

The staff in early childhood/ child care settings receive instruction in the Strengthening Families approach, so they are prepared to interact with all families to build protective factors. Families typically want to increase their protective factors as these are positive attributes, so parents draw on their own support networks and seek assistance if needed. Services could be planned by parents and could include peer support groups, lending libraries, parent-information sessions, or volunteer projects. The focus is on protective factors but the trained early childhood staff would also have a strategy to recognize risky situations to respond to early warning signs of abuse and neglect. The prepared early childhood staff would carry out other strategies that strengthen parenting, link families to resources, respond to family crises, and value parents.

•Family Resource Centers as a means to increase community capacity: While the

focus of the Strengthening Families through Early Care and Education movement was on child care settings, there is another setting in community-based Family Resource Centers where opportunities exist to support and strengthen families. Many of the Children's Trust Funds have provided support to further parent-driven agendas for local programming that informs parents about child development and builds parenting skills within culturally responsive contexts. Local evaluations that have been conducted of Family Resource Centers indicate that parents do gain new knowledge or improve parent child interaction skills. Future cross-site evaluations that combined the results across Family Resource Centers would be a means to better assess the results of the centers' programming toward the goal of strengthening families and engaging the community in nurturing families.

#### PARENT EDUCATION AS A STRATEGY

One of the overall strategies that has received support is parent education that typically focuses on developing positive discipline approaches, increasing knowledge of child development, and promoting positive parent-child interactions.<sup>57</sup> Parenting programs have been implemented at a community level where the program is made available to all individuals as well as to a more targeted population that is identified to be at risk. One parent education program for new parents that was conducted in a hospital setting was effective in reducing the rates of abusive

<sup>57</sup> Daro,D., McCurdy,K. (2007) Interventions to prevent child maltreatment. In L. Doll, S.Bonzo, D. Sleet, J. Mercy, & E. Hass. (Eds.) Handbook of Injury and Violence Prevention. (pp. 137-156).New York: Springer.

head trauma to infants.<sup>58</sup> The success of parenting program intervention has varied and is dependent on the retention of the parents and their adoption of the positive behaviors to reduce child maltreatment. The evaluations of parenting programs have shown that 30-80 percent of families that are most at risk for child treatment will complete programs and up to 50 percent of families may continue to be at risk for child maltreatment when the program services are completed.<sup>59</sup>

The Centers for Disease Control and Prevention (CDC) provided funding for the evaluation of parent participation and attrition in parenting programs, through cooperative agreements with Purdue University and the University of Oklahoma Health Sciences Center on Child Abuse and Neglect. The evaluation should contribute to understanding program participation and parents' skill development to manage challenging parenting situations and avoid child maltreatment.<sup>60</sup>

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<sup>58</sup> Dias, MS., Smith, K., deGuehery, K., Mazur, P., Li, V., Shaffer, ML. (2005) Preventing abusive head trauma among infants and young children: a hospital-based, parent education program. *Pediatrics*, 115(4), 470-477.

<sup>59</sup> Lundquist, LM, Hanson, DJ. (1998) Enhancing treatment adherence, social validity, and generalization of parent-training interventions with physically abusive and neglectful families. In J.R. Lutzker, (Ed.). *Handbook of child abuse research and treatment* (pp. 449-471). New York: Plenum Press.

<sup>60</sup> National Center for Injury Prevention and Control. (2005) Using Evidence-Based Parenting Programs to advance CDC Efforts in Child Maltreatment Prevention Research Activities. Atlanta, GA: Centers for Disease Control and Prevention.

There is a growing evidence base that parent education programs are effective. The findings from a meta-analysis of 23 parent education programs designed to reduce parents' risk of abusing a child indicated moderate effectiveness. The effectiveness of the programs was enhanced when the parent education was delivered in an individual setting and when it was provided by a home visitor.<sup>61</sup> The results of the meta-analysis should be considered in relation to the characteristics of the programs that were included in the study which may not be generalizable to all programs. Three sources, the Rand Organization's Promising Practices Network, the Office of Juvenile Justice and Delinquency Program (OJJDP) Family Strengthening Series, and the Office Child Abuse and Neglect Emerging Practices criteria contributed to the identification of principles of effective parent education. Effective parent education programs had explicitly stated measurable outcomes, were of sufficient length and intensity, had interventions tailored to family's developmental milestones, were based on an asset (strengths) model, and demonstrated an ecological approach that was sensitive to the influence of neighborhood and community context.<sup>62,63</sup>

The Children's Bureau review of programs identified that the Family Connections Program in Baltimore, MD

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<sup>61</sup> Lundahl, B.W., Nimer, J., Parsons, B. (2006) Preventing Child abuse: a meta-analysis of parent training programs. *Research on Social Work Practice*, 16, 251-262.

<sup>62</sup> Office of Juvenile Justice and Delinquency Prevention. (2000). *Raising Responsible and Resourceful youth*. Retrieved from <http://www.ncjrs.org/pdffiles1/ojjdp/184746.pdf>

<sup>63</sup> Rand Corporation. (2006). Promising Practices Network on Children, Families, and Communities. Retrieved from <http://www.promisingpractices.net/orientation2.asp>

was a demonstrated effective program that provided family-focused intervention services. The evaluation used two intervention groups and included 26 outcome measures that indicated the program succeeded in increasing protective factors by increasing the use of positive discipline methods, improving the coping strategies of caregivers, and promoting supportive caregiver-child relationships that reduced the incidents of child abuse and neglect.

Many states in the National Alliance of Children's Trust and Prevention Funds have funded programs and interventions that have similar objectives to increase protective factors for parents/caregivers and improve the parent-child relationship with the ultimate goal to reduce child abuse and neglect. The funded programs have been variations of a service model for family interventions and have targeted families with very young children, school aged children or adolescents. The objectives have typically been to provide education to parents, opportunities for parents and their children to experience positive interactions, and various behavioral strategies with families and groups to build on family strengths.

•Parent education models: The Triple-P parenting program is a tiered system of interventions that range from information to two levels of moderate intensity intervention using a brief consultation format to two intensive levels using behavioral family intervention. The CDC sponsored a randomized dissemination effectiveness evaluation of the Triple P program in 18 South Carolina counties. This was the first study of its kind to randomize the communities to receive evidence base parenting interventions as a prevention strategy. The evaluation was

completed in September 2007 and the analysis showed differential and positive effects in the Triple P counties for rates of substantiated child maltreatment, child out-of-home placements, and emergency room visits for child maltreatment injuries. The results demonstrated that a population based approach may be feasible and further evaluations will contribute to the available knowledge about using this approach in the future in different settings with different populations.<sup>64</sup>

The Children's Bureau review of child abuse and neglect prevention programs identified the Circle of Security as a Parent Education Model that was a "Reported Effective Program." The group-based parent education model was designed to improve caregiving strategies and to increase parent-child attachment through increasing the parents' abilities to reflect on their child's behaviors and respond to their child's signals for comfort. The evaluation indicated that parents had increased secure caregiver strategies and secure child attachment. Many of the CTFs have provided funding for parent education programs that follow a model that is the Circle of Security or an adaptation of the elements of model to promote parent-child attachment.

•Mutual Support Models: There are two different peer support or mutual support models that have had positive outcomes: Circle of Parents and Parents Anonymous<sup>®</sup> Inc. In an evaluation of the Circle of Parents in four states, the participants reported improved parenting

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<sup>64</sup> Prinz,R.,Sanders,M.,Shapiro, C.,Whitaker,D. & Lutzker,J. Population-based Prevention of Child Maltreatment: The U.S. Triple P System Population trial. *Prevention Science*, 10 (1), 1-12.

practices and social functioning.<sup>65</sup> Additional evaluations of the Circle of Parents that incorporate different methods would contribute to the evidence base of peer support models that show promise in strengthening families' resilience. The evaluations of Parents Anonymous groups have demonstrated a diminished impact of risk factors and an increase in the parents' resilience. Parents were shown to have increased their ability to deal with stress, reduce social isolation, and expand their knowledge of child development.<sup>66</sup> The peer support models extend beyond educational offerings in that parents are provided opportunities to develop, practice, and evaluate their own parenting skills in a supportive environment while they may transition toward being an effective parent who practices positive discipline approaches.

#### PUBLIC EDUCATION/ MEDIA CAMPAIGNS AS AN INNOVATIVE STRATEGY

The Evidence Based Practice Committee of the Alliance and the Children's Bureau expert panel that reviewed child abuse prevention projects, similarly identified that some projects are innovative and worthy of attention, while the evaluation of the projects may not yet be completed. One innovative program that has promise for disseminating positive parenting messages as well as offering a resource for parents self-identifying that they need help is the "One Tough Job" campaign.

The Massachusetts Children's Trust Fund launched a positive parenting campaign in 2006 that sent the message that

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<sup>65</sup> Ounce of Prevention Fund Florida. (2007) *Prevention Brief: Building the Evidence of Circle of Parents*, 1(1), Nov. 2007.

<sup>66</sup> Parents Anonymous (2000). Parents Anonymous: The Model for Parent Education.

parenting is one tough job. The messages applauded the efforts that parents make, acknowledged that everyone needs some help, and offered guidance on parenting children from birth through their teen years. There were parenting tips that had been developed by experts that could be accessed and printed as well as phone numbers if parents needed crisis intervention. The messages were also printed on color postcards that were distributed through the schools in weekly packets of information brought home by students and were accessible at the website [www.onetoughjob.org](http://www.onetoughjob.org).

#### SCHOOL BASED PROGRAMS FOR PREVENTION OF SEXUAL ABUSE

In maltreatment prevention, one other area that has included evaluation studies is group programs that are victimization prevention efforts to prevent child sexual abuse.<sup>67</sup> The available research has indicated that information is imparted to children and to their parents, but the data are not available to prove that these educational efforts reduce or prevent child abuse. A meta-analysis conducted in 2000, indicated that while studies had shown program participants to have acquired information there were no evaluation data on actual rates of abuse. A large study of 2,000 children who were aged 10-16 years, who had participated in a prevention program and who were then contacted over a two year period found that these children were more likely to use prevention-related knowledge and skills if victimized.

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<sup>67</sup> Thomas, A. (2003) Emerging Practice in the Prevention of Child Abuse and Neglect. Maltreatment Incidence, Impact, and Existing Models of Prevention. Retrieved from <http://www.childwelfare.gov/preventing/program/whatworks/repprt/emerging.cfm>

There is a need for continuing research involving randomized trials with large populations. The initial evidence supports the provision of sexual abuse prevention education to increase students' knowledge and awareness of protective behaviors and their willingness to report unacceptable and unsafe adult behavior. One organization, Committee for Children, that has developed curricula that are used in seven countries, has conducted evaluations of personal safety programs.<sup>68</sup> The evaluations indicated effective programs taught skills over multiple sessions, provided opportunities for preschool and elementary school age children to practice skills, and included parental involvement. Several CTFs refer to this organization's materials when they provide funding to school or community-based programs to prevent child sexual abuse.

#### CULTURAL APPROPRIATENESS

There is a risk in evidence based practice to rely solely on expert decision making in the identification of programs and intervention that are deemed to be effective based on scientific evidence. The definitions of evidence based practice, in the first section of this paper, cited the inclusion of the client values or family wisdom. Public health researchers have advocated for the inclusion of culture and history as variables in developing and implementing prevention programs in culturally diverse settings.<sup>69</sup>

<sup>68</sup> Committee for Children. Retrieved from <http://www.cfchildren.org/programs/tat/research/index.cfm?print>

<sup>69</sup> DeBruyn, L., Serna, P., Fullerton-Gleason, L. (2001) Child Maltreatment in American Indian and Alaska Native Communities: Integrating Culture, History, and Public Health for Intervention and Prevention. *Child Maltreatment*, 6, 89-102.

In light of the cultural variations that exist in today's society and in view of the enlightening advances that have occurred in consumer rights and in having all voices heard, we must seek to have cultural variations and ethnic differences addressed in the discussion about evidence based practice. There must be consideration given to the cultural traditions of all people, their ways of knowing and their ways of intervention and healing, if there is to be real progress in the prevention of child abuse and neglect through strengthening families.<sup>70</sup>

Prevention programs should be developed with an awareness of the cultural values, childrearing traditions, levels of acculturation, immigration histories and relocation patterns of the cultural, ethnic, and racial groups that are being served by the programs because all of these factors will likely interact and produce stress that will be experienced by parents and caregivers. One recent study of child maltreatment among Asian Americans identified that a protective factor of an emphasis on the indulgence of infants and toddlers occurs with the risk factor of parental authority so the interaction of these factors should be incorporated in the development and implementation of culturally responsive intervention strategies.<sup>71</sup> The prevention programs should also assess existing networks of guidance and information, informal sources of support, and tangible resources that are available to members

<sup>70</sup> McKenna, M. (2007) "Ways of Knowing" Paper presented at the American Evaluation Association Annual Meeting, Nov. 5, 2006 Portland, OR and American Anthropological Association Annual Meeting Nov. 16, 2006, San Jose, CA.

<sup>71</sup> Zhai, Z. (2009) Child Maltreatment among Asian Americans. *Child Maltreatment*, 14 (2), 207-224.

of groups that may be the targeted audience for prevention efforts.

As an example, the concept of protecting children and strengthening families is not new to Native Communities. Some Native Communities have held standards for how children are to be treated, including the adoption of a Child's Bill of Rights. The Tribal Law and Policy Institute developed a Child Abuse Protocol Development Guide to assist tribes and agencies serving tribes to develop inter-agency protocols to improve communication and reduce trauma to children affected by abuse and neglect. Child abuse prevention programs or efforts that are developed should be aware of Native resources and traditions to be respected and included in the implementation of programs.

KEY POINTS FROM STUDIES OF EVIDENCE  
BASED PRACTICES

The intervention evaluation studies in child abuse and neglect prevention have primarily focused in these areas: evaluations of home visiting programs and parent education programs, and assessments of educational programs on child sexual abuse prevention. In relation to a social-ecological model, the research focused on evaluating specific strategies including parent education at the individual level and the parent-child centers and home visiting strategies at the relationship level. There is less research available on community level strategies that include public awareness campaigns that influence attitudes and behaviors. The results are highlighted below. There has also been a great deal of research on developing protective factors that can be considered in relation to the risk factors for child abuse and

neglect that are familiar to many people. The protective factors are also highlighted below.

There is encouraging evidence that Home Visiting Programs provide the support, resources, and surveillance of parent behavior that promotes positive parent-child relationships and parenting practices. The non-federal Task Force on Community Preventive Services found that early childhood home visiting did result in a 40% reduction in episodes of child abuse and neglect.<sup>72</sup> These results were associated with programs that were aimed at high-risk families when the intervention was conducted by professionals over at least a two year period. Home Visiting Programs differ in their intended audiences and in their delivery models but the evidence supports the application of a model that is selected with attention to the needs of the targeted population.

- The effects of the Healthy Families America model that uses paraprofessionals indicate that parent self report of incidents of child abuse and neglect are less for program participants. This is encouraging evidence to continue the programs while additional evidence accumulates to draw more conclusions if the program is more successful for parents with certain characteristics.
- The results of the evaluation of the Nurse Family Partnership with nurse

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<sup>72</sup> Centers for Disease Control and Prevention. First Reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No.RR-14):1-9.

home visitors indicate for the young first time parents the effects including decreased child abuse and neglect are strongest. As there are more sites implementing the NFP model, the data will continue to increase to further assess the short term and long term effects of this model for groups of parents who are at low and high risk.

- Other evidence-based models that are focused on targeted populations would appear to be effective to some extent when tailored to fit the needs of identified populations, such as parents who were abused as children or parents of medically fragile infants.

The initiatives that show promise and have many variations are those that provide support, resources, and information to all parents through parent education programs and at locales such

as early childhood education/ childcare centers and family resource centers.

The development and implementation of the Strengthening Families approach that is focused in early care and education settings, has an intuitive appeal and broad application in multiple settings and with diverse populations. The approach focuses on building the protective factors that include resilience, social connections, and knowledge. This can be done through many ways that are respectful of families' values. The Strengthening Families protective factors have been implemented with strategies in child care settings, but the approach is being applied as an underlying framework in other settings as well.

**Appendix 3.**  
**National Alliance of Children's Trust and Prevention Funds National Work Group Members \***

*The Alliance acknowledges the significant contributions made by the National Work Group Members to the development of this paper but the contents of the paper have not undergone a final review or approval by all members of the National Work Group.*

Kathryn E. Barnard, RN, Ph.D.,  
Professor Emeritus  
School of Nursing  
University of Washington  
Seattle, WA

Terry L. Cross, Executive Director  
National Indian Child Welfare Association  
Portland, OR

Deborah Daro, Ph.D. \* Research Fellow  
Chapin Hall Center for Children  
University of Chicago  
Chicago, IL

Tammy Piazza Hurley  
Manager, Child Abuse & Neglect Division of  
Safety & Health Promotion  
American Academy of Pediatrics  
Elk Grove Village, IL

Annette Jacobi, J.D., Chief  
Child Abuse Prevention Service  
Oklahoma State Department of Health  
Oklahoma City, OK

Caren Kaplan, MSW  
American Humane  
Bethesda, MD

Judy Langford, Senior Fellow  
Center for the Study of Social Policy  
Washington, DC

Vicky Marchand, \*MSW, MPH  
Senior Associate, Pathways Mapping  
Initiative  
Project on Effective Interventions  
Washington, D.C.

Virginia Mason, President and CEO  
Girl Scouts of Colorado  
Colorado Springs, CO

Vincent J. Palusci, MD, MS  
Professor of Pediatrics  
New York University  
New York, NY

Jane Levine Powers, Ph.D.  
Senior Research Associate  
College of Human Ecology  
Cornell University  
Ithaca, NY

David P. Schor, \* MD, MPH, FAAP  
Family and Community Health Services  
Division  
Ohio Department of Health  
Columbus, OH

Lisbeth Schorr, Lecturer in Social Medicine  
Director, Project on Effective Interventions  
Harvard Medical School  
Washington, D.C.

Joan Sharp, \* Executive Director  
Washington Council for Children and  
Families  
Seattle, WA

Kinaya Sokoya, Director  
D.C. Children's Trust Fund  
Washington, D.C.

*(continued on next page)*

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\* Signifies member of the Evidence Based Practice Committee

Jean Ann Summers, \* Ph.D., Associate  
Research Professor  
Beach Center on Families and Disability  
University of Kansas  
Lawrence, KS

Carol M. Trivette, Ph.D., Research  
Scientist and Co-Director  
Orelena Hawks Puckett Institute  
Morgantown, NC