

# PREVENTING FAMILIES' 'DRIFT INTO FAILURE'

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## Introduction

The Arizona Department of Child Safety (DCS) has made positive progress in decreasing the foster care population to 17,984, down from 18,906, for the period of April 2016 to September 2016.<sup>1</sup> However, Arizona still has one of the highest numbers of kids placed in foster care in the nation, partially due to having a large population of children in the state.<sup>2</sup>

What more can be done? Arizona's stakeholders widely agree that a significant part of the answer is prevention. That is, preventing or mitigating a family's risk factors so it doesn't slip into a situation involving child abuse or neglect. There always will be, of course, unsafe situations where leaving a child at home is not an option for the caseworker. But there also are many opportunities for the community to strengthen prevention efforts to reduce the likelihood of undesirable outcomes.

Prevention is far from a new idea. It has been applied to everything from diseases to workplace injuries. But the basic idea is the same: Stop something before it starts, gets worse or at least slow its progression. It makes sense and it quite often winds up costing less.

Personal and societal costs associated with child maltreatment are enormous. A report from the Centers for Disease Control and Prevention determined that the nation's total estimated lifetime costs associated with just one year of confirmed child maltreatment cases is approximately \$124 billion.<sup>3</sup> If that sum were divided among all the people in the United States each individual would get about \$380.<sup>4</sup>

## *Spotlight on Arizona's Kids*

This is the second in a series of briefs in which Morrison Institute for Public Policy will report on selected aspects of Arizona's child welfare system.

Funded by the Arizona Community Foundation, *Spotlight on Arizona's Kids* is intended to help state leaders, child advocates, and others develop the most effective child welfare policies.

Our first white paper discussed the less-visible but more common side of child maltreatment: neglect. In this paper, we will discuss family conditions that can influence a family's subtle "drift" towards unsafe situations that often correlate with neglect. This paper will then examine how the different types of prevention might help interrupt the "drift into failure."

The appendix to this paper is the beginning of a catalog of prevention programs in Arizona. This catalog will be a work in progress throughout the *Spotlight on Arizona's Kids* project. There are many more prevention programs, including both non-profit and faith-based.

To ensure the catalog is as inclusive as possible, please reach out via email to Erica.Quintana@asu.edu with names and lists of programs, a brief description, and a potential contact.

Fortunately, there is evidence that some child maltreatment prevention programs are so cost beneficial that they result in savings. For example, a study revealed that Washington state's prevention program Nurse-Family Partnership for low-income families resulted in a \$3.02 return for every \$1 spent on it.<sup>5</sup>

## Risk and Protective Factors

Many prevention programs concentrate on influencing the risk and protective factors in a family. Simply put, risk factors are characteristics of a child, caregiver or community that may increase the likelihood of child abuse or neglect.<sup>6</sup> It's important to remember that the presence of risk factors does not necessarily mean a child will definitely experience abuse or neglect. Protective factors are the strengths or resources, such as a strong parent-child bond or knowledge of child development, which can mitigate the risks that could lead to child abuse or neglect.<sup>7</sup> See Figure 1 for examples of risk and protective factors.

As part of the process to determine whether children are safe in their homes, child welfare professionals often look at the balance of risk and protective factors in the family. If the risk factors outweigh the protective factors, the child welfare professionals must decide whether protective factors can be increased, and whether the child is safe to remain in the home while the family works on its issues.<sup>8</sup>

***"Prevention is really the only long term solution we can afford."***

***-Child advocate***

This framework for risk and protective factors in the family context is based largely on the ecological theory developed by Urie Bronfenbrenner at Cornell University in 1979, which states that a person's development is influenced not only by personal traits but also by individuals and systems surrounding that person.<sup>9</sup> For example, a child's genetic make-up may partially determine a child's response to stress, but the parent's teachings and demeanor, a teacher's personality and even the available safety nets in the community might all impact how a child responds to stress and how stress will affect the child in the future.

## Types of Prevention

***"Prevention takes more than one state agency's efforts, it takes long term commitment, dollars, and leadership or else it's just a good Monday morning idea that dies by Wednesday."***

***-Child advocate***

Prevention programs come in a variety of forms but only a handful is deemed "evidence based" (see text box for definition).

A common way to categorize prevention programs is to group them according to the populations they seek to affect. While there is considerable overlap among them, the three commonly cited categories of prevention are:

**Primary Prevention**—Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs, regardless of risk or protective factors. All members of the community have access to and may benefit from these services.

Figure 1

## ***Risk and Protective Factors***

### **Risk factors that might result in child maltreatment:**

#### *Individual risk factors*

- Parent's lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Nonbiological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

#### *Family risk factors*

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationship, and negative interactions

#### *Community Risk Factors*

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

### **Individual risk factors for victimization:**

- Children younger than 4 years of age
- Special needs that may increase caregiver burden (e.g. disabilities, mental retardation, mental health issues, and chronic physical illness)

### **Protective factors for child maltreatment:**

- Supportive family environment
- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social emotional competence of children

Sources: Child Abuse and Neglect: Risk and Protective Factors. (2016, March 28). Retrieved February 10, 2017, from <https://www.cdc.gov/ChildWelfareInformationGateway>. (2014). Protective Factors Approaches in Child Welfare. Washington, DC: U.S. Department of Health and Human Services.

Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Universal approaches to primary prevention might include:<sup>10</sup>

- Public service announcements that encourage positive parenting
- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting
- Family support and strengthening programs that improve a family's ability to access existing services, and resources to support positive interactions among family members
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect

An example of a primary prevention program is a hospital-based parent education campaign about abusive head trauma, also commonly referred to as shaken baby syndrome, for parents of newborns. A study conducted in western New York showed that providing information to new parents resulted in a 47 percent drop in incidence of abusive head trauma over a 5-year period. This is especially important considering that shaken baby syndrome can result in extensive trauma to infants and costs exceeding \$1 million in each case due to hospitalization costs, medical costs, and ongoing physical and educational therapies.<sup>11,12</sup>

**Secondary Prevention**— Secondary prevention activities are often offered to populations that have one or more risk factors associated with child maltreatment such as poverty, parental substance abuse, young parental age, parental mental health concerns and parental or child disabilities. Approaches to prevention programs that focus on high-risk populations might include:<sup>13</sup>

- Parent education programs located in high schools, focusing on teen parents or those within substance abuse treatment programs for mothers and families with young children
- Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes
- Respite care for families that have children with special needs

An example of a secondary prevention program is the Incredible Years program. This program consists of three separate curriculums for parents, teachers and children and is designed to promote emotional and social competence. This program also is designed to prevent, reduce and treat behavior and emotional problems in young children ages 4 to 8. For parents, the program addresses negative attitudes towards children, negative commands given to children to change their behavior, poor parent bonding and ineffective limit- or boundary-setting for children. In children, this program addresses aggression, conduct problems, internalization of fears into physical manifestations, and social competency problems. The Incredible Years program has been rated as well supported by research evidence by the California Evidence-Based Clearinghouse.<sup>14</sup>

## Evidence Based Practice

To receive a designation of 'evidence-based practice' requires a volume of scientifically sound research where the practices has been tested, applied to other communities, and checked for reliability. The research base for child welfare practices is still developing due to lower priority with legislative bodies and a lack of national funding source. Some critics of evidence-based practice claim that jurisdictions need freedom to adapt programs to their unique needs, while others claim that fidelity to the model is necessary to achieve desired results and continue to contribute to scientific base. Additionally, public officials may hear 'evidence-based practice' and expect immediate and drastic results when, in reality, results may be positive but modest and accrue over longer periods of time.

The California Evidence-Based Clearinghouse, a registry that identifies and disseminates information on child welfare practices uses the following scale to evaluate programs:

- Well-supported by research evidence
- Supported by research evidence
- Promising research evidence
- Evidence fails to demonstrate effect
- Concerning practice
- Not able to be rated

\*<http://www.chadwickcenter.org/Documents/Guide-for-Evidence-Based-Practice.pdf>

Another example of a secondary prevention program is Healthy Families America. This program is designed for families that are at-risk for child abuse and neglect. The families are assessed for the presence of risk factors such as social isolation, substance abuse and mental illness. Home visiting services are provided prenatally or within 3 months of a child's birth for parents that qualify for the program. The program addresses new parents assessed as having a moderate or high risk for child maltreatment or poor early childhood outcomes. This program was rated as well supported by research and is implemented in 35 states.<sup>15</sup>

**Tertiary Prevention**—Tertiary prevention activities focus on families where maltreatment has already occurred. Tertiary prevention seeks to reduce the negative consequences of child abuse or neglect and prevent its recurrence. Generally, tertiary prevention strategies include service provision to a family after a child has been reported to a local child protection agency or identification of children at risk of harm. Tertiary prevention services are offered with the purpose of intervening with an array of services to prevent further or future harm. These prevention programs may include services such as:

**“Prevention can be like an immunization for the whole community.”**

**-Child safety worker**

- Intensive family preservation services with trained mental health counselors that are available to families 24 hours per day for a short period of time (e.g., 6 to 8 weeks)
- Parent mentor programs with stable families acting as “role models” and providing support to families in crisis
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes
- Mental health services for children and families affected by maltreatment to improve family communication and functioning

Child protective systems are usually regarded as tertiary prevention case management agencies. A state's child protective system receives reports of child abuse and neglect, investigate the allegations and refers the family to services to address problems, reduce risk factors and increase protective factors. Child protective service agencies may provide services, but more often than not their purpose is to intervene in bad situations and connect families to services in the community such as nonprofit organizations or faith-based service providers.

**“Child neglect prevention in Arizona is fragmented. There is no consistent plan or strategy. No one's responsible for it.”**  
**-Child advocate**

An example of a tertiary program that could be offered in a nonprofit organization is SafeCare. This is a home-visiting program for parents of children ages 0-5 years old who are at risk for child maltreatment or who have already been reported to a child protection agency. This program seeks to reduce subsequent child maltreatment by providing

parenting education on home safety and organization skills, child health and nutrition management and parent-child interaction skills.<sup>16</sup> This program is rated as a promising practice.<sup>17</sup>

Tertiary prevention services are typically well established in every state or community through the presence of a government agency. However, communities vary greatly on the presence and availability of primary and secondary prevention services.

## Arizona's Organizations Important to Prevention

Child neglect tends to develop over time. Child welfare expert Tom Morton suggests that a family “drifts” into a situation where safety threats become so immense that children are in danger, as opposed to an immediate explosion of child abuse or neglect.<sup>18</sup> Morton credits the notion of “drift into failure” to Griffith University’s Sydney Dekker, who is an expert on safety practices and human error.<sup>19</sup> Drift into failure occurs when people and systems don’t recognize how small changes in safety over time can incrementally build up to sometimes-catastrophic events.<sup>20</sup> Morton argues that this can happen in child welfare when individual events by themselves may not sound the alarms, but many small events over time can lead to emerging danger where a child appears safe right up until a child’s death.<sup>21</sup> This is where prevention takes center stage in stopping that drift into danger – even if individual events don’t rise to the level of child safety intervention.

The Department of Child Safety (DCS) is responsible for protecting children and ensuring their safety. However, preventing child abuse and neglect from occurring in the first place is not its primary responsibility. DCS is usually called after child abuse or neglect is suspected to have occurred. In fact, the statutes for DCS emphasize the child welfare investigative role more so than prevention. They state that the DCS is responsible for investigating reports of abuse and neglect, promoting the safety of children in families or other placements in response to allegations of abuse, working with law enforcement regarding allegations of criminal conduct, and coordinating services to achieve and maintain permanency for the child.<sup>22</sup>

In this role, DCS is Arizona’s predominant tertiary prevention strategy. The agency works to prevent the recurrence of child maltreatment by intervening and connecting troubled families with services. Along these lines, DCS provides Family Preservation or intensive in-home services to families to support with the goal of maintaining children in the home. DCS does provide some prevention services such as

**“Prevention is critical. If we want to save families, save kids and save money it makes sense to invest in prevention efforts”**

**-Child advocate**

funding the Healthy Families Arizona home-visiting program, the Safe Sleep campaign, Baby Box program, and educating communities on Adverse Childhood Experiences, which are potentially traumatic events that can have negative and long lasting effects on health and well being. However, for prevention to truly work in Arizona, the community needs to be involved. While there are many other agencies in the state that perform prevention functions listed below, their services are not often recognized as child maltreatment prevention services. In addition, there are many gaps between agencies, nonprofits and faith-based organizations due to a lack of recognition and agreement on definitions of prevention activities.<sup>23</sup>

- **Department of Health Services (DHS)**— This agency aims to promote, protect and improve the health and wellness of individuals and communities in the state. One of the DHS programs, Health Start, seeks to increase the awareness of good nutritional habits to improve the health of children. This program also seeks to increase awareness on the need for developmental assessments to promote early identification of learning disabilities, physical disabilities or behavioral health needs; and increase prenatal care services to pregnant women.<sup>24</sup> While this program is not specifically identified as a child abuse and neglect prevention program, many of these goals are correlated with reducing incidence or impact of child abuse or neglect.
- **Department of Economic Security (DES)**— The mission of DES is to make Arizona stronger by helping Arizonans reach their potential through temporary assistance for the vulnerable and those in need. Again, although the program is not identified as targeting a reduction of child abuse and neglect, the child-care services, Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) programs administered by DES are essentially safety nets or poverty reduction programs that help resource-strapped families. This has an impact on child abuse and neglect because families experiencing poverty are at a higher risk of experiencing domestic violence and child neglect.<sup>25,26,27</sup>
- **Early Childhood Development and Health Programs (First Things First)**— This agency focuses on improving learning and development outcomes for children from birth to age 5 in Arizona. First Things First does this by providing funding for regional partnership councils to address needs identified by the councils for that area. Many of the focal areas for which First Things First provides funding intersect with lowering risk factors that correlate with abuse and neglect. For example, strategies such as family resource centers provide information for parents on child development issues which can help a parent to have developmentally appropriate expectations of their child.<sup>28,29</sup> Additionally, First Things First distributes Parent Kits to the parents of every newborn. These kits provide information about good parenting practices and resource guides such as hotlines to call when parents need advice about their newborn.<sup>30</sup>
- **Arizona Health Care Cost Containment System (AHCCCS)**— This is Arizona’s Medicaid agency, which is a health care program funded jointly by federal and state government. AHCCCS contracts with providers throughout Arizona to help ensure that medical, dental and mental health care is provided throughout the state to Medicaid recipients. This is connected to neglect because access to medical, dental and mental health care could potentially reduce the numbers of “medical neglect” reports that are made to the Department of Child Safety (DCS). Additionally, access to health care can enable families to receive early diagnoses for developmental disabilities in children. It also can allow family members with mental health issues or substance abuse issues to gain access to a provider who can help, as mental health issues and substance abuse are risk factors for child maltreatment.
- **Arizona Department of Education (ADE)**— The Department of Education’s goal is to serve the state’s education community and actively engage parents to ensure every student has access to an excellent education. ADE partners with Raising Special Kids, which is an organization that works to improve the delivery of parent training and assistance so that parents of children with disabilities understand special education, can work with professionals to support their children and learn how to advocate for their children.



While there are many state agencies that provide prevention programs, more could be done to improve collaboration, reinforce current prevention efforts and expand the discussion of child neglect prevention in the state. For prevention to work in Arizona, the community must be involved. Aside from the above listed agencies, there are Regional Behavioral Health Agencies that fund services for families, The Department of Housing which primarily acts as a funding pass through to nonprofits who deliver services for homeless families, nonprofit organizations that provide family support services and faith-based services in Arizona. Nonprofits and faith-based organizations are critical to a well-functioning prevention system, especially since many families and parents in crisis tend to harbor distrust towards government agencies.<sup>31</sup> Negative attitudes towards state agencies can be partially attributed to the news media or poor past experiences with similar services and have a great influence on whether parents accept or decline services.<sup>32,33</sup> Nonprofits also have the ability to provide more and varied services that are more reflective of the needs of communities, whereas government agencies may not have the capacity or resources to do so.<sup>34</sup> Arizona has a wealth of nonprofit organizations, but many times the efforts of agencies, nonprofits and faith-based organizations are disjointed and may not effectively leverage each other's work.

It is critical for the community to effectively collaborate because there is relatively little funding for child maltreatment prevention activities. The majority of federal child welfare dollars are authorized by Title IV-E and Title IV-B of the Social Security Act, but about half of the money authorized by these sources are reimbursements to states to pay for the existing costs of the foster care population. Only about 16 percent of funds are spent on in-home services to prevent child maltreatment.<sup>35</sup> States vary widely in the mix of federal and state dollars used for child welfare activities. In 2014, Arizona relied on federal funding for to pay for about 61 percent of its child welfare costs, with most of this coming from Title IV-E funding.<sup>36</sup> The remaining 39 percent of Arizona's funds were from the state or local level. In fiscal year 2017, the Arizona Legislature allocated \$15 million to DCS for prevention activities. The budget for fiscal year 2018 has not yet been decided.

Morrison Institute plans to host a leadership forum for Arizona stakeholders, including representatives from all of the agencies listed above. Among the first tasks for this leadership group will be to determine how Arizona should best approach child neglect prevention in the state, create a definition that will help focus prevention efforts, and facilitate dialogue around the division of responsibility for prevention efforts.

In interviews with Arizona stakeholders, many agree that child neglect prevention needs to take the spotlight in Arizona. They also expressed excitement and interest in learning more about the prevalence of different types of neglect in Arizona, and in working together to develop a sustainable approach for Arizona to preventing child neglect in Arizona.

## Appendix A

Arizona Prevention Program Catalog		
Agency	Program	Description
Department of Economic Security	Arizona Early Intervention Program	Established by Part C of the Individuals with Disabilities Education Act provides eligible children and their families access to services to enhance capacities of caregivers to support child development. Some services to meet family outcomes may include: physical or speech therapy, developmental special instruction, or social work or psychological services. <sup>37</sup>
Department of Economic Security	Temporary Assistance to Needy Families (TANF) cash benefits	Provides temporary cash benefits and supportive services to families with dependent children in their homes.
Department of Economic Security	Supplemental Nutritional Assistance Program	Provides food benefits, access to a healthy diet, and education on food preparation and nutrition to support families and prevent under-nutrition in Arizona. <sup>38</sup>
Department of Economic Security	Child Care Subsidy	Funds child care subsidies to TANF clients engaged in job activities, low-income working individuals under 85% of the state median income that were below 165% of the federal poverty level at the time of application, and the transitional child care program in which child care subsidies are provided to clients who no longer receive TANF cash benefits due to finding employment. As of October 2015, there were about 1,528 children on the waiting list. <sup>39</sup>
Department of Economic Security	Community and Emergency Services	Funding to 15 community and emergency services provides short term services to about 1,800 households, energy assistance to about 35,000 to 40,000 households. About 9,000 to 11,000 households participated in telephone discount programs each year. <sup>40</sup>
Department of Health Services	High Risk Perinatal Program/Newborn Intensive Care Program	Provides contracted transport services for high risk expectant mothers and contracted physician follow-up services for uninsured newborns in intensive care centers. It also provides for 4 visits per year to families who have babies born at risk of having developmental problems (speech problems, poor motor skills, delay in walking, etc.). The purpose is to have children developmentally ready to enter school by age 5. <sup>41</sup>
Department of Health Services	Women, Infant, and Children (WIC) program/ Nutrition Assistance Benefits	Provides low-income households increased food-purchasing power, enabling them to obtain a more adequate nutritional diet. This is a federal program regulated by the US Department of Agriculture. The state administers nutrition assistance through electronic benefit transfers.
Department of Health Services	Arizona Health Start Program	Evidence informed community-based program that uses local Community Health Workers and Nurses to provide education, support and advocacy to pregnant and postpartum women and their families in targeted communities across Arizona.
Department of Health Services	Injury Prevention/Safe Kids Arizona	Coordinates and builds infrastructure to reduce deaths from events such as poisoning, shooting, burns and drowning. Also administers the safe sleep campaign for infants.
Department of Health Services	Family Spirit	Provides home visits delivered by Native American paraprofessionals to young Native parents from pregnancy to 3 years post-partum. The program aims to increase parenting knowledge and skills, address maternal psychosocial risks that could interfere with parenting, promote physical, cognitive, socioemotional development for children 0 to 3, prepare children for early school success, and link families to community services. <sup>42</sup>
Arizona Health Care Cost Containment System (AHCCCS)	Kids Care	Children's Health Insurance Program (CHIP) health insurance through KidsCare for eligible children (under age 19) who are not eligible for other AHCCCS health insurance because of slightly higher monthly family income. This program requires a small premium as compared to Medicaid which has no associated monthly premium. <sup>43</sup>
Arizona Health Care Cost Containment System (AHCCCS)	Children's Rehabilitative Services (CRS)	Provides medical treatment to AHCCCS members with CRS-qualifying conditions. CRS members receive the same AHCCCS covered services as non-CRS AHCCCS members. Services are provided for the CRS condition and other medical and behavioral health services for most CRS members. CRS members are able to receive care in the community, or in clinics called multispecialty interdisciplinary clinics, which bring many specialty providers together in one location. <sup>44</sup>

## Arizona Prevention Program Catalog

Agency	Program	Description
First Things First	Birth to 5 helpline	Provides toll-free helpline staffed by nurses and early childhood development experts to answer caregiver's toughest questions. <sup>45</sup>
First Things First	Parents Kits	Free parent kit to parents of all newborns. The kit contains resources such as the Arizona Parent Guide, an 80 page book with tips about child development. The kit also contains a book to promote literacy, a dental kit to promote oral health and a magnet with the birth to 5 helpline phone number. <sup>46</sup>
First Things First	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. <sup>47</sup>
First Things First	Oral Health	Provides oral health screening and fluoride varnish in a variety of community-based settings; provides training to families on the importance of oral health care for children; and provides outreach to dentists to encourage service to children for a first dental visit by age 1. Decreases preventable oral health problems in young children. <sup>48</sup>
First Things First	Quality First scholarships to early child care	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better education for their children. <sup>49</sup>
First Things First	Developmental and Sensory Screening	Provides children with developmental, oral, vision, and/or hearing screening and referrals for follow up services. Increases children's access to preventive health care and helps to identify potential learning problems early on. <sup>50</sup>
First Things First	Parenting outreach and awareness	Improves child development by providing families with education, materials and connections to resources and activities that promote healthy development and school readiness. <sup>51</sup>
First Things First	Family Support- Children with Special Needs	Provides coaching, group activities, and services to the parents of children with special needs. Services are designed to help their child reach fullest potential. Improves the education and health of children with special needs who do not qualify for publicly funded early intervention programs. <sup>52</sup>
First Things First	Family, Friends & Neighbors	Supports provided to family, friend, and neighbor caregivers include training and financial resources. Improves the quality of care and education that children receive in unregulated child-care homes. <sup>53</sup>
First Things First	Care Coordination/ Medical Home	Provides children and their families with effective case management and connect them to appropriate, coordinated health care. <sup>54</sup>
First Things First	Court Teams	Promotes children's well-being and reduces recurrence of abuse and neglect. <sup>55</sup>
First Things First	Parenting Education	Provides classes on parenting, child development and problem-solving skills. <sup>56</sup>
First Things First	Community Awareness	Through a combination of community outreach, community awareness and media strategies, works to increase parent and caregiver awareness of the importance of early childhood development and health and link families to resources to support their child's health and learning. <sup>57</sup>
First Things First	Home Visitation	Through a variety of evidence-based program models, provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connects families to resources to support their child's health and early learning. <sup>58</sup>

## Endnotes

- <sup>1</sup> Child Welfare Reporting Requirements Semi-Annual Report for the Period of April 1, 2016 through September 30, 2016. (2016, November 23). Retrieved April 05, 2017, from <https://dcs.az.gov/data/dcs-documents>
- <sup>2</sup> National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from AFCARS were originally collected by the Children's Bureau. Funding for the project was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The collector of the original data, the funder, the Archive, Cornell University, and their agents or employees bear no responsibility for the analyses or interpretations presented here.
- <sup>3</sup> Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. *Child Abuse & Neglect*, 36, 156-165. <http://dx.doi.org/10.1016/j.chiabu.2011.10.006>
- <sup>4</sup> U.S. and World Population Clock. (n.d.). Retrieved February 13, 2017, from <http://www.census.gov/popclock/>  
As of February 13, 2017, the population of the United States was 324,533,982.
- <sup>5</sup> Stephanie Lee, Steve Aos, and Marna Miller. (2008). Evidence-based Programs to Prevent Children from Entering and Remaining in the Child Welfare System: Benefits and Costs for Washington. Olympia: Washington State Institute for Public Policy, Document No. 08-07-3901.
- <sup>6</sup> Child Abuse and Neglect: Risk and Protective Factors. (2016, March 28). Retrieved February 10, 2017, from <https://www.cdc.gov/>
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- <sup>11</sup> Dias, M. S., Smith, K., DeGuehery, K., Mazur, P., Li, V., & Shaffer, M. L. (2005). Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital-Based, Parent Education Program. *Pediatrics*, 115(4). Retrieved from <http://pediatrics.aappublications.org/content/115/4/e470>
- <sup>12</sup> Parks, S. E., Annest, J. L., Hill, H. A., Karch, D. L., (2012). Pediatric Abusive Head Trauma: Recommended Definitions for Public Health Surveillance and Research. Atlanta, Georgia: Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/violenceprevention/pdf/pedheadtrauma-a.pdf>
- <sup>13</sup> Child Welfare Information Gateway. (n.d.). Framework for Prevention of Child Maltreatment. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- <sup>14</sup> Well-supported means that it has been tested in at least two randomized control trials with effects lasting at least a year for participants, and has been published in a peer reviewed journal. The Incredible Years information obtained from the California Evidence-Based Clearinghouse for Child Welfare (CEBC) at [www.cebc4cw.org](http://www.cebc4cw.org)
- <sup>15</sup> Healthy Families America History. (2015). Retrieved from <http://www.healthyfamiliesamerica.org/history/>
- <sup>16</sup> Promising Practices Network. (n.d.). SafeCare. Retrieved April 04, 2017, from <http://www.promisingpractices.net/program.asp?programid=293>
- <sup>17</sup> Promising Practices Network. (n.d.). SafeCare. Retrieved April 04, 2017, from <http://www.promisingpractices.net/program.asp?programid=293>
- <sup>18</sup> Tom Morton served as a Child Protection Practice Specialist on the Federal Commission to Eliminate Child abuse and neglect fatalities. He has also served as a consultant to Casey Family Programs regarding decision-making and staff use of safety criteria, was the former Director of Clark County Nevada's Department of Family Services, and was the president and CEO of the Child Welfare Institute.
- <sup>19</sup> Dekker, S. (2011). *Drift into Failure*. Surrey, England: Ashgate Publishing Ltd.
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