

Preventing Child Abuse and Neglect

A Public Health Approach Could Reduce Child Maltreatment in Maine

July
2021

Issue

The COVID-19 pandemic has led to another public health crisis in Maine: a rising number of child deaths from abuse and neglect. Policymakers and advocates are focusing on improvements to the child protective agency, but this is only part of the picture. Maine's child protective services are being overwhelmed by maltreatment reports. The majority of these children are experiencing neglect, not physical abuse.¹ There is substantial evidence that investment in services to stabilize families can prevent abuse and neglect and decrease the need for child protective intervention.²

Problem

During the month of June 2021, four Maine children died from abuse and neglect. That month there were 2,181 children in state custody, a 30% increase from January 2018.³ The Office of Child and Family Services (OCFS) has added over 50 caseworker positions within child protective services, but a workload analysis in December 2020 showed the need for 42.5 additional caseworkers to meet demand.⁴ High numbers of new hires have contributed to a decrease in the overall experience level in staff who have direct contact with families.⁴ Increased investment, resources and training are needed to continue to improve the efficacy of interventions by the state child protective agency.⁵

Focusing attention and resources solely on improving child protective services will not reduce the number of children entering the system. State leaders will also need to find ways to address the sustained number of families in need of intervention. This will require coordinated strategies and investments by public and private entities in communities across the state.⁶

Policy Recommendations

County and Municipal Leaders should invest American Rescue Plan funds in community-based universal support for families, i.e., [Family Resource Centers](#).

Healthcare Leaders should develop enhanced primary care initiatives to build protective factors in families, i.e., [HealthySteps](#).

State Leaders should assess home visiting access, utilization, and coordination across programs.

State Leaders and Policy Makers should build infrastructure and outcome measures for an effective public health approach to prevent child maltreatment.

State Leaders and Policy Makers should invest in all levels of the child welfare workforce including statewide leadership capacity.

State Leaders and Policy Makers should develop and monitor measures of progress in child welfare system reforms.

Policy Makers should direct investments toward family supportive services including mental and behavioral healthcare.

Promising National Strategies

Thriving Families, Safer Children: A National Commitment to Well-Being

The Children's Bureau at HHS' Administration for Children and Families, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America are partnering in a nationwide initiative to prove that it is possible to fundamentally rethink how child welfare systems function to prioritize strengthening families and building resiliency, rather than separating families.

Essentials for Childhood (CDC)

Essentials for Childhood proposes strategies communities can consider to promote the types of relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, can build stronger and safer families and communities for their children.

The Institute for Family

The Institute for Family exists to elevate and accelerate the family well-being movement. We believe this starts with listening to families, trusting their lived expertise, and working with them to inform and inspire a new way forward.

Tennyson Center for Children – Rewiring

Rewiring strategically deploys public and private funds to ultimately yield a system that prevents children and families from having to “get worse” before becoming eligible to receive the help they need. Shifting dollars from high-cost, late-stage interventions to lower-cost, preventative support will save money and will improve outcomes for kids, families, and society.

Data

The U.S. Centers for Disease Control and Prevention (CDC) has identified conditions that increase the risk of childhood abuse and neglect, and many have been exacerbated by the pandemic. These include the burden of caregiving for children who are under age 4 or who have special needs; caregivers who are experiencing high levels of economic stress; caregivers who have substance use and/or mental health issues; families who use forms of corporal punishment for discipline; families experiencing relational violence; communities with high rates of poverty and unemployment; and communities where neighbors do not know or look out for each other.⁷

Evidence-informed practices to prevent child maltreatment are generally described at three levels: **primary prevention** directed to the entire population, **secondary prevention** for families experiencing risk factors for maltreatment, and **tertiary prevention** for families where maltreatment has already occurred. The federal Children's Bureau recommends states implement and coordinate strategies at **all three levels** to achieve the greatest impact.⁸

In recent years, the Administration for Children, Youth and Families (ACYF) and many national child welfare organizations have recommended states direct more resources and attention to primary and secondary prevention efforts that reduce the incidence of child abuse and neglect.

These leaders are emphasizing “the importance of proactively preventing child maltreatment and investing in the capacity of parents to keep their children safe, rather than disproportionately investing in supports and services, such as foster care, after children have already suffered maltreatment.”⁹

Opportunities for Action

Research indicates that prevention efforts are more likely to decrease incidence of child abuse and neglect when they are part of a coordinated, systemic approach.⁶ There is significant evidence that child safety improves when families experience supportive community conditions.⁷ The following strategic investments and activities by municipal, county, healthcare, and state leaders have all been found to have a positive impact on child safety and family well-being.^{6,8} Many of these activities are currently being advanced and supported in Maine through a variety of initiatives, including the Family First Prevention Services Act, but are not part of a coordinated plan. State leaders have an opportunity to develop and activate a Prevention Plan to reduce child maltreatment that includes multiple sectors and coordinates all three prevention levels.

Primary Prevention

Strengthen financial security of families

- Economic support for families: Rental assistance, SNAP, TANF, tax credits
- Family-friendly work policies and childcare subsidies

Provide quality early care and education

- Universal preschool with family engagement
- Quality childcare through licensing and accreditation

Enhance parenting skills

- Evidence based early childhood home visitation
- Programs and services to build caregiver resilience

Change community norms to support parents

- Public health campaigns to reduce stigma for families needing help
- Family resource centers to build supportive relationships and enhance access to existing services and resources



Secondary Prevention

Promote positive parenting approaches

- Enhanced primary care

Provide targeted programs for families experiencing risk factors

- Including people with lived experience in program design and implementation
- Funded and accessible mental and behavioral health services for children and caregivers
- Respite care for families

Tertiary Prevention

Provide treatment to lessen harms and prevent future involvement

- Intensive clinical family preservation services
- Mental and behavioral health services for children and caregivers
- Infrastructure for service coordination

Build community supports

- Peer support for caregivers
- Community-based aftercare: support for families exiting child protection

Strengthen child welfare workforce

- Funding for training, supervision, and state leadership
- Caseworker support to lower administrative workload

Challenges

Maine is reckoning with an unprecedented number of tragedies in a short time, and legislators, executive leaders, community organizations, advocates, and families all have different ideas about how to stabilize families, improve service systems, and prevent future tragedies.

According to the U.S. CDC, improving well-being outcomes for all children will require convening and coordinating focused efforts across key sectors of society.⁶ Research shows this type of collaboration requires leadership to build public will, continuous communication to coordinate strategy, and sustained investment in supporting infrastructure to be successful.¹⁰

The Federal Child Abuse Prevention and Treatment Act¹¹ has established Community-Based Child Abuse Prevention (CBCAP) programs in every state, with the purpose of coordinating community-based initiatives and activities that reduce the likelihood of child abuse and neglect.¹² State agencies are the CBCAP lead agency in 44 states, and Maine is just one of 5 states where the CBCAP is led by a nonprofit outside of state government.¹³ Public reporting of outcomes from the CBCAP federal prevention investment in Maine is limited to numbers served.¹⁴

Consistent with national trends, children and families of color continue to be disproportionately represented in Maine's foster care system.¹⁵

The Office of Child and Family Services is responsible for administering Child Welfare, Children's Behavioral Health, Youth Transitions, Violence Prevention services, Childcare Licensing, and community-based contracts including Community Services Block Grants.¹⁶ Each of these services have a unique set of challenges and demands for immediate attention from a small number of state leaders.

Recommendations

Preventing future child deaths starts with reducing the prevalence of child abuse and neglect. It will require robust upstream strategies and investments to stabilize families and decrease the need for downstream child protective intervention. These actions should be driven by data and evidence, and implemented at local, regional, and state levels. ^{6,8,10}

County and municipal leaders should leverage American Rescue Plan funds to establish community-based [Family Resource Centers](#) (FRCs) for universal prevention. FRCs are cost-effective, highly adaptable, and are being established in many states based on a track record of successful outcomes. Many local FRCs already exist through various initiatives in municipalities across the state. Maine currently does not have a coordinated approach to FRCs. Funds could be directed to build up and effectively network FRCs across the state to maximize impact and ensure quality support for families.

Healthcare leaders should respond to the recommendation by the American Academy of Pediatrics¹⁷ to promote effective means of parenting by establishing enhanced primary care. [HealthySteps](#) is an evidence-based program of ZERO TO THREE that establishes pediatric primary care teams, utilizes a

[two-generation](#) approach, and has been shown to promote positive parenting of infants and toddlers, including those living in low-income communities.

State leaders should conduct an analysis of referrals, utilization, and coordination across home visiting programs.¹⁸ Currently there is no central coordination or data source for the various home visiting programs in the state. State leaders should assess home visiting access, utilization, and coordination across programs. Maternal, Infant, and Early Childhood Home Visiting ([MIECHV](#)) program funds and emergency CBCAP funds should be used to improve coordination and provide access to these primary prevention services to more families across the state.

State leaders and policy makers should study the outcomes of existing child abuse and neglect prevention initiatives, and examine the administration and coordination of child abuse prevention initiatives in Maine and other states. This analysis should be used to identify strategies to improve Maine’s primary and secondary prevention infrastructure, and to develop an effective, results-based public health approach to strengthen families and reduce child maltreatment.

State leaders and policy makers should invest in all levels of the child welfare workforce, including leadership at the state level. Acknowledging the demands on the OCFS Director and Associate Director of Child Welfare, previous administrations have invested in leadership positions to support the implementation and oversight of strategic priorities.¹⁹ State leaders and policy makers should consider additional leadership positions within OCFS to focus exclusively on the demands of child welfare operations and systems improvements.

State leaders and policy makers should develop and monitor quantitative and qualitative measures of progress in child welfare system reforms, including caseworker and supervisor adherence to existing standards of best practice.

Policy makers should direct investments toward family supportive services including mental and behavioral healthcare, including caregiver treatment for substance use disorder, and mandate any rate increases be used to increase workforce compensation.

The recommendations in this policy brief are based on research and were developed by a network of organizations and individuals who are deeply committed to the safety and well-being of all children, youth, and families in Maine.

For more information, contact:

Maine Children’s Alliance

(207) 623-1868

mhackett@mekids.org

References

1. Maine Department of Health and Human Services, Office of Child and Family Services, [Child Protective Services Annual Report 2019](#)
2. Child Welfare Information Gateway, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, [Child Maltreatment Prevention: Past, Present, and Future](#), Issue Brief 2017
3. Maine Department of Health and Human Services, Office of Child and Family Services, [Data Dashboard](#), Children in DHHS Custody (Point in Time) Trend January 2018-Present, Retrieved July, 2021
4. Maine Department of Health and Human Services, Office of Child and Family Services, [2021 Child Welfare Caseload and Workload Analysis](#), Required by Public Law 2019, Ch. 34, January 2021
5. Maine Child Welfare Ombudsman, [2020 Annual Report](#)
6. U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, (2016), [Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities](#)
7. U.S. Centers for Disease Control and Prevention, [Child Abuse and Neglect Risk and Protective Factors](#), Retrieved July, 2021.
8. Child Welfare Information Gateway, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, [Framework for Prevention of Child Maltreatment](#), Retrieved July, 2021
9. U.S. Department of Health and Human Services, Administration for Children & Families, Children's Bureau, [Improving Child Welfare Through Primary Prevention](#), Children's Bureau Express January 2019
10. Kania & Kramer (2011), [Collective Impact](#), Stanford Social Innovation Review Winter 2011
11. https://caseyfamilypro-wpengine.netdna-ssl.com/media/CAPTA-Paper_web.pdf
12. U.S. Department of Health and Human Services, Administration for Children, Youth and Families, [Community Based Grants for the Prevention of Child Abuse and Neglect Program Instruction](#), March 12, 2020
13. FRIENDS National Center for Community Based Child Abuse Prevention, [CBCAP](#), Retrieved July 2021
14. Maine Children's Trust [Annual Report 2019](#)
15. Maine Children's Alliance, [2021 Maine Kids Count](#)
16. Maine Department of Health and Human Services, Office of Child and Family Services, [Organizational Chart 6/17/2021](#), Retrieved July, 2021
17. American Academy of Pediatrics, [Bright Futures](#), Retrieved July 2021
18. Prevent Child Abuse America, [2021 State Policy Agenda](#), Retrieved July 2021
19. Maine Office of Child and Family Services, Department of Health and Human Services, [Child and Family Services Review 2009](#), p. 15