A Call to Action: The District of Columbia’s First Child Abuse and Neglect Prevention Plan

District of Columbia
Adrian M. Fenty, Mayor

The Government of the District of Columbia and Prevent Child Abuse America
April 2010
Acknowledgements

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Executive Summary

In 2009, the Government of the District of Columbia partnered with Prevent Child Abuse America to develop *A Call to Action: The District of Columbia’s First Child Abuse and Neglect Prevention Plan*. This *Call to Action* represents a statement from the Mayor about how the District Government and the community will care for its children and families while recognizing the collective, ongoing efforts of many public, non-profit, and private organizations and community members. For the purpose of this plan, *the term “prevention” means “abuse or neglect never happen.”*

This plan is an actionable agenda that will evolve as new information and evidence become available during the three-year period of implementation. Specific actions will incorporate prevention into everyday governmental and community activities and services related to children and families. Working with a common and shared vision, the plan will integrate prevention efforts into a long-term strategy that will promote healthier child development and stronger families, thereby reducing the risk and incidence of child maltreatment. *Initial strategies* include:

- Engaging the community and promoting ongoing support for the vision.
- Building capacity for evidence-based and promising child abuse and neglect prevention programs.
- Measuring the impact of the Prevention Plan.

The plan also identifies *targeted prevention approaches* that are proven to reduce the risk factors associated with child abuse and neglect and to improve protective factors, including: *home visitation* services, *parent education and support* services, and *teen pregnancy prevention* services. Prevention Highlights that are featured throughout the plan provide examples of existing programs that serve as a part of the preventive foundation in the District.

The Statewide Commission on Children, Youth and their Families (The Commission) will be responsible for oversight of the prevention plan. The Commission will incorporate the prevention plan into the six citywide goals for children and families and monitor the implementation of the actions steps. In essence, the Commission will serve as the forum that states commonly call a “Children’s Cabinet.”

Although a significant but limited segment of the District has developed this plan, *every individual, organization, and employer has a role to play in its success*. These stakeholders need to understand the plan and determine what part they can and will play.
The Need and the Challenge

Child Abuse and Neglect: The Local Picture

In fiscal year 2009, 3,908 District children were victims of abuse and neglect. Child victims not only suffer from the immediate impact of maltreatment but may also endure long-lasting negative effects on their emotional, physical, and cognitive development.

Research on childhood trauma indicates that adverse experiences in childhood, including abuse and neglect, can have a life-long negative impact not only for the individual but also for society in increased costs of foster care, substance abuse, mental health issues, and juvenile and criminal justice. According to one estimate, the cost of failing to prevent child abuse and neglect is approximately $104 billion annually in the U.S. Clearly, it is more humane and cost effective to prevent children from suffering abuse and neglect than to attempt to manage the after-effects.

Unfortunately, public perceptions about child abuse and neglect stem almost solely from sensational news stories that feature the most extreme cases. This narrow focus means the public has little awareness of and insight into the much more prevalent, less severe, but still harmful types of child maltreatment that child welfare agencies address daily. Meanwhile, many common risks to children persist in our society.

To understand child maltreatment locally, it is helpful to consider District of Columbia data in the context of national data. While national data provide the best available picture of child maltreatment in the U.S., accuracy may be confounded by differences in the incidence of abuse/neglect by age and socio-economic group, differences in definitions of abuse/neglect among states, and likelihood that child abuse reporting identifies long-term victims repeatedly. Widely suspected underreporting of child maltreatment is also a factor in that national data reflect only those incidents that come to the attention of public child welfare agencies.

Table 1 compares national and District of Columbia statistics in five categories. National data come from Child Maltreatment 2007, an annual compilation of data that state child welfare agencies (including the District of Columbia) report to the National Child Abuse and Neglect Data System (NCANDS). Local data for fiscal year 2009 are from the District of Columbia’s Statewide Automated Child Welfare Information System (SACWIS).
Table 1: National and Local Comparison of Child Abuse/Neglect

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<thead>
<tr>
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<th>United States, CY2007</th>
<th>District of Columbia, FY2009</th>
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<tbody>
<tr>
<td><strong>Incidents</strong></td>
<td>872,000 children were found to be abused/neglected</td>
<td>3,908 children were found to be abused/neglected</td>
</tr>
<tr>
<td><strong>Types</strong></td>
<td>Where abuse/neglect were found: 60% neglect, 18% physical abuse, 10% sexual abuse, 7% emotional maltreatment, 15% “other” based on specific state laws and policies</td>
<td>Where abuse/neglect were found: 66% neglect, 25% physical abuse, 9% sexual abuse</td>
</tr>
<tr>
<td><strong>Age/Gender</strong></td>
<td>Highest rate of victimization: Children ages 0-3—16.1 per 1,000 and 30% of substantiated cases</td>
<td>Highest rate of victimization: Infants less than age 1 (16% of substantiated cases) followed by 14-year-olds (7%).</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Highest rate of victimization: African-American children—19.9 per 1,000 and 30% of substantiated cases</td>
<td>African-American children represented 90% of substantiated cases</td>
</tr>
<tr>
<td><strong>Fatalities</strong></td>
<td>Estimated 1,490 children</td>
<td>2 in 2007 (most recent data available)</td>
</tr>
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What Research Shows About Risk and Protection

When confronting the tragedy of child abuse and neglect, community members invariably ask, “Why do these terrible things happen? What can we do?” Research provides some answers. Researchers have studied both factors that can lead to maltreatment and attributes that seem to protect children and families from abusive behavior. These insights are a valuable prerequisite to understanding the evidence-based and promising strategies that offer real hope for effectiveness in preventing child abuse and neglect.

RISK FACTORS

Child abuse and neglect occur in families from all walks of life and across all socio-economic, religious, and ethnic groups. Child maltreatment does not have a single, identifiable cause but rather occurs as a result of interaction among multiple forces within and outside the family. However, researchers have identified a number of attributes commonly associated with maltreatment. Since the mid-1970s, they have employed an ecological framework that views the causes of child maltreatment as a complex mix of factors. These may be associated with the child, parent/caregiver, family, and/or the child’s environment.

**Child**: Several characteristics related to age, gender, and physical, emotional, and social development can make children more vulnerable to abuse and neglect. Children between birth and age three experience the highest rate of documented child maltreatment. Children in this age group are especially vulnerable to neglect, while the risk for sexual abuse increases with age. Female children and adolescents are significantly more likely than males to suffer sexual abuse. Children with physical, cognitive, and emotional disabilities...
experience a higher rate of maltreatment than do other children, and the same is true of children with behavioral problems. 12

**Parent/Caregiver:** Risk factors for child abuse and neglect include mental health issues, substance abuse, and low levels of knowledge of child development. Mental health issues frequently associated with parents who abuse their children include low self-esteem; an external locus of control (i.e., belief that events are determined by chance or are beyond personal control); poor impulse control; depression; anxiety; and antisocial behavior. 13 Substance abusing parents are three times more likely to abuse and four times more likely to neglect their children. While a parent may have problems in addition to substance abuse, research has shown that when controlling for other factors, parental substance abuse is a major contributing factor and significant risk.

**Family:** Risk factors include family structure, domestic violence, and parent-child interactions. Compared to children living with two biological parents, children living with a single parent may be at a higher risk of physical and sexual abuse. 14 Household instability also increases the likelihood of child maltreatment. Children who are chronically neglected tend to live in chaotic households with frequent changes in members or location. 15

**Environment:** Some risk factors may be rooted in a child’s home, neighborhood, community, and/or society at large and include socio-economic status, social isolation, and community characteristics. Substantial evidence supports a strong relationship between poverty and child maltreatment. 16 The following theories seek to explain the relationship between poverty and child maltreatment. 17

- Poverty creates family stress, which leads to maltreatment.
- Despite their best efforts, families facing poverty do not have the resources to provide adequate care.
- Other characteristics (e.g., substance abuse) may lead parents to be both poor and abusive.
- Poor families may have rates of maltreatment similar to more affluent families, but maltreatment in poor families is reported more frequently because they are under greater scrutiny from individuals required to report child abuse and neglect.

**PROTECTIVE FACTORS**

Researchers, practitioners, and policy makers are increasingly thinking about attributes within children and families that can reduce risk, build family capacity, and foster resilience. 18 Although some children, families, and communities face multiple risks, most also have assets and protective factors. 19 Through analysis of existing research, the Center for the Study of Social Policy (CSSP) has identified five factors that appear to reduce the incidence of child maltreatment.

**Parental Resilience:** Resilience is generally defined as the ability to recover from adverse circumstances. Within the abuse/neglect prevention framework, it is the ability to deal with both crisis situations and the daily challenges of family life. 20 A parent’s ability to cope with these demands is related to his/her own developmental history and personal psychological resources. 21 Resiliency
literature suggests that the most important preventive factor is development of self-empathy and empathy for others through safe, caring relationships.\textsuperscript{22}

**Social Connections:** Supportive and emotionally satisfying relationships with a network of relatives or friends help to minimize the risk of child maltreatment, especially during stressful life events.\textsuperscript{23} Building a family’s social connections reduces isolation and improves their ability to access informal resources, giving parents opportunities to engage with others in a positive manner and to share relationships with other caregivers.\textsuperscript{24} Research suggests social connections that help parents cope effectively are positive, trusting, reciprocal, and flexible and embody pro-social, child-friendly values.\textsuperscript{25}

**Knowledge of Parenting and Child Development:** Child abuse/neglect, especially physical abuse, is often correlated with a lack of understanding of basic child development.\textsuperscript{26} Common events that can be potential triggers for episodes of abuse include colic, night waking, separation anxiety, exploratory behavior, negativism, poor appetite, and/or resistance to toilet training.\textsuperscript{27}

**Concrete Support in Times of Need:** Families in crisis need emergency access to a range of formal services and supports to help meet their basic needs. Compared to other protective factors, little research exists on the effectiveness of concrete supports as a mechanism for preventing abuse/neglect. But research does suggest that helping families to access critical material resources and/or behavioral health services is a particularly promising intervention strategy.\textsuperscript{28}

**Child Social and Emotional Development:** Social development entails learning appropriate skills to interact with others while emotional development involves learning to identify and manage one’s own feelings and to empathize with others.\textsuperscript{29} By addressing behavioral problems, which often correlate with negative parent-child interactions, support for child social and emotional development can be a preventive factor. Specific child characteristics that tend to decrease the likelihood of abuse/neglect include good health, above-average intelligence, easy temperament, positive disposition, active coping style, and positive self-esteem.\textsuperscript{30}

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**Prevention Highlight**

In 2008, Mary’s Center for Maternal and Child Care, Inc. launched a pilot program that focuses on fathers and their children ages 0-5. This innovative, community-based child abuse and neglect prevention program uses video technology to assist fathers of young children in improving their parenting skills. The program seeks to strengthen the attachment between fathers and their children. The goal is to improve the mental and emotional health of children during the first five years of their lives, increasing protective factors and reducing the risk of child abuse and neglect.
From Response to Prevention:
A Timely Evolution of Thought and Action

New Information and Thinking

Development of a District-wide child abuse and neglect prevention plan is the next step in a progression of thoughtful and deliberate work over the past several years to build the city’s prevention infrastructure. In 1996, the CFSA launched a significant effort in establishing the Healthy Families/Thriving Communities Collaboratives. This network of community based service providers, resident leaders and the faith community located in neighborhoods throughout the District seeks to support and strengthen families by providing a continuum of prevention and early intervention services that reduce the risk factors associated with child maltreatment and improve protective factors. While the initial funding for the Collaboratives came from CFSA, they are now also providing strengths based supports for families with funding from a wide range of District agencies, including DMH, DOH, DOES and DYRS.

In 2006, then-Councilmember Adrian M. Fenty recognized the need to survey existing child abuse and neglect prevention services and to identify service gaps in the District. This resulted in a comprehensive study and report, *The Assessment of District Programs to Prevent Child Abuse and Neglect*. It found that while the District has a variety of services, those that specifically target prevention of child abuse and neglect are limited. The assessment highlighted several gaps in the District’s continuum of prevention services.

Based on these findings, the primary recommendation stemming from the assessment was to develop a child abuse and neglect prevention plan that would coordinate existing services and establish a process for allocating additional resources to prevent child abuse and neglect. This recommendation is grounded in two basic principles:

1. “Prevention” is more than a program or even collection of programs. It must be a new way of thinking about policies and investments that support families with the services they need when they need help.

2. The District Government and community must align their actions more closely to serve and support families more effectively.
In early 2009, through the Statewide Commission on Children, Youth and their Families (The Commission)\textsuperscript{32}, the District partnered with the national non-profit advocacy organization Prevent Child Abuse America to develop \textit{A Call to Action: The District of Columbia’s First Child Abuse and Neglect Prevention Plan}.

Through the Commission, over 25 agencies across the District Government share a common agenda and track health and well-being outcomes based on a defined set of goals and indicators. Under the direction of the Deputy Mayor for Education, the Commission focuses agencies and resources on initiatives that support positive outcomes for children and families. Six citywide, integrated youth development goals provide a framework for decisions and actions regarding the growth, development, and success of District children from birth to adulthood:

\begin{itemize}
\item Goal 1: Children Are Ready for School.
\item Goal 2: Children and Youth Succeed in School.
\item Goal 3: Children and Youth Are Healthy and Practice Healthy Behaviors.
\item Goal 4: Children and Youth Engage in Meaningful Activities.
\item Goal 5: Children and Youth Live in Healthy, Stable, Supportive Families.
\item Goal 6: All Youth Make a Successful Transition into Adulthood.
\end{itemize}

Because coordinating the many efforts currently underway will require enormous focus, a citywide prevention plan provides the cohesive, actionable blueprint necessary to reduce child abuse and neglect. Now is the ideal moment. Recently, the District assigned a major role to the Child and Family Service Agency (CFSA) as the designated Community-Based Child Abuse and Neglect Prevention (CBCAP) lead agency with authority to receive federal funds for child abuse and neglect prevention. While CFSA will spearhead coordination of the prevention plan, it will succeed only with the active involvement of all other District agencies as well as the non-profit and private sectors.

\textbf{Prevention Highlight}

To promote the health and well being of children birth to age 8, the State Early Childhood Comprehensive Systems (ECCS) program involves a broad range of public and private agencies, organizations, parents and communities. ECCS has two basic goals: (1) to enhance children’s ability to enter school healthy and ready to learn through collaborative partnerships and (2) to build an early childhood service system that addresses access to health services, mental health and social-emotional development, early care and education/child care, parent education, and family support.

The ECCS Program creates a more unified and comprehensive child development system that helps children in all of the District’s eight wards—regardless of race, ethnicity, socioeconomic status, and development and behavioral needs—to be healthy and ready to learn when they enter kindergarten.
**Prevention Plan Goals**

This prevention plan is a blueprint for development of healthier children and stronger families throughout the District of Columbia, resulting in reduced risk and incidents of child abuse and neglect. The four goals in Table 2 frame the critical first steps in a positive, proactive, multi-year process to improve citywide support for District children and families.

**Table 2: District Prevention Plan Goals**

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<tr>
<td>1.</td>
<td>Create a three-year action plan for citywide child abuse and neglect prevention and support implementation through inclusion in the District’s annual budget.</td>
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<td>2.</td>
<td>Identify, fund, and implement evidence-based and promising prevention strategies that have a proven record of, or strong potential for, effectiveness in reducing child abuse and neglect.</td>
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<td>3.</td>
<td>Establish an infrastructure and culture that integrates child abuse and neglect prevention into ongoing activities of the District Government and daily aspects of community life.</td>
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<td>4.</td>
<td>Engage the community in sharing responsibility with the public sector for promoting healthy child development and strong families.</td>
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**Prevention Highlight**

Supporting Teen Parents: New Heights

New Heights is a partnership of the DC Department of Human Services and District of Columbia Public Schools that provides educational, skills-development, and supportive services to TANF-eligible and other low-income parents under age 20. Among services the program offers are assessment of skills, referral to education/training programs, case management, and training in work-related and job skills. New Heights serves up to 500 teens annually at high schools in Anacostia and Cardozo.
This multi-year prevention plan represents the collective efforts of many individuals from public agencies and private and non-profit organizations as well as community members. In March 2009, the work began with an executive steering committee which included representation from the Child and Family Services Agency, the Department of Health, the Department of Human Services, and the District of Columbia Public Schools, the Office of the City Administrator, and the Office of the Deputy Mayor for Education. To provide additional oversight and guidance to the project, the Mayor’s Advisory Committee on Child Welfare (MACCW) became the forum for community input and discussion of the prevention plan.

Review of Existing Plans and Reports

Prevent Child Abuse America reviewed existing District plans and reports to capture the current body of knowledge and activities of established programs. Objectives were to confirm what appeared to be a significant body of existing knowledge within the District and to build on the many agency activities already underway. ("Prevention Highlights" throughout this document serve as examples of existing public and private programs.)

This review revealed seven themes that highlighted the importance of forging a consistent, coordinated, and integrated strategy to reduce the risk and incidence of child abuse and neglect in the District (Table 3, items 4-10). Most important, it clarified that this strategy would require engagement of the entire community.

Prevention Highlight

Safe Shores-The DC Children’s Advocacy Center implements Darkness to Light’s “Stewards of Children” training program. The model employs a direct and comprehensive approach to child sexual abuse. A compelling video, the core of the curriculum, features stories of several courageous individuals who were victims of sexual abuse as children and who have contributed time and effort as adults to end the cycle of abuse.

Safe Shores has four authorized facilitators who conduct the program. The training consists of a three-hour session that uses the video, an interactive workbook, and discussion to train adults to prevent, recognize, and respond responsibly to instances of child sexual abuse. It is ideal for faculty, administrators, staff, and volunteers in schools and other child-serving organizations and equally appropriate for parents.
Focus Groups

Following review of existing plans and reports, Prevent Child Abuse America conducted focus groups with several District agencies and community partners. Approximately 60 individuals participated in eight focus groups. Results reiterated the seven themes from the previous review and also provided three additional themes (Table 3, items 1-3).

- Child and Family Services Agency
- Healthy Families Thriving Communities Collaborative
- DC Children and Youth Investment Trust Corporation
- Department of Human Services
- Department of Mental Health
- Total Family Care Coalition
- Department of Health
- District of Columbia Public Schools
- Office of the State Superintendent of Education, Early Childhood Education Administration
- Metropolitan Police Department

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<tr>
<td>1.</td>
<td>Increase inter-agency collaboration and capacity building between and among District Government agencies and community partners.</td>
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<td>2.</td>
<td>Ensure agencies provide a range of concrete supports and that families in need know how to use them.</td>
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<td>3.</td>
<td>Provide appropriate family and parent support programs that meet family needs.</td>
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<td>4.</td>
<td>Ensure availability of health care services including (but not limited to) early pregnancy identification and prenatal care, discharge planning for mothers in birthing hospitals, well-child pediatric visits for children receiving Medicaid, and dental/oral care for children—and ensure families know how to access these services.</td>
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<tr>
<td>5.</td>
<td>Increase access to services related to risk factors associated with child abuse and neglect such as dental health care, substance abuse screening and treatment, and domestic violence shelters and services.</td>
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<td>6.</td>
<td>Increase public awareness and community outreach to ensure that both families and communities know about existing services and that the general public is aware of family needs.</td>
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<tr>
<td>7.</td>
<td>Evaluate policies and programs to continue to build a body of evidence that supports implementation of evidence-based strategies.</td>
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<td>8.</td>
<td>Develop a common understanding of “prevention” among public, private, and non-profit providers and the community.</td>
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<td>9.</td>
<td>Establish a shared vision and responsibility between the District Government and the community around preventing child abuse and neglect.</td>
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<td>10.</td>
<td>Increase use of traditional and non-traditional communication methods to inform families about availability of services and how to access them so that responsibility for public information and community outreach does not rest solely with public agencies.</td>
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Targeted Evidence-Based and Promising Prevention Approaches

The review of existing District plans and reports, focus groups, and input from the executive steering committee and Mayor’s Advisory Committee on Child Welfare (MACCW) all played a role in identifying evidence-based and promising practices and setting priorities prevention programming. Each of the three prevention approaches has been proven to reduce risk factors associated with child abuse and neglect and to increase protective factors. “Prevention Highlights” that are featured throughout the plan provide examples of existing programs that serve as a part of the preventive foundation in the District.

Home Visitation

Home visitation services assist parents in reducing stress through a variety of techniques including referrals to community services, development and use of coping mechanisms, and information about positive child-rearing practices. Numerous national home visitation models have an evidentiary basis including Healthy Families, Nurse-Family Partnership, Parents as Teachers, Project Safecare, and the Nurturing Parents Program. At this writing, the President and Congress are negotiating to incorporate home visiting into the federal budget, recognizing that it is an effective strategy for increasing child health outcomes and reducing the incidence of child abuse and neglect.

Prevention Highlight

The DC Department of Health (DOH) launched the Healthy Start Program in 1991 to reduce the overwhelmingly high infant mortality rate in the District. Since then, the program has expanded into reducing premature births, low birth weight, and other poor outcomes for newborns.

Healthy Start Program offers five core services: outreach and client recruitment, case management, health education, inter-conceptional care, and depression screening and referral. It targets enrollment of pregnant women and mothers of infants less than three months old in case management services, which include the home visitation component.

Parent Education and Support

Parent support groups are effective in reducing abusive parenting behaviors. They increase knowledge of early child development and positive interaction between children and parents. These programs not only help to reduce child
maltreatment but also encourage school readiness and promote family self-sufficiency. Parent education and support is most effective when tailored to be culturally relevant for a target group. National models for parent education and support include the Effective Black Parenting Program; Los Niños Bien Educados Program; The Incredible Years; Nurturing Parenting Programs; Parents Anonymous, Inc.; and Circle of Parents.

**Prevention Highlight**

Since 2004, DC Children and Youth Investment Trust Corporation (CYITC) annual parent center grants have supported innovative family engagement programs to inform, empower, and support parent. Varied services, opportunities, and supports seek to assist parents, guardians, and caregivers in addressing issues of family functioning and the family environment, building knowledge and skills regarding youth development-based parenting, and supporting children’s learning and development at home and in the community.

**Family Engagement: Parent Centers**

Teen pregnancy has a significant impact on public costs for healthcare, child welfare, and incarceration resulting from negative consequences affecting the child and teen mother. Similarly, teen mothers pay less taxes overall due to lower education and earnings. The National Campaign to Prevent Teen Pregnancy has identified ten best practices that emphasize the importance of the family in reducing teen pregnancy and highlight culturally sensitive components that should be a part of any teen pregnancy prevention program: (1) youth development; (2) involvement of family and other caring adults; (3) male involvement; (4) culturally relevant intervention; (5) community-wide campaigns to discourage adolescent pregnancy and repeat pregnancies; (6) service learning that connects meaningful community service with academic learning, civic responsibility, and personal growth; (7) increasing employment opportunities to ensure economic self-sufficiency, generate self-esteem, and create the motivation to delay early childbearing; (8) sexuality and AIDS education; (9) outreach of teen pregnancy prevention programs focusing on sexual health; and (10) access to reproductive health services for sexually active teenagers.

**Prevention Highlight**

Under grants from the DC Department of Human Services, community-based grantees provide social, recreational, and educational services and activities designed to assist older children and adolescents in delaying sexual activity. The program targets District youth in grades five through nine, with a concentration in the areas of highest need—particularly Wards 7 and 8—and communities of increasing need—particularly Latino youth.
The Prevention Plan:
Initial Strategies for Action

Three strategies form the basis of the District’s initial commitment to increase child abuse and neglect prevention. This section outlines specific actions to further these strategies, responsible entities, and projected completion dates. For each action, a lead agency is assigned responsibility however, multiple government agencies, community-based organizations and private sector partners will participate in and support implementation.

**Strategy 1:**
*Engage the Community and Promote Support for the Vision*

This strategy focuses on engaging the community in helping to prevent child abuse and neglect. Community engagement is a critical aspect of any successful child abuse and neglect prevention plan. Successful engagement is the result of a thoughtful, inclusive, and deliberate effort that promotes community input on policy issues, shares important information with families about availability of services, establishes benchmarks for meeting prevention goals over time, and continuously evaluates effectiveness of the plan.

For the prevention plan to succeed, the District Government must take an aggressive and visible leadership role in encouraging the community and public agencies to focus and work together on healthy development of the District’s children. Public, private, and non-profit efforts must compliment each other in provision of, availability of, and access to services. Successful partnership will result in availability of necessary services when needed and for as long as needed.

Responsibility for child abuse and neglect prevention must be shared among parents and families as well as all segments of the community including businesses, community- and faith-based organizations, philanthropic givers, and the government. That responsibility includes both advocacy for and support of public policies that promote healthy child development and collaboration with District Government agencies to assist families in need.
Table 4: Prevention Plan Strategy 1

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<tr>
<th>Step</th>
<th>Action</th>
<th>Responsibility</th>
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<tr>
<td>1.1</td>
<td>Coordinate a series of community engagement/outreach events during National Child Abuse Prevention Month (April) to highlight the shared vision between government and the community and to identify actions to reduce child abuse/neglect</td>
<td>Child and Family Services Agency (CFSA) and Community Partners</td>
<td>April 2010 and annually thereafter</td>
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<tr>
<td>1.2</td>
<td>Encourage District Government staff and the community to use online mandated reporter training to increase awareness and understanding of child abuse/neglect and professional reporting requirements</td>
<td>CFSA</td>
<td>Ongoing</td>
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<tr>
<td>1.3</td>
<td>Add a community-based child abuse and neglect prevention training component to the mandated reporter training website</td>
<td>CFSA</td>
<td>FY 2011</td>
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<tr>
<td>1.4</td>
<td>Establish a Parent Advisory Subcommittee that uses a continuum-of-services model to participate in ongoing development and implementation of the prevention plan and to offer no- or low-cost, common-sense actions to reduce child abuse and neglect that neighbors, employers, and parents can use</td>
<td>Mayor’s Advisory Committee on Child Welfare (MACCW)</td>
<td>FY 2010</td>
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<tr>
<td>1.5</td>
<td>Establish strategic partnerships with community, corporate, civic, and faith-based organizations to engage all sectors of the community in providing solutions to child abuse/neglect prevention</td>
<td>The Statewide Commission on Children, Youth and their Families (The Commission)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.6</td>
<td>Develop a mechanism to promote greater understanding among District Government agencies and the community of available services and how to access them across agency lines</td>
<td>The Commission</td>
<td>FY 2011</td>
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**Strategy 2: Build Capacity for Evidence-Based and Promising Child Abuse and Neglect Prevention Programs**

This strategy focuses on building capacity in programs and practices proven to produce positive outcomes for children and families and on fostering a commitment to continuous quality improvement of those investments. Through this strategy, the District will seek to promote the efficient use of limited prevention resources by supporting programs that can demonstrate ability to reduce the risk factors associated with child abuse and neglect and build protective factors.

This is in-line with child abuse and neglect prevention nationally. According to the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP), prevention and family support programs are increasingly required to report the outcomes of their services to federal, state, and municipal funding agencies as well as to private foundations and corporations.
### Table 5: Prevention Plan Strategy 2

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<th>Step</th>
<th>Action</th>
<th>Responsibility</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Develop a Community-Based Child Abuse and Neglect Prevention application that supports cataloguing and evaluating promising practices and promotes ongoing quality assurance of those practices</td>
<td>CFSA</td>
<td>FY2010</td>
</tr>
<tr>
<td>2.2</td>
<td>Create an inventory of child abuse/neglect prevention programs to establish baseline capacity for services in the District</td>
<td>CFSA</td>
<td>FY2011 and ongoing</td>
</tr>
<tr>
<td>2.3</td>
<td>Establish benchmarks and strategies for increasing capacity in targeted investments (parent education/support, home visitation, teen pregnancy prevention)</td>
<td>The Commission</td>
<td>FY 2011</td>
</tr>
<tr>
<td>2.4</td>
<td>Develop a financial plan as part of the children and family budget that identifies targeted investments and highlights strategies that leverage limited revenue to expand those services to more families</td>
<td>Executive Office of the Mayor (EOM)</td>
<td>FY2011</td>
</tr>
<tr>
<td>2.5</td>
<td>Establish an evaluation component for targeted investments, both to assess achievement of desired outcomes and efficacy of the financial investment</td>
<td>The Commission</td>
<td>FY2012</td>
</tr>
</tbody>
</table>

### Strategy 3:
**Measure the Impact of the Prevention Plan**

This strategy outlines how the District will track and assess progress of the plan going forward to ensure that tangible results are being achieved. Further, this strategy will focus on the development of outcomes and measures that can be used District-wide to monitor the quality and outcomes of child abuse and neglect approaches.

### Table 6: Prevention Plan Strategy 3

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Responsibility</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Establish outcomes and performance measures to be used across prevention programs and services</td>
<td>The Commission</td>
<td>FY2011</td>
</tr>
<tr>
<td>3.2</td>
<td>Build on existing processes and reports to establish a dashboard for child and family well being outcomes for discussion at CapStat sessions</td>
<td>Office of the City Administrator (OCA)</td>
<td>FY2011</td>
</tr>
<tr>
<td>3.3</td>
<td>Monitor ongoing maintenance and reporting of information to track and report annually on District progress in implementing the Prevention Plan</td>
<td>MACCW</td>
<td>FY2011 and annually thereafter</td>
</tr>
</tbody>
</table>
The District of Columbia’s First Child Abuse and Neglect Prevention Plan is a blueprint for healthier child development and stronger families, leading to reduced risk and incidents of child abuse and neglect. It is a dynamic plan that stakeholders can adapt during the three years required to implement, stabilize, and institutionalize it. It builds on work underway in a host of District Government agencies and the community and should be monitored continuously to ensure success.

The Statewide Commission on Children, Youth and their Families (The Commission) will be responsible for oversight of the prevention plan. The Commission will incorporate the prevention plan into the six citywide goals for children and families and monitor the implementation of the actions steps. In essence, the Commission will serve as the forum that states commonly call a “Children’s Cabinet.”

Additionally, the Mayor’s Advisory Committee on Child Welfare (MACCW) will advise on the implementation of the prevention plan and will support community engagement efforts.

It is imperative that this plan not be confined to government agencies but involve all sectors of the community. It must represent a vision and set of responsibilities that the entire city can embrace, share, and support. It is intended to serve as the catalyst for promoting a social and cultural norm that child abuse and neglect are unacceptable in the District. All sectors of the community should view prevention strategies not as expenditures but as investments in precious natural resources: development of safer, healthier District children and of stronger, healthier District families.
END NOTES


10 *Emerging Practices*

11 Id.

12 *A Coordinated Response*

13 Id.

14 Id.

15 Id.


17 *A Coordinated Response*

18 Id.


21 *Protective Factors, CSSP*

22 Id.

23 *A Coordinated Response*

24 Common Protective Factors, FRIENDS NRC

25 *Protective Factors, CSSP*

26 Id.

27 Id.

28 Id.

29 Id.
A Call to Action: The District of Columbia’s First Child abuse and Neglect Prevention Plan

30 Common Protective Factors, FRIENDS NRC


32 The Statewide Commission on Children, Youth and their Families (formerly the Interagency Collaboration and Services Integration Commission) was established under Title V of L17-009 “District of Columbia Public Education Reform Amendment Act of 2007”. Effective Date: Tuesday, June 12, 2007.
