



Within Our Reach: What We've Learned

Building a 21st-Century Child and Family Well-Being System Based on Protective Factors and Strengthening Families

Policy Education and Communications Toolkit



A Message from Our Steering Committee

In March 2016, the Commission to Eliminate Child Abuse and Neglect Fatalities released its [final report](#), *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*. A culmination of a two-year effort to study, review, and address child abuse and neglect fatalities, the report represented a shared vision among a broad range of stakeholders of how we can save lives and reform the child welfare system for the 21st century.

This toolkit was created by Social Current's [Within Our Reach](#) team, which promotes child welfare prevention and reform in support of the recommendations of the Commission. It was created with support from Casey Family Programs. Since the release of the report, several learning collaboratives have been established to further the Commission's recommendations. They include [Child Safety Forward](#), a four-year initiative funded by the U.S. Department of Justice, Office for Victims of Crime (OVC) across five sites. Another is the [National Partnership for Child Safety](#), funded by Casey Family Programs and established across more than 35 county, regional, state and tribal child welfare jurisdictions to explore issues around safety science in child welfare, as outlined in the report. These and other efforts were designed to test strategies in a learning environment to further identify what works to reduce child maltreatment injuries and deaths. This toolkit is based on those insights.

Three very important themes have emerged across this work. First, many organizations and jurisdictions began their work with a focus on risk factors among children. As these initiatives have taken place over the course of the COVID-19 pandemic, many have shifted that focus to emphasize protective factors, rather than focusing solely on risk factors. That has led to strategies that promote strengthening families and identifying supports for families that help children stay with their families and prevent them from entering the child welfare system, a finding which is supported by a range of recent research.

Secondly, it has become more evident than ever that racial bias is endemic in communities and within child welfare decision making and must be acknowledged. This is an individual and systemwide issue that will require mental model shifts and systemic changes.

And finally, what has been missing for too long in the conversation about keeping children safe is the voice of the community and those with lived experience. Parents are key to keeping their children safe and resilient. While parents have historically been placed in antagonistic roles in child welfare systems, it is critical that parents are positioned as strong partners and leaders in our efforts. It is important for communities to ensure there are opportunities and spaces for parent voice to be included in all stages of program design and decision-making. The Within Our Reach steering committee that developed this toolkit was led by parents and community partners and has been the key driver in identifying the strategies that are highlighted here.

Kara Georgi
NYS Parent Leader and
Lead Senior Associate of
Parent Partnerships,
Children's Trust Fund
Alliance

Churmell Mitchell
Parent and Fatherhood
Engagement Advocate, A
Father's Voice Matters, Pain
to Parenting, Children's
Trust Fund Alliance

Delmarys Serrano
Child & Families Consultant
and Advocate, Pain to
Parenting, Hartford Parent
University, Voices of Women
of Color

Table of Contents

<i>A Message from Our Steering Committee</i>	1
<i>Table of Contents</i>	2
<i>The Current Landscape</i>	3
<i>What We’ve Learned about Family Strengthening Policies</i>	6
<i>Utilizing Framing Science in Child Welfare Communications</i>	17
<i>Child Safety Forward</i>	20
<i>Using Safety Science to Support System Improvement</i>	24
<i>Tips for Advocacy Efforts</i>	27
<i>What Parents and Stakeholders Can Do</i>	32
<i>What CPS Agencies Can Do</i>	34
<i>Tips For Media Engagement</i>	38
<i>Commission to Eliminate Child Abuse and Neglect Fatalities</i>	43
<i>A Child Welfare Policy Primer</i>	46
<i>Template Materials</i>	57

The Current Landscape

The [Commission to Eliminate Child Abuse and Neglect Fatalities](#), which released its report to President Obama and Congress in March 2016, was formed as a result of the Protect Our Kids Act of 2012. This act garnered broad, bipartisan support in the House, passed the Senate unanimously, and was signed by then President Obama on January 14, 2013.

The Commission's report was intended to equip policymakers, practitioners, and advocates with the tools they needed to fundamentally reform child welfare. It outlined a vision for a 21st-century child welfare system predicated on a proactive public health approach that was framed by greater leadership and accountability, decisions grounded in better data and research, and multidisciplinary support for families.

To achieve this vision, though, we must shift from the nation's over-reliance on activating and deploying child protective services to address unmet family needs through a [family strengthening approach](#) that provides resources to families and invests in upstream preventive supports that respond to the needs and challenges of families. The challenge we face in achieving this, though, is that our health and human service policy framework broadly is not oriented to preventing child welfare system involvement and our child welfare system policies historically are more heavily weighted toward responding after a child has come to the attention of the system because of harm occurring or through a report from a mandatory reporter or hotline call.

“One need only read the Within Our Reach report issued several years ago; the most poignant findings are that investment in upstream prevention and a true investment in familial supports are the best ways to prevent serious child injury and fatalities. We can get to the point where dramatically fewer calls to abuse hotlines are necessary and assure that those reports that do involve serious abuse are treated seriously. We can replace surveillance and harm with investment and support.”
-- Jerry Milner and David Kelly,
Family Integrity and Justice
Quarterly Spring 2022

What is evident is that achieving a more preventive system means moving away from the idea that it is solely the function of child protective services (CPS) to keep kids safe. Instead, CPS is one component in what should be a shared responsibility and accountability for child and family well-being. Public policies should emphasize prevention of harm and entry into the child welfare system through a public health approach that addresses the social determinants of health (SDoH).

In the past, our nation has invested much more in responding to harm, for example by placing a child in foster care, than in building protective factors and capacity of parents before challenges become crises and harm occurs. Many states are still spending too little on prevention services, with 15 percent of overall spending to support parents and keep children safely in their homes, compared to 45 percent of

spending on out-of-home placements. For the U.S. to truly move to a preventive approach, upstream resources must be rooted in a public health approach developed and operationalized at the community level and not be tied to intervention with the child welfare system to access them. This would entail communities identifying their specific needs, designing supports to meet those needs, and using funding streams, including Title IV-E, to resource families and solutions.

A public health approach to child safety and prevention of fatalities looks for the maximum benefit for the largest number of people, promoting the healthy development and well-being of all children. It works, not only at the family level, but also at the community and societal level by bringing the public and private sectors together to align, leverage, and coordinate existing and expanded resources to provide support to children and families and to address risks and promote resilience before there is a crisis. Additionally, as a nation, we have learned a great deal in the past five years regarding the evidence of economic and concrete supports as a prevention and family-strengthening strategy to prevent child maltreatment. Importantly, CPS remains a critical downstream component, but the goal is to use CPS only when necessary.

While there have been some key policies enacted since the Commission released its recommendations, such as the Family First Prevention Services Act of 2018, the infrastructure to fully move to a more front-end, preventive system is still lacking and underfunded.

That is why education, advocacy, and communications around the need and support for this shift is critical. There are opportunities to support new policies and legislation, including two federal programs that are due for reauthorization by Congress that could help to make community-based prevention more of a priority. They include the [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) and [Title IV-B of the Social Security Act](#). Additionally, much has been learned through continuous quality improvement in the first six years of Family First implementation to inform future policymaking.

When [Child Safety Forward](#) set out to test strategies for a public health approach to reducing child abuse and neglect fatalities, their work took place in the midst of the COVID-19 pandemic. It quickly became clear to the five sites that emphasizing protective factors and strengthening families was the critical foundation to a preventive, public health approach.

And that is why communications is critical to the success of these efforts. A sustained communications strategy would unite child protection agencies, community, partners, neighbors, and families around a narrative that family and child adversity is a public responsibility, preventable, and solvable. Public system leaders tend to engage media only under adversarial conditions in response to tragedies and not proactively with a focus on prevention and solutions. A sustained communication strategy needs to focus on changing the internal policies and practices within child- and family-serving

systems to be able to tell the story and build awareness and power in communities, neighborhoods, and families. Communications efforts are also integral to passing key policies that will provide the organizational support needed to sustain a public health approach.

While these changes need to happen within the child welfare system, it must include communities, families, and other systems such as:

- Education
- Housing
- Health care
- Mental health care
- Income support
- Faith-based organizations
- Law enforcement
- Judiciary

Efforts should focus on preventing the activation and deployment of CPS and the use of foster care. The ultimate goal is to keep families together by ensuring access to the resources and supports they need. Most critically, these conversations must take place within a framework that includes the voices of those with lived experience, as well as engages parents and communities in identifying and implementing the solutions to the challenges they face. And they must be addressed through an equity lens that accounts for the years of systemic bias and racial disparity that have infused our current child welfare system.

This is not an easy shift to make, but we hope that the tools, resources, and messaging offered within this document will help equip stakeholders to move us from our existing child welfare system to a more preventive 21st-century child and family well-being system.

What We've Learned about Family Strengthening Policies

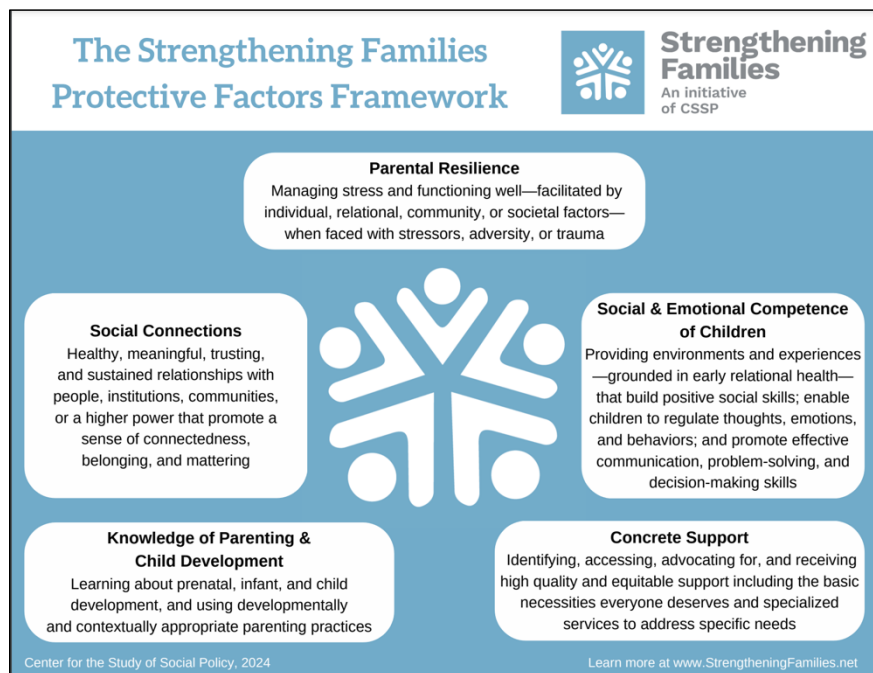
Build Protective Factors to Strengthen Families and Reduce Child Abuse and Neglect Fatalities

When the COVID-19 pandemic began and the U.S. went into lockdown, calls to child abuse hotlines declined and child welfare systems across the country sounded the alarm. As one news story framed it, “While much of the city has been staying indoors and ‘staying safe,’ for many children from troubled homes, the coronavirus pandemic has confined them to the most dangerous place they can be.”

While child abuse reports may vary across jurisdictions, it became clear that the expected child abuse epidemic did not occur. [Research](#) from Dr. Robert Sege and Allison Stephens with the HOPE National Resource Center at Tufts Children’s Hospital and Tufts Medical Center found that the rate of child abuse emergency department visits actually declined in the early months of the pandemic, from an average of 1,000 a month to a low of 400 a month in March 2020. Hospital admissions for child abuse also declined sharply.

Researchers pointed to a simple explanation: When we focus on protective factors and prevention, it works.

Protective factors are [characteristics associated with a lower likelihood of negative outcomes](#) or that reduce a risk factor’s impact.



In February 2024, the Center for the Study of Social Policy (CSSP) released new guidance on protective factors. The [report](#) updates the core definitions of protective factors to include the role of individual, relational, community, or societal factors on parental resilience. CSSP notes that its work is intended to respond to an urgent need in the child maltreatment prevention and youth services fields to shift from a primary goal of identifying risk factors and “fixing” problems to elevating the goal of building attributes, relationships, knowledge, skills, and resources that maximize the potential of children, youth, and families.

When Congress passed the Biden administration's \$1.9 trillion American Rescue Plan Act of 2021, it included a groundbreaking provision that was credited with cutting child poverty in the U.S. in half. Among other supports, there was a \$120 billion provision that provided for an expanded Child Tax Credit and significantly increased resources for families with children under the age of six. Analysts estimated that 90 percent of the country's children benefited from these investments, and as a result, millions of children were lifted from poverty and given the opportunity to thrive.

Research has found that spending on public benefit programs, such as cash assistance, housing, child care, the Earned Income Tax Credit and Medical Assistance Programs, is associated with a reduction in child welfare system involvement and child fatalities due to maltreatment. Chapin Hall's [analysis](#) of the relationship between economic and concrete supports and child maltreatment and child welfare involvement confirmed this. According to the report, "Research suggests poverty is a key driver of child welfare system involvement ... even modest economic supports can stabilize families and alleviate the need for more intensive intervention." The drop in abuse and neglect rates also illuminated the flaws in our system of mandatory reporting. The experience during the COVID-19 pandemic, when kids saw fewer mandated reporters, such as teachers, shows that mandatory reporting is not the end-all-be-all solution to child safety. Experiences have shown that families who are well-supported during turbulent times can better adapt and thrive.

The evidence that racial bias affects our current mandatory reporting process and child welfare system has been accumulating for years. One [study](#) shows that more than half of Black children and more than one-third of all children in America are the subjects of a child abuse or neglect investigation by the age of 18. Overreporting by mandatory reporters is prevalent across all groups. For example, [studies](#) show that education staff, including teachers, are responsible for 20 percent of all reports during the school year that are made to child abuse hotlines, but only 11 percent of those calls are substantiated as child maltreatment.

Family Resource Centers in Michigan

To support the goal of increasing family resources, the Child Safety Forward Michigan team partnered with the [National Family Support Network](#) and [Children Trust Michigan](#) to develop a statewide Family Resource Center (FRC) network. FRCs are programs designed to provide no-cost or low-cost support services that are responsive to the specific needs, cultures, and interests of a local community. They offer families access to formal and informal supports to promote their health and well-being, along with programs that build parenting skills, connect families to resources, and develop parent and community leadership.

This move reflects a growing national trend among child welfare providers to move resources upstream and to foster preventive approaches that can address child maltreatment before harm occurs. By expanding beyond child welfare, engaging a multidisciplinary group of organizations, and developing resources to support families, we can create a system that better nurtures the well-being of all families.

Neglect, which is a factor in the majority of families involved with CPS, has a relationship with poverty, cumulative material hardship, and, as was the case during the pandemic, temporary economic shocks, such as a job loss or health issues. These conditions can lead to or exacerbate substance abuse, mental health problems, domestic violence, and other family stressors such that challenges become crises. Historically, our nation has responded to these needs with CPS involvement and family separation, but by focusing on protective factors and supports, families will be able to weather the storm and be more likely to keep their children safely in the home.

In a December 2019 post in *The Children's Bureau Express*, Jerry Milner, then associate commissioner of the U.S. Children's Bureau, and David Kelly, special assistant to the associate commissioner, wrote: "We have to be honest that a large part of the problem is the way we see and judge families that make contact with the system. We see poor and vulnerable families as the 'other.' The role that poverty plays in child welfare decision-making is a topic that has yet to be meaningfully confronted and addressed. Poverty is a risk factor for neglect, but poverty does not equate to neglect. The presence of poverty alone does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for his or her child. ... We must be resoundingly clear that a child should never be removed from his or her family due to poverty alone. We must also be very clear that poverty is disproportionately present in communities of color and that this fact carries direct implications for child welfare."

We know that neglect is the most commonly reported form of child maltreatment, and it can have long-term effects on children's health and development. But we also know that child neglect is more likely in families that are experiencing an overload of stress. The weight of poverty, especially, can overload parents' abilities to provide the supportive relationships children need.

Cultural Brokers Program in Sacramento

The fear and mistrust with which families of color view those who work in the child welfare system makes it harder to bridge the divide between families who need support and the systems that are intended to support them. The Cultural Brokers Family Advocate Program, which was introduced to Sacramento as part of the Child Safety Forward initiative, is essential to giving these families a voice to help navigate a very complex system. Cultural Brokers step in to facilitate Black families' interactions with child welfare when a report is made. They assess family needs and connect families to resources that can help address the underlying causes of CPS involvement. Brokers work collaboratively with CPS social workers, attend court hearings, and identify circles of support that keep children safely with their families. With CPS as one component in a shared, communitywide support system responsible for child and family well-being, we can put an emphasis on prevention and a public health approach that addresses the social determinants of health. Cultural advocates help achieve this by ensuring communities of color are respected and not unfairly targeted due to circumstances related to poverty, and CPS can build the trust necessary to enable all families to achieve well-being and thrive.

Guidance for Communications

It is time to reframe the public conversation around child welfare to acknowledge the impact of poverty on families. We must train those within the system to recognize and help others connect the dots between aspects of structural racism, which are becoming familiar to the public, such as police violence and lack of access to quality housing, and the ways those experiences can hamper and impede safe, stable, and nurturing relationships.

Child Safety Forward's Indiana Department of Health on Multidisciplinary Support

The Child Safety Forward [Indiana initiative](#) involved a collaborative partnership with broad range of cross-system partners, including Indiana Department of Health Fatality Review and Prevention Division (grantee); Indiana University School of Social Work (IUSSW); parent advocates; CFR Teams in Clark, Grant, Delaware, and Madison counties; Indiana CFR Team; the Indiana Department of Child Services; the Commission on Improving the Status of Children in Indiana; Prevent Child Abuse Indiana; Firefly Children and Family Alliance; Indiana Criminal Justice Institute; Indiana Family and Social Services Administration; courts; Indiana Pro-Bono; and many other stakeholders, such as Strengthening Indiana Families, which is implementing Family Resource Centers.

The COVID-19 pandemic has supported this framing by creating a greater understanding among all families that we all need support at times.

Child welfare systems and community stakeholders must be incentivized to look deeper into economic challenges that reflect a lack of resources for families, rather than simply labeling them as flawed families.

And ultimately, we must all advocate for macro-economic policies that resource families so that basic needs are met and there is a buffer for weathering economic shocks. Our advocacy must include the creation of a cross-sector shared responsibility and accountability policy and fiscal framework that ensures family

challenges do not become child safety crises. This includes a stronger focus on prevention and moving child welfare resources up stream, coupled with providing family supports in other systems, including workforce development, economic assistance, child care, housing, and more, that can prevent tragedies before they occur. Looking at the data around the positive impacts of economic support programs on our social service systems, we have both an opportunity and a mandate to realign the way we think about poverty, neglect, and family strengthening policies, and to rebuild our systems to bolster child and family well-being and better support families.

A Call to Action

Working across child and family-serving systems and other related sectors, we must elevate our voices in support of economic supports as a core component of an evidence-based prevention policy agenda. This includes leveraging the Family First Prevention Services Act to invest more in the prevention of abuse and neglect and upstream resources. It means ongoing support for policies that have been shown to have an impact on child and family well-being, including economic and concrete

supports, care coordination, peer coaching, and Family Resource Centers. It means fully funding the community-based child abuse prevention programs in the Child Abuse Prevention and Treatment Act (CAPTA) and the opportunities around the proposed Title III program that addresses child fatalities.

And above all, it means to develop coordinated leadership and shared responsibility and accountability at the federal, state, and local levels to craft and implement data-driven policy and fiscal strategies and reforms to prevent child fatalities and near fatalities from occurring in the future. It also means ongoing support for policies that have been shown to have an impact on child and family well-being, such as the Earned Income Tax Credit, paid family leave, Child Tax Credit, expanded Medicaid coverage, home visiting, and more.

Promoting Self-Care and Healing for Caregivers and Families

One of the important elements for achieving our goals around shifting to a 21st-century child and family well-being system is promoting self-care and healing for caregivers and families. Research tells us that severe and persistent stress can overload families. In times of recession or economic turmoil, we see its impact in the rise of toxic stress in families, which can lead to abuse or neglect and poorer health and mental health outcomes. But we also know that reducing the financial burdens on families and adding supports can make a huge difference in a very short amount of time. Providing stable incomes and enhancing social supports can reduce the load that families across the nation are under.



Just as a vehicle can bear only so much weight before it stops moving forward, challenging life circumstances can overload or overburden parents, making it hard for them to provide the best kinds of care and support. To prevent a breakdown in care, we can focus on services and resources that can help lighten the load on *families*.

In the 2020 paper, [*What Parents Say About Building a 21st Century Community-Based Approach to Strengthening Families*](#), the Children’s Trust Fund Alliance presents a framework that starts with creating a humanitarian society that redresses family and child poverty through federal and state policies that ensure basic needs are met and strategies to that improve access to food, housing, health care, etc.

This framework includes building blocks for protective factors and strengthening families as follows:

- **Parental Resilience:** The ability to manage stress and function well, facilitated by individual, relational, community, or societal factors, when faced with stressors, adversity of trauma.

- **Social Connections:** The ability and opportunity to develop positive relationships that lessen stress and isolation and help to build a supportive network.
- **Knowledge of Parenting and Child Development:** The ability to exercise effective parenting strategies to guide and know what to expect as children develop in multiple domains (physical, cognitive, language and social and emotional).
- **Concrete Support in Times of Need:** Access to supports and services that reduces stress and helps to make families stronger.
- **Social and Emotional Competence of Children:** Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

Like the children in their care, parents and other caregivers can often feel overwhelmed by strong feelings and are often unsure how to address their own physical, emotional, and spiritual needs.

Whether you are approaching this issue as a parent, advocate, researcher, or as a child welfare worker, it is everyone's responsibility to work together to build strong families that have access to the array of resources that best meet their needs. To achieve this, we must engage both community and parents in a meaningful, intentional way that doesn't just offer them a seat at the table but rather an active role in the decision making that impacts their lives.

What does that look like in practice? It includes collaborating with parents to identify needs and develop strategies that build a system of supports and sustain the capacity of communities and system to provide those needed resources.

It also includes strong advocacy to identify and support policies that offer those resources to families. This includes policies like paid family leave, housing supports, income supports, access to health care, child care, food security services, screening and access to maternal health services and post-partum depression treatment, access to mental health supports, support for expanded Family Resource Center networks, and more.

Federal and state policies that connect families to economic support services, such as [Temporary Assistance for Needy Families \(TANF\)](#), housing assistance, and nutrition supplements have been shown to strengthen families and reduce child welfare interactions. A recent [study](#) published by the American Academy of Pediatrics from Dr. Henry Puls, shows that states' spending on benefit programs was associated with

decreases in child maltreatment reporting, substantiations, foster care placements, and fatalities.

A number of evidence-based models have been developed to provide a range of support to families, often referred to as “home visiting.” Many of these models provide specialized support to parents and children in high-priority families, such as families with low income or young parents, or to individuals serving in the military. However, others take a universal approach, supporting all families.

One such program is the Nurse-Family Partnership, a prevention-based early home visiting program that serves first-time moms and their children affected by social and economic inequality. Each nurse promotes confidence within the new parent to achieve healthy outcomes and better opportunities for both parent and baby.

[Research](#) shows that the Nurse-Family Partnership, which was one of the few programs identified by the Commission to End Child Abuse and Neglect Fatalities as an evidence-based practice supporting at-risk populations, is effective in reducing the incidence of child abuse and neglect, as well as reducing childhood injuries. In long-term follow-up studies, the Nurse-Family Partnership is shown to reduce state-verified rates of child abuse and neglect by 48 percent with a 56 percent reduction in emergency visits for accidents and poisonings in the child’s second year of life.

[Healthy Families America \(HFA\)](#), developed by Prevent Child Abuse America, is another example of a home visiting program. HFA promotes positive parenting and child well-being and prevents the abuse and neglect of children in communities worldwide through family-focused and empathetic support provided in the home.

Guidance for Communications

The list of evidence-based practices is growing but challenges remain in scaling these practices across the nation. One of the key messages to share around these resources, which will be outlined in more detail in the next section on framing around child welfare, is that family and childhood adversity is a solvable problem.

Strengthening Families National Network

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five protective factors: Parental resilience; social connections; Knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children.

Using the [Strengthening Families](#) framework, more than 30 states are shifting policy and practice to help programs working with children and families focus on protective factors. States apply the Strengthening Families approach in early childhood, child welfare, child abuse prevention, and other child and family serving systems.

This means, when communicating about family and childhood adversity, you should always include a proven or promising policy-level solution. By proposing concrete, actionable solutions that match the scope of the problem, we are able to frame the problem as a systemic issue. This helps in offering solutions that are aimed at “fixing conditions” rather than “fixing people.”

A Call to Action

Public policies to support families should be designed to address one or more of the protective factors identified earlier in this section.

These policies should decrease the overload of stress that can occur in all families from time to time. In addition to using the tools offered in this toolkit to advocate for these policies, it’s important to work within your organizations to normalize help-seeking behavior. This starts with creating opportunities for parents to work in partnership with community service providers, systems leaders (including child welfare leaders), and other key stakeholders to promote a culture shift so that asking for help is normalized and seen as a strength.

We know that one of the hardest things a parent can do is to ask for help. Many are fearful that a cry for help could lead to unnecessary involvement with CPS and even having their child removed from their home. We must counter these concerns by offering parents a safe place to share, by meeting them where they are and by focusing on services that support them in their time of need.

Fatherhood Engagement

The critical role of fathers in the development and well-being of children cannot be overstated.

Engaging fathers in active parenting brings a variety of benefits, not just to children, but to families and communities at large. There are many strategies and initiatives for parents, advocates, child welfare leaders, and policymakers to promote

Cook County Health Project CHILD

For the Child Safety Forward initiative, Cook County Health focused its work on sudden unexpected infant deaths (SUIDs) because data showed the county’s SUID rate was twice the national rate. The initiative, Project CHILD, convened a multidisciplinary group of stakeholders and met with families on how they received messages about safe sleep.

They found that these messages often conflicted with recommendations from older generations, who are respected for their wisdom, beliefs about the importance of skin-to-skin bonding, and, in communities where violence is prevalent, thoughts on family beds as a safer place for infants. They also heard loud and clear that families often do not trust public agencies and that the child safety messaging they do receive feels punitive and reactive. Based on these insights, Project CHILD [safe sleep trainings](#) and guides are for families and stakeholders, not just those across the child welfare system.

“Fatherhood is the greatest thing that could ever happen. You can’t explain it until it happens; it’s like telling somebody what water feels like before they’ve ever swam in it.”
-- Michael Bubl , musician

and enhance fatherhood engagement. Our collective efforts can foster a more inclusive, supportive, and father-friendly society.

Engaging and involving fathers and other paternal family members is a crucial component of family engagement. Fathers, like mothers, play a [significant role](#) in their children's psychological and emotional development. Father engagement plays a [vital role](#) in the psychological well-being and development of children, reducing behavioral problems, delinquency, and economic disadvantage in boys, as well as decreasing psychological issues and depression in young women. When fathers are actively involved, children are less likely to experience:

- Mental illness
- Juvenile delinquency
- Youth sexual activity
- Teenage pregnancy
- Substance use
- Childhood poverty
- High school drop out

[Studies](#) show that children with engaged fathers are more likely to excel academically and less likely to repeat a grade. Father involvement is also linked to better sociability, confidence, and self-control in children, which contributes to stronger, healthier relationships later in life. Engaged fathers lead to a 43% higher likelihood of children earning A's in school, underscoring the profound educational benefits of father involvement. Regardless of whether fathers live with their children or not, [research](#) shows that their engagement is beneficial. Time spent in activities and providing financial support are important aspects of father involvement. Also, fathers often engage in more exploratory and physically stimulating play, while mothers typically use more simplified language and warmth in discipline. Exposure to these complementary parenting styles is beneficial for children's development.

Child Safety Forward's St. Francis Hospital in Hartford on Parent Engagement

Hartford, Connecticut's Child Safety Forward project brought together a multidisciplinary team of stakeholders to share data, coordinate services, facilitate community participation, and seek best practice recommendations. As a core strategy, the site recruited a Parent Engagement Workgroup drawn from parents with lived experience with the foster care and child welfare systems and other local advocacy groups. Watch this [video](#) to meet the parents and grandparents of the Parent Engagement Work Group. They share what child safety and shifting power to parents means to them, why they joined the work group, and more.

Engaging fathers in child welfare services has [shown](#) to be crucial for the safety, permanency, and well-being of children. This includes working with non-custodial, geographically separated, or incarcerated fathers to strengthen familial relationships and improve long-term outcomes for children.

However, fathers and paternal family members have been historically overlooked by child welfare agencies and are less likely to be engaged in case planning compared with mothers. Child welfare agencies can help remedy this by focusing on efforts to engage fathers throughout involvement with the child welfare system so they can

better maintain connections with their children and help establish permanency through reunification. The following programs focus on the engagement of fathers and paternal family members:

- [The Northeast Florida Healthy Start Coalition Fatherhood P.R.I.D.E. Program](#)
- [The KEEP Fathers Engaged Project](#)
- [Fathers and Continuous Learning Project](#)
- [State and local examples](#)

Guidance for Communications

To raise awareness of the importance of fatherhood engagement, launch social media campaigns and organize fatherhood film festivals to celebrate and highlight the importance of active fathering.

Develop webinars, workshops, state and national conferences, and research collaborations to share insights on the impact of father engagement's impacts. Create resources and workshops to help non-resident fathers stay connected with their children. Sponsor awards, fund public announcements, create national recognition, and implement surveys to support and highlight father engagement.

A Call to Action

Everyone has a role to play in promoting fatherhood engagement. Whether you're a parent, an advocate, a child welfare leader, or a policymaker, your actions can contribute to a culture that values and supports fathers in their critical role. By working together and leveraging our unique positions, we can create lasting change that benefits children, families, and communities across the globe.

- Child welfare leaders are encouraged to implement supportive policies, training, and collaborative projects.
- Policymakers can champion legislative changes, fund fatherhood programs, and ensure policies are inclusive of fathers' needs.
- Establish father-focused support groups, father-friendly accreditations, and policies that facilitate non-resident father involvement.
- Develop training programs and resources on the importance of father engagement and the unique contributions fathers make.
- Work with academic institutions, community organizations, and other child welfare agencies to enhance fatherhood programs and college enhancement in a trade or degree.

“The involvement of a father figure has unique, proven impacts on both sons and daughters, fostering balanced and well-rounded development. The positive influence of fathers extends beyond the traditional family setup, benefiting children in diverse family structures. Proactive engagement with fathers in all situations is key to enhancing the effectiveness of child welfare services and improving child outcomes.”

-- Churmell Mitchell, Children's Trust Fund Alliance

“Anyone who tells you fatherhood is the greatest thing that can happen to you, they are understating it.”

-- Mike Myers, actor

- Advocate for laws and policies that facilitate father engagement, provide equal rights for non-resident fathers, and mandate the inclusion of fathers in child welfare decisions. Revisit laws and make necessary changes that will support fathers.
- Allocate resources to fatherhood education, support programs, and collaborative efforts that bolster father involvement. Be sure there is reasonable compensation that will foster more fatherhood programs and more engagement by men.

Together, we can transform our society into one where fatherhood is fully supported, celebrated, and recognized for its vital contribution to child development and family well-being. We hope to promote and engage fathers in every aspect of child welfare and parenting.

Utilizing Framing Science in Child Welfare Communications

The FrameWorks Institute defines the science of framing as a way to help us be heard and understood. When we change the story and how we tell it, we can change minds and ultimately, policy. Framing is about the choices we make in what we say and how we say it: What we emphasize, how and what we explain, and what we leave unsaid. These choices matter. They affect how people hear us, what they understand, and how they act.

One of the biggest challenges for child welfare communicators who are trying to promote prevention, is how do you talk about abuse or other problems that didn't occur?

Thanks to research from the FrameWorks Institute, we have a playbook for how to speak about child abuse and neglect prevention in a way that will move the needle with policy and media audiences.

In 2004, Prevent Child Abuse America commissioned the first framing study on child abuse and neglect, in part because the strategy of using emotionally evocative stories of abuse and neglect had run its course. In 2021, Prevent Child Abuse America and Social Current, with support from the Department of Justice's Office for Victims of Crime, commissioned the FrameWorks Institute to update its guidance around prevention, particularly in the context of efforts to shift "child welfare" systems into "child and family well-being" systems.

Their updated guidance indicated that, to make the case for strategies that ensure that every child grows up in safe and nurturing environments, we must widen the lens to depict the factors that shape those environments. This includes acknowledging that all families face adversity from time to time, as the COVID-19 pandemic helped show us. It emphasized the importance of financial stability and family support as essential elements of weathering any of life's storms and that many in our country struggle to keep themselves afloat as income inequality only widens.

The new guidance also lifted up policy solutions like the child tax credit, expanded child care subsidies, and family-friendly workplace policies, such as consistent and

Building Better Childhoods Toolkit

This [toolkit](#) on reframing childhood adversity is intended to support organizations in their interaction with media, the general public and other stakeholders. It is based on the February 2021 framing brief, [Reframing Childhood Adversity: Promoting Upstream Approaches](#), which was developed by the FrameWorks Institute, in partnership with Prevent Child Abuse America and Social Current. It includes key messages, videos, social media posts, and template media materials that can aid you in communicating about prevention in the context of child welfare.

flexible work schedules and paid family leave. It asked us to become more fluent and forward in talking about how many child welfare interactions are symptoms of a flawed economy and a lack of conditions that support families, not evidence of a flawed family.



Importantly, it also asked us to “center race” in all conversations. This means it’s not enough to merely point out disparities, as it leaves room for audiences to assume that the problem lies somehow with people of color, but rather explain the links between a history of injustice, contemporary systems and practices, and the effects on children and families. Framing science shows that when advocates make these connections clear, it increases and broadens support for policies aimed squarely at eliminating racial disparities.

The key messaging that emerged from the brief was that we should reframe child abuse and maltreatment fatalities as a preventable public issue, and, most importantly, a solvable one.

We can increase support for prevention by emphasizing the connection between now and later—and by giving concrete, realistic examples of what prevention looks like in action. It is equally important to emphasize that solutions exist and to champion programs that work.

Most of all, we need a common commitment to aspirational, solutions-oriented storytelling that moves mindsets beyond narrow conceptions of “problems children experience” to an expansive vision of how to do right by kids. To build a broader constituency for those approaches, the story we tell must spark a sense of collective responsibility and offer a sense of realistic hope.

Guidance for Communications

One of the most challenging aspects of communicating a solutions-oriented, preventive message around child welfare is the way media outlets cover this topic. Many media outlets cover child welfare primarily through a crime lens that focuses on the consequences of harm after it occurs. For example, over the course of the COVID-19 pandemic, we saw increasingly hyperbolic stories about the dangers to children who are out of the public eye. These stories fit neatly with the larger cultural narrative of vulnerable children, but they are misleading.

In fact, a study from Berkeley Media Studies Group found that a majority of reporters cover the child welfare system solely through a crime lens. According to the study, “News about the child welfare system was driven by tragic stories of individual cases of harm and death, painting a picture of a system that is failing, inadequate, or, at

best, overwhelmed. When solutions to issues in the child welfare system were discussed, the focus was on punitive, after-the-fact measures in response to high-profile incidents.”

All too often, these stories feature quotes and comments from law enforcement officials rather than child welfare professionals. They generate a very common cycle in child welfare coverage, the tragic story of a child death known to the child welfare system makes headlines in local media coverage (and sometime national coverage depending on the facts of the case). Local politicians are moved to act and child welfare agency leaders either lose their jobs or depart under the intense scrutiny. The leadership changes but the system stays the same.

This punitive and reactive finger pointing can lead to risk aversion among child welfare workers and has [increased rates of family separations](#), even as rates of child fatalities do not decrease. The fear of scrutiny or “getting it wrong” leads some professionals to leave child welfare work altogether, and the prevailing narrative of child welfare work through a crime lens means many young students, who are interested in social work, ultimately chose other professions.

That is not to say that scrutiny in the face a child death is not warranted. In fact, the opposite is true, but with the caveat that scrutiny and stories about what went wrong should be accompanied by a focus on solutions. Too often, this scrutiny lacks any context for improving child welfare systems leaving readers to believe that these child deaths are simply inevitable.

As child welfare advocates, we must work to educate and guide journalists to widen their lens of how they cover child welfare stories to one of a preventative, public health perspective that highlights resources and solutions that will benefit families in need of support.

If our field can successfully embrace a common narrative, one that emphasizes that we all have a stake and a role in addressing this issue, we will continue to build critical public support for the momentous shift from child welfare systems to child and family well-being systems that can enable all families to thrive.

A Call to Action

We hope you will join us in this movement to effectively frame family and childhood adversity and communicate about the benefits of prevention and upstream resources. Visit BuildingBetterChildhoods.org to download the toolkit.

Child Safety Forward

[Child Safety Forward](#) was a five-year demonstration initiative funded by the Department of Justice (DOJ) with technical assistance led by Social Current. Launched in October 2019 by the DOJ's Office for Victims of Crime, Child Safety Forward engaged five sites across the U.S. in the demonstration initiative, which included research, planning and implementation around strategies aimed at reducing child injury and fatality from abuse and neglect.

The Child Safety Forward demonstration sites include: The Indiana Department of Health; St. Francis Hospital in Hartford, Connecticut; Cook County Health in Illinois; the Michigan Department of Health and Human Services; and the Sacramento County Child Abuse Prevention Council. Read the [final reports from the sites](#).

Through Child Safety Forward, the five demonstration sites received technical assistance from a team of national experts to help to plan and implement an all-systems approach to respond to and reduce child maltreatment fatalities and child crime victimization. Technical assistance focused on collecting and analyzing data using a safety science approach; developing strong community collaboratives; engaging persons with lived experience; developing and implementing a communications strategy; addressing systemic bias, racism, and issues of power; and using a developmental evaluation approach.

Each of the strategies identified and implemented by the five sites were unique and specific to their communities. However, they all shared a common trait. Over the course of the initiative, they all pivoted away from an approach that only took into account risk factors to also focus on protective factors. This broadened focus is ultimately at the heart of a public health approach that engages voices of those with lived experience as experts in finding the solutions that will make all lives better.

Demonstration sites conducted retrospective reviews of child fatality data and/or collected additional community-level and system-level data to inform their implementation plans. The following summarizes the key strategies and learnings from each site:

- [Cook County Health](#) in Illinois: Cook County Health launched a collaborative that engaged representatives from children's advocacy centers, youth and family services, hospitals, local and state government, local school districts, and family-serving nonprofits. The strategy was developed from a retrospective review and a needs assessment by Cook County Health with key actors in the child welfare system in Cook, Peoria, and Vermillion counties. Findings revealed gaps in the child welfare system and highlighted the need for better coordination and collaboration around identifying and managing child abuse cases, improved parenting education, and greater access to prevention services. The resulting project strategies included the use of simulation

training to improve the skills of child welfare investigators and law enforcement; multidisciplinary team training around collaborative skills and improved decision making; the use of geospatial risk analysis mapping to identify neighborhoods for targeted planning of service implementation, participation in a safe sleep campaign; and the development of a parent education curriculum focused on protective factors.

- **The Indiana Department of Health (IDOH):** IDOH launched a five-year data retrospective of child deaths in the four counties that experienced the highest number of child fatalities in the state. They also conducted interviews with practitioners and families in the systems involved with child death, including child welfare, public health, education, criminal justice, and others to learn about barriers and enablers that relate to identification and prevention. Findings from this review highlighted the fact that 27% of child deaths were sleep-related infant deaths (SUIDs) and children of color were overrepresented, accounting for 38% of these deaths. This led to a focus on improving processes around the child fatality review (CFR) process, greater cross-system information sharing, policy changes, and development and implementation of improved data. Over the course of the initiative, IDOH was able to improve the quality of the CFR process, increase cross-system collaboration, and develop and launch a data-informed statewide infant safe sleep campaign. The impact of these changes has been significant, with a 60% decrease in SUID rates, a 28% decrease in child fatalities due to external injury, passage of two new state laws to reduce child fatalities, and more than 1.5 million views for the statewide infant safe sleep campaign videos.
- **Michigan Department of Health and Human Services (MDHHS):** In partnership with the Michigan Public Health Institute (MPHI), MDHHS utilized a broad and diverse advisory body comprised of nontraditional partners, including those with lived experience, to guide data inquiry and development of their initiative. Using this novel approach, the results of the data inquiry led to the conclusion that 20% of cases had been classified as Category III (evidence of child abuse or neglect but low risk of future harm to the child) and that more could be done to follow up with families to prevent a future fatality. A retrospective review of these cases revealed that support provided to families during CPS investigations was varied and inconsistent. In response to this finding, the site's strategies leveraged aspects of collective impact to improve strategic communication and build learning capacity and information-driven decision making with critical partners. Efforts focused on improving safety planning across the child welfare systems by building capacity to engage families and support immediate safety needs and expanding access to a Family Resource Center network across Michigan.
- **The Sacramento County Prevention Council in Sacramento, California:** Sacramento County had an existing foundation for successful multisystem partnerships, and this served as a springboard for the CSF project. CSF helped

grow the CSF Sacramento County Prevention Cabinet and developed strategies to support their overarching vision to eliminate child abuse and neglect deaths and critical injuries by 2030. The Prevention Cabinet leveraged the collective impact model for this collaborative, as well as partnership experiences from other projects and initiatives in Sacramento County. As a critical step in the work to more intentionally and authentically center community voice and share power, the community engagement subcommittee instituted the recruitment of community representatives to contribute to the work and add lived experience to the Cabinet. The Prevention Cabinet now consists of more than 30 cross-systems leaders that come from public systems, private nonprofits, and the community who are developing and implementing a strategic plan focused on systems change. In July 2023, the Sacramento Child Safety Forward team secured a grant from California Accountable Communities for Health Initiative (CACHI) to continue to support their work and share their findings with the field through December 2025.

- **Saint Francis Hospital and Medical Center in Hartford, Connecticut:** The Hartford team launched a Parent Engagement Work Group, made up of individuals with lived experience with child- and family-serving systems. Challenges with accessing data from state agencies led them to focus on qualitative interviews with child protective agencies, law enforcement, educators, community members, impacted parents, and youth. They also used publicly available data about child fatalities. The resulting data revealed several issues with current practices, including a lack of trust by underserved communities of providers, especially of CPS, and their recommendations; cultural practices in the community that reflect global perspectives on child-rearing; and the punitive framing and lack of preventive supports, such as parenting classes and car seats. The resulting project strategies emphasized grassroots organizing to connect with parents, others with lived experience, and community groups to learn about the risks for child maltreatment. They also identified cultural strengths and protective factors in underserved populations and parent and community perceptions of, which led to the development of a new parent curriculum.

Some of the key lessons learned and takeaways from the initiative include:

- **Importance of Communications:** Sustained communications strategies that widen the media's reporting lens and shift traditional ways of thinking about child abuse and neglect are critical for achieving positive outcomes for children and families. Effective communications break down existing siloes and helps all system actors work together to unify their messaging and outreach efforts. Sustained communications are built on strong, collaborative relationships between agency leaders, funders, media, and community.
- **Access to Better Data:** Across the country, data infrastructure to identify child fatalities and understand its causes is insufficient. While states collect relevant

data, in many cases, information is broken up and isolated in different systems and isn't shared with other providers, creating gaps in our understanding of the challenges, potential solutions, and even the systems that work to address them. To reach a stronger child and family well-being system, we need a strong data culture, where all practitioners involved have a sense of stewardship of the data, and a shared accountability for collecting good data and using it in their decision making.

- **Use of Developmental Evaluation:** Developmental evaluation is an evaluation approach that supports innovation and guides adaptation to emergent and dynamic realities in complex environments. Developmental evaluation was used in the CSF initiative as a method to help sites understand the landscape and context in which they were working, collect and make sense of data, and test possible approaches to address community needs and system gaps. As sites ran into barriers, the full technical assistance team offered tools to help reflect on what they were learning, shift their thinking, realign existing partners, and bring in new ones, and explore innovative approaches. This flexibility to learn and incorporate new partners was fundamental and served as a pathway to child safety through the approaches that sites took, which were novel, responsive, and systems focused.
- **Equity, Power Shifting and Parent Engagement:** While data shows that child fatality rates are disproportionately experienced by people of color, many of these deaths could be prevented by addressing unjust conditions rooted in systemic bias, racism, and intersectional inequities. Fostering a system that successfully promotes family and child well-being across populations requires eliminating the adversarial relationship between systems and parents that is largely attributed to inequitable power dynamics.
- Parent engagement strategies are often transactional and unidirectional. To address this, we must unlearn, test new infrastructures and ways for building partnerships with parents, and relearn, as a system, how to effectively address the existing power imbalance that makes it difficult for the system and parents to be united in their commitment to keeping children safe and at home.

Disclaimer: This product was supported by cooperative agreement number 2019-V3-GX-K005, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Using Safety Science to Support System Improvement

Safety science is defined as the practice of applying scientific methods, research, and tools to understand, assess, and manage safety. In the context of child protection, this means using an evidence-based approach to inform preventive and responsive actions, rather than basing policy and practice decisions on emotion or assumption. When we employ safety science, we identify and apply lessons learned based on the best available research and evidence.

It helps child welfare professionals, parents, advocates, and policymakers think about preventing child fatalities in new ways. When the federal Commission to Eliminate Child Abuse and Neglect Fatalities released its 2016 report, *Within Our Reach*, Commission Chair David Sanders sought to challenge the notion that child maltreatment fatalities were inevitable, rather than preventable, pointing to the vital work being done across other safety-critical systems, such as health care and transportation. These systems employ safety science, an evidence-based discipline that aims to examine critical incidents at a systems level with a goal of mitigating future occurrences and creating a more trustworthy system of health care delivery or transportation.

As an evidence-based discipline, safety science expands the scope of learning beyond an individual case to a systemwide comprehensive analysis.

In the context of child welfare, it utilizes a standardized critical incident review process, coupled with data analysis across multiple jurisdictions to identify systemic challenges that serve as barriers to child safety.

In essence, safety science provides a framework and processes for child protection agencies to understand the inherently complex nature of the work and the factors that influence decision making. It also provides a safe and supportive environment for professionals to process, share, and learn from critical incidents to prevent additional tragedies.

Utilizing safety science to improve child safety is at the heart of the work being done today by the [National Partnership for Child Safety](#) (NPCS), a collaborative of more than 35 state, county and tribal child-serving jurisdictions. Since 2018, the NPCS has been working across jurisdictions on applying safety science and sharing data to develop strategies in child welfare to improve safety and prevent child maltreatment fatalities.

Such work requires attention on both workforce support and infrastructure to improve tertiary and secondary prevention, as well as identifying and elevating primary prevention efforts to support children and families in their communities, including tracking recommendations resulting from critical incident reviews, using data to

identify potential trends including in demographics and casework practice, leading select system improvement efforts, and advancing a safety culture in child welfare.

Members of the NPCCS have a shared goal of strengthening families, promoting innovation, and advancing a public health response to reducing and preventing child maltreatment and fatalities. This concept integrates a broad spectrum of partners and systems to identify, test, and evaluate strategies to provide upstream, preventive, and earlier intervention supports and services that can strengthen the building blocks of healthy families. It represents a system that is focused less on a child protection response to abuse and neglect and more on building the well-being of all children.

Jurisdictions who participate in the NPCCS have access to a broad array of training and support that includes:

- Training on safety culture and systems-focused critical incident reviews
- Skill building labs for Critical Incidence Response Teams (CIRT)/Safe Systems Coordinators on drafting improvement opportunities, using the Safe Systems Improvement Tool (SSIT), conducting safe systems debriefings, as well as facilitating safe systems mapping
- AWAKEN training for CIRT/Safe Systems Coordinators (AWAKEN is a framework for identifying and addressing bias in decision making)
- Technical support to maintain a database which houses SSIT and NPCCS Data Dictionary information
- Peer-to-peer support for Critical Incident Review Leaders
- Innovation and Implementation Learning Communities (I2LC) on the intersection of Safety Culture and Justice (2021) and Workplace Connectedness (2022)
- Support facilitating safe systems mapping
- Safe Systems Improvement Tool (SSIT) review and support on a case-by-case basis
- Facilitated cross-jurisdiction communication to support continued learning and improvement in different areas of the work
- Drop-in office hours for technical support questions
- Other technical assistance as requested

One of the assessment tools available to assist jurisdictions in critical incident review is the [Safe Systems Improvement Tool](#) (SSIT), a tool designed for use in child welfare systems that aids in youth- and family-centered, systems-focused critical incident reviews. The tool helps jurisdiction focus on systems-level influences that can contribute to casework practice in critical incidents. Nationally, the SSIT is the most widely used tool for critical incident review in public child welfare. In short, the SSIT provides structure to the output of a review process. It organizes the reviewers' learnings, shares the "system's story" of a critical incident, and advocates for

targeted system reform efforts to lessen the likelihood of the problem occurring again in casework.

Another important aspect of the work of the NPCCS is sharing data across jurisdictions to capitalize on a more comprehensive dataset aimed to protect children from future harm. When each jurisdiction looks at its own data in isolation, the numbers are small and less informative. Having a national collaborative approach to data collection allows for the identification of meaningful trends and patterns, enhancing the visibility of areas for child safety improvements. Sharing data across states also makes it possible to disaggregate and examine the data by race/ethnicity to track disparities at different decision points, potentially identifying larger issues, such as implicit bias, that can be used to inform systemic or policy reforms that advance racial justice. To date, NPCCS has launched our data warehouse at MPHI, created a data dictionary of common terms, and have begun data collection across NPCCS jurisdictions.

The scope of work conducted by the NPCCS is outlined in the following Practice and Policy Briefs:

- [Data Sharing Practice and Policy Brief](#)
- [Mindful Organizing Practice and Policy Brief](#)
- [Communications Practice and Policy Brief](#)
- [Psychological Safety Practice and Policy Brief](#)
- [Safe Systems Improvement Tool Practice and Policy Brief](#)
- [TeamFirst Assessment of Safety Culture Practice and Policy Brief](#)
- [Workforce Connectedness Practice and Policy Brief](#)
- [Safety Culture Practice and Policy Brief](#)
- [Safely to Their First Birthday Practice and Policy Brief](#)

Tips for Advocacy Efforts

This toolkit intends to equip parents with the knowledge to be advocates for children and families. These advocacy tips are excerpted from Social Current's [Policy and Advocacy Toolkit](#), developed by Blair Abelle-Kiser, Ph.D., senior director of government affairs for Social Current.

Developing Impact Stories

Policymakers, the media, and other stakeholders respond strongly to personal stories. Whenever possible, it is recommended that you engage them by sharing examples of how policies will impact different segments of the population through real-life case studies and personal testimonials. Statistics and data are important as well. When you weave them into personal stories, they provide a broader context while engaging your audience at a more emotional level. Impact stories should:

"We don't all share the same lived experiences, and if experience is the best teacher, you can safely assume that not everyone has learned what you have learned."
-- Larissa Rhone, Pain to Parenting

- Get the listeners "hooked" so that they want to hear more, and they build empathy and connect the listener to the subject of the story, or storyteller.
- Illustrate the impact an issue or bill has within a legislator's state or district. Having supporting data that aligns with, or supports the empathetic personal story is essential.
- Create a problem and solution scenario.
- Short and to the point (two to three minutes) as you will not have a great deal of time to share the story, build a relationship and make your ask and/or case.

This outline will help in developing the first kind of story. When you tell your story, also plan to provide the audience with relevant factsheets or background handouts (one to two pages maximum).

Key elements of your personal story:

- Who you are: Include your name, your organization and the general area in which you live.
- Who are you connected to: Explain your connection to an organization or issue.
- Your motivation: In two to three sentences, paint a brief picture that conveys your personal experience.

Developing Your State and Federal Advocacy Strategy

A key step in developing an advocacy strategy is understanding who you are trying to reach and what messages will most strongly resonate with legislators. Legislators include members of U.S. Congress, state representatives, city council members, and

any other elected officials. Begin with these five steps to educate yourself with the background information necessary for all future advocacy activities:

- Identify your legislators, their official websites, and their office contact information by searching online.
- Sign up on your legislators' websites to receive regular email updates, invites to local events, and policy position statements to understand what they are saying. Every member of Congress has an e-newsletter.
- Find out where your members stand on the issues related to your policy concerns. Review their voting history at the Vote Smart website.
- Set up Google Alerts to receive emails whenever your legislators are in the news.
- Research through Google News and other tools to find out what local reporters have written about your legislators.

Meeting with Your Legislator or Their Staff

It is important to provide the staffers/legislators you speak or meet with information about your organization and what you are asking of them. One of the best ways to do this is to share information in advance of the meeting and follow up after the meeting. Often advocates send materials after a meeting, but staffers have noted it is beneficial to have these materials in advance of the meeting to help them prepare. Make it easy for your legislator to meet with you by offering several possibilities for dates/times and doing your best to accommodate them.

Before the Meeting

- Research your legislators and their responsibilities. Read up on their professional backgrounds including their committee assignments, their legislative accomplishment. Most of this information is available on individual legislators' homepages. For members of the U.S. Congress, individual homepages can be found on the House and Senate websites.
- Make an appointment in advance by email to either the scheduler in that office or the staffer who handles the issue area you want to speak about. It is recommended to call first and request the best email address for scheduling requests. Follow up with a phone call to the scheduler if you have not heard back after a week or two. Submit all scheduling requests with at least four weeks' notice.
- Prepare your three strongest talking points and an impact story. Your meeting will probably last only 20-30 minutes. Ensure your information is accurate and be ready to answer questions.
- Send materials in advance of the meeting, bring them with you to the meeting and leave them with the legislators or their staff.
- Wear business attire.

When You Arrive

- Arrive on time, but don't be surprised if your meetings start late. Don't be offended if you are asked to have your meeting in the hallway or cafeteria; this is merely the result of space limitations. It is quite likely you will meet with a staff person instead of your elected official. Staff-level meetings are extremely valuable, as legislators rely heavily on them for policy advice.
- Be respectful. Because offices are small, loud conversations in the waiting area are not appreciated.

During the Meeting

- Identify yourself as a member of your organization and/or a constituent. All attendees should introduce themselves (including which community they are from) and start on a positive note. Thank those you are meeting with for their past support of issues you care about or for taking the time to meet with you.
- Start by explaining a bit about your organization/issue and the work you do (two to three minutes).
- Explain why you are meeting with the legislator.
- Explain your position with the facts, but always use personal or local stories when possible. Legislators are most interested in how legislation will affect their districts and constituents.
- Never speak ill of another legislator, staff member, or advocacy group.
- Explain your specific ask.
- Ask for clarification if you don't understand a position or statement.
- Open the conversation for discussion, allowing the legislator or staffer to respond with questions and/or their position on the "ask" you presented.
- Invite your legislators and their staff members to visit your site if appropriate.
- Share your value as a resource. Offer to be a source of information on the specific issues addressed and your work with your organization.
- Ask to take a photo with the member/staff and post it on social media with a message thanking the member. Include the member's Twitter/X username and any relevant hashtags (NOTE: Be sure to tag their official Twitter/X account, not their campaign account, which usually links to their .gov email address).
- Thank the legislator and the staff as you leave.

After the Meeting

- Write your legislators (or their staff) to thank them for their time. Reiterate your major points and remind the legislators of anything they might have agreed to do.
- Send any additional materials that were requested or follow up with answers to questions.
- Maintain communication with legislators and their staff members through letters, calls, and visits when relevant.
- Invite your legislators and their staff members to visit your site if appropriate.

Virtual Advocacy Events

If you are interested in advocating as a team with other groups or organizations, virtual events are the perfect way to advocate on a large scale without the high costs and excessive planning that are required of in-person events such as Hill Days. Since the COVID-19 pandemic, virtual meetings are being used more readily by organizations and/or coalitions to harness their collective power and meet directly with multiple legislators or staff. Legislators themselves have become used to this medium of communication and connection, and many organizations are taking advantage of it. For more information on hosting virtual advocacy events, download Social Current's [Policy and Advocacy Toolkit](#).

Attending Town Halls and Listening Sessions

Members of Congress and other legislators regularly hold local town hall meetings or public listening sessions throughout their districts or state. Sometimes these are announced well in advance, but sometimes, although they are technically public, only select constituents are notified about them.

- If you can't find announcements online, call your legislator directly.
- Send out a notice of the town hall to your organization's stakeholders and get commitments from them to attend; distribute all background information you have on your legislator, as well as the prepared questions.
- Prepare several questions ahead of time for your group to ask. Your questions should be sharp and fact-based, ideally including information on the legislators' record, votes they've taken, or statements they've made. Thematically, questions should focus on a limited number of issues to maximize impact. Prepare 5-10 of these questions and hand them out to your group prior to the meeting.

To learn more about how to plan your own event, download Social Current's [Policy and Advocacy Toolkit](#).

Calling Your Legislator

When the legislature is in session, you can call your legislators at their offices. Lists of members' names, office addresses, and telephone numbers are available online. It is likely you will speak with a staffer rather than a legislator, but they are prepared to take notes and share information with their legislator. Key tips include:

- Identify yourself by location, organization, and role.
- Identify the bill you wish to talk about, by name, and if possible, by number.
- Briefly state your position and how you wish your legislator to vote.
- Ask for your legislator's stance and for a commitment to vote for your position, but don't argue if the legislator has an opposing view or hasn't decided yet.
- If your legislator needs further information, ask to whom you should send the materials.

- Be respectful.
- Follow the call with an email restating your position and thanking them for their time.

Coordinating a Site Visit

Site visits, whether at your organization or at one of your project sites, are an important way to inform legislators about the work you do and the people you serve. They offer firsthand view of what your organization is doing for the community. Plus, site visits help put a human face on complex issues. When your issue comes before them, you want them to have a vivid, firsthand image. Site visits only work, however, when there is good planning and preparation.

Elements of a good site visit are:

- **Make an Appointment:** When attempting to set up a visit, contact the local, state, or district office of your legislator. Ask to speak with the appointment's secretary or scheduler. Explain your purpose and whom you represent.
- **Be Prompt and Patient:** When it is time to meet with a member of Congress, be punctual and be patient. It is not uncommon for them to be late, to have a meeting interrupted (due to their crowded schedules), or to allow too little time for a thorough visit.
- **Be Prepared:** Have materials available at the site visit that concisely present your issues. Personalize any materials with stories of individuals or concrete examples of issues.

Additional Resources for Parents, Families, and Advocates

- [Building Protective Factors for Families](#): Children's Trust Fund Alliance
- [What Parents Say About Prevention Strategies that Work to Keep Families Together, Resilient, and Strong](#): Children's Trust Fund Alliance
- [What Parents Say About Advancing Equity and Support for Underserved Communities](#): Children's Trust Fund Alliance
- [Expanding the Perspectives and Research Foundation for the Strengthening Families and Youth Thrive Networks](#): Center for the Study of Social Policy
- [Child-Birth Parent Visitation Supports](#): Adoptive and Foster Family Coalition
- [Special Parent Training/Coaching Supports](#): STRIVE Online Learning
- [Assistance for Black Families in Navigating Child Welfare Involvement](#): Cultural Brokers Program (The Imprint)
- [Assistance for Foster and Kinship Parents](#): KEEP®
- [Assistance for Kinship Parents](#): Kinship Navigators
- [Family-Based Substance Abuse Treatment](#): SHIELDS for Families
- [Support for Native American Families](#): Native American Connections and Patina Wellness Center

What Parents and Stakeholders Can Do

This toolkit provides ideas for stakeholder engagement around the goals, strategies, and findings reflected in this updated toolkit based on the recommendations of the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) Report: “Within our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities.” Suggested communications and advocacy activities to promote family strengthening policies and a public health approach to child and family well-being include:

Communications Outreach

Activities to help build awareness for the recommendations and their potential impact include:

1. Partner with individuals with lived experience. Engage them in communications activities and decision-making at all levels. Media is always interested in “real people” stories. By infusing your communications with the voices and stories of families, young adults, caregivers, agency leaders and staff, service providers, and legal partners affected by the child welfare system, you offer a resource to media that can help shift the narrative around how they cover child welfare stories.
2. Issue a press release from your organization highlighting one or more key policies or recommendations that relate to what your organization does. Use the [list of key dates](#) to tie the release to a relevant week/month. Share it broadly with your media contacts. Include a spokesperson contact for media to reach you.
3. Issue an Opinion-Editorial in support of a key policy or evidence-based practice with your byline. [See the Op-Ed Template](#).
4. Respond to a local news story with a [Letter-to-the-Editor](#) that highlights the importance of family strengthening policies.
5. Use your social media platforms to post/tweet about key policies that support families. See the [Social Media Toolkit](#).
6. Present at a conference or stakeholder meeting about the recommendations that relate to your constituency. See the [Fact Sheet/Talking Points/FAQs](#).

Advocacy Outreach

Activities to help build support for advocacy, policy change, and legislative action include:

*“Heal so you can breathe again!
Heal so you can feel again! Heal
so you can serve - helping others
to get through what you’ve been
through. Shine your light!”*
-- Larissa Rhone, Pain to Parenting

1. Issue a proclamation for National Parent Engagement Month (November) that affirms your support for parent engagement efforts. Here is a [guide for drafting a proclamation](#).
2. Issue a statement highlighting recommendations as well as policy and practice changes related to the family strengthening research outlined in this toolkit. [See the Sample Statement in Support of Recommendations](#). Highlight community-based prevention programs funded by the Child Abuse Prevention Act, Title IV-E (Family First), Title IV-B, and other programs that have been helpful to families.
3. Encourage your constituency to write a letter to Congressional leaders and/or state government leaders encouraging their support for key legislative actions/policy changes. [See Sample Legislative Letter](#).
4. Call or visit your legislator.

Some specific messaging and calls to action for community outreach include:

1. Educate and engage community members about evidence-based practices and resources outlined in this toolkit.
2. Share success stories and best practices from your community. Highlight the importance of prevention in combating child maltreatment and fatalities.
3. Reach out to parents. Come together to educate and spread awareness about child safety issues, protective factors, and risk factors. Educate one another. Share your knowledge and lived experience to increase the well-being of children, families, and communities.
4. Support fatherhood engagement activities, such as father-child storytelling sessions, sports leagues, and shared digital communications for non-resident fathers to strengthen emotional bonds. Utilize blogs, vlogs, and public speaking opportunities to share experiences, educate, and inspire others about the joys and challenges of fatherhood. Ensure fathers are included in school curriculums, child welfare services, and community forums to share positive fatherhood experiences.

What CPS Agencies Can Do

The Commission's call for widespread reform of the child welfare system and a public health approach cannot happen overnight. CPS agencies cannot make these changes alone. However, there are steps CPS agencies can take today to make children safer. These steps will not only prevent fatalities but will also help build critical infrastructure and the body of knowledge needed to build a new 21st-century child welfare system.

1. **Work with Individuals with lived experience.** CPS agencies can work collaborate with people with who have lived experience to develop gain a deeper understanding insight of the conditions the challenges affecting certain populations face, identify the solutions that are most appropriate for those impacted by the issue tailored to their needs, and anticipate the potential harmful unintended consequences of the past and current and past actions taken by the existing system on the people it aims to serve. Family Voices United provides excellent valuable resources for engaging with individuals with lived experiences.
1. **Focus on protective factors.** Rather than focusing solely on risk factors and responding after harm has occurred, CPS agencies can engage with multidisciplinary partners to identify and respond to protective factors in a way that helps connect families with resources in their community.
2. **Help reform mandatory reporting¹.** The primary purpose of improving mandatory reporting is to connect families with the right types of support within communities. Emphasizing mandatory supporting over reporting can be a highly effective mechanism for bringing community stakeholders together with CPS agencies to expand community-based prevention support. Tools can help the reporters make decisions about when it is appropriate to report to CPS agencies and when it is better to connect families with other services.
3. **Disentangle poverty and neglect.** A key question to raise as mandatory reporting is assessed at the national level is how to disentangle poverty and neglect. This approach requires systems change that shifts mental models of what it means to be poor, in addition to what our collective responsibility is to connect people with economic and concrete supports that strengthen communities and families. The child protection workforce must recognize how economic stressors can overload families as well as how those stressors might be offloaded. Rather than labeling the parents or other caregivers as inadequate, the child protection workforce must also understand the role racial and implicit biases play in decision making.

¹ From Family Integrity & Justice Quarterly (Spring 2022). Rethinking the Community Response to Poverty and Child Neglect in the 21st Century by Amy Templeman and Romero Davis, page 82.

4. **Increase economic and concrete supports to families.** The child welfare community needs to unequivocally call for upstream economic supports for families before a crisis occurs. We need to examine how all child welfare programs, including Titles IV-E, IV-B, Child Abuse Prevention and Treatment Act (CAPTA), and other programs outside of child welfare, like Medicaid, might better invest in family strengthening programs such as Family Resource Centers and other community-based supports. The FFPISA was a step in the right direction, but investments need to move further upstream in a public health approach to support child and family well-being and prevent entry into foster care. Ongoing support for economic policies that promote child and family well-being are also needed, such as the Earned Income Tax Credit, the expanded Child Tax Credit, expanded Medicaid coverage, access to voluntary home visiting programs, and more. These policy improvements require federal investment.
5. **Explore options for kinship care.** When leaving a child in a home environment is not possible, prioritize exploring kinship care placements with relatives, including aunts, uncles, grandparents, siblings, extended family members, or fictive kin (individuals known to the family). Kinship care not only helps children maintain vital family connections and cultural traditions but also reduces the trauma associated with separation. Supporting kin caregivers by using family engagement strategies as well as providing culturally appropriate training, services, and equitable supports can significantly enhance stability and permanency outcomes for children, youth, and families.
6. **Shift Child Protection Services' relationship to mandatory reporters.** If mandatory reporters become mandatory supporters, calls to child protective services will decrease because of increased upstream, preventive connections to community-based resources. Calls made to CPS should be for more serious situations. This shift has the potential to give CPS an opportunity to partner more closely with mandatory reporters, providing follow-up information and collaboration after calls.
7. **Explore mandatory supporters as an alternative pathway to support families' economic and concrete needs.** Alternative pathways to strengthening families are proposed in [S.1927, the Senate's CAPTA Reauthorization Act of 2021](#). Having mandatory supporters refer families to resources outside of child protection is an alternative pathway to help. Although differential response models differ among states, it is typically a multitrack response within the child protection system after a report to CPS. Cases accepted for differential response must meet the statutory definition for an investigation or family assessment. A mandatory supporter model would function outside of child protection, and instead within community-based organizations to strengthen services such as housing and employment support. The model should be developed in collaboration with SOC efforts; community-based child abuse prevention programs funded by CAPTA; and other federal,

state, and local initiatives that promote connections to services and supports before families reach a crisis.

8. **Revamp training requirements for mandatory reporters/supporters.** It is important to understand what types of training are most helpful to mandatory reporters/supporters, especially as reforms to current systems are being sought. The Commission to Eliminate Child Abuse and Neglect Fatalities called for reforms to mandatory reporter training on the topics of (1) family engagement, development, and strengthening; (2) understanding distinct racial and ethnic cultures and racial and ethnic cultural norms and differences; (3) understanding the historical context of racism; (4) understanding and recognizing biases; and (5) how biases can impact assessment of risk, access to services, and delivery of services.
9. **Address disproportionality and quality services for all.** CPS agencies should ensure the availability of quality services and equitable treatment for all children and families. Quality services (i.e., effective, culturally appropriate, and targeted services) are needed to support children and families who are disproportionately represented in child welfare and other child-serving systems. Services other than foster care must be identified and implemented. Particularly in communities disproportionately represented in child welfare and with a higher incidence of child abuse and neglect fatalities, efforts at the federal, state, and local levels need to address quality with as much emphasis as availability and accessibility. Where disproportionality is pervasive, prioritize training of the child welfare workforce, partners, and mandated reporters on topics of (1) family engagement, development, and strengthening; (2) understanding distinct racial and ethnic cultures and racial and ethnic cultural norms and differences; (3) understanding the historical context of racism; (4) understanding and recognizing biases; and (5) how biases can impact assessment of risk, access to services, and delivery of services.
10. **Strengthen parenting and caregiver services.** CPS agencies should expand the screening of caregivers for elevated risk factors, such as toxic stress and social determinants of health, to provide early connections to services. Innovation can be strengthened via public-private partnerships which help eliminate barriers to accessing early infant mental health services that strengthen parenting.
11. **Provide access to prevention focused services.** CPS agencies should enhance policies to identify partners or contracted resources for medical review and evaluation; case management for access to voluntary home visiting services; and family access to domestic violence counseling, mental health services, and substance abuse treatment services.
12. **Develop multidisciplinary teams for prevention.** CPS agencies should explore opportunities for the development of multidisciplinary prevention initiatives in

partnership with local agencies such as law enforcement and share best practices with other CPS agencies.

13. Engage in a communications community of practice to reframe these issues.

Even though we know it is the most effective approach to communications, there are significant challenges in framing family and childhood adversity such as abuse and neglect as public, preventable, and solvable issues. As neglect and mandatory reporting policies are reformed, the child welfare field would benefit from a community of practice that learns and shares best practices with each other.

14. Join the National Partnership for Child Safety. The National Partnership for Child Safety offers tools and resources to help child welfare jurisdictions focus on system improvement. It creates a learning environment around shared data and standardized practices.

Tips For Media Engagement

This Media Engagement Toolkit was developed by Jennifer Devlin, Social Current communications consultant, and is intended to support individuals and organizations in their interaction with media and other stakeholders. It provides information to support proactive as well as reactive media relations.

Responding To Media Inquiries

This section provides guidance on responding to media calls and requests as well as preparing for and conducting an interview. Whenever possible, it is advised to have a communications representative assist you in gathering information in advance of an interview because they can be more direct in determining the angle of an interview as well as potential questions, including negative ones. Whether you prepare by yourself or with someone else, it is important to understand the following key steps leading up to an interview.

Preparing for an Interview

Gather as much information as possible from the reporter. Understand who is calling and why. Seek the following information:

- The reporter's name and his or her affiliation
- The reporter's audience (size, geographic location, age, occupations, interests)
- The focus of the story
- The reporter's deadline
- Who else will be interviewed for the story
- How the reporter was referred to you
- For television or radio, whether the interview will be live, taped, or "live to tape" (a live interview that is aired later)
- For radio, whether there will be listener call-in

Collect and organize your thoughts. You do not have to talk to the reporter immediately. The reporter has had time to prepare, so you should grant yourself the same opportunity. It is important, however, to respect a reporter's deadline. Use your preparation time to do the following:

- Read through the tips and suggestions that follow in this toolkit
- Prepare for likely questions
- Outline two or three key points you want to make
- Think about your visual appearance (in the event of a television interview)
- Clothes that are blue or red appear well on television; avoid white—it can be too bright for television cameras

If you are in a situation that does not allow you to fully prepare, then in a friendly manner ask the reporter for the following:

- The nature of the story he or she is working on
- Specific questions he or she would like addressed
- The deadline, in case you would like to provide supporting information after the interview

During the interview, be sure to think about the following:

- **Emphasize Personal Stories:** The impact of a proposed policy is often best illustrated in the many personal stories of people who have been or will be touched by it. Media like to tell a story through real-life case histories and examples. Think about how best to weave personal stories into the interview. Statistical information also can help illustrate the impact of the issue, if used accurately and sparingly.
- **Be Consistent:** All responses to media inquiries should be consistent. To ensure consistency, adhere to key messages (see [Key Messaging section](#)).
- **Be Honest, Sincere, and Confident:** If you do not know the answer to a reporter's questions, then say so. If you can find out, then do so.
- **Avoid Speculation:** Do not speculate or answer hypothetical questions. If a reporter leads with, "Assume that..." or "What if..." respond with something such as, "I am unable to speculate on that; however..." and state your positive message.
- **Remain Positive:** Convey positive messages and responses. For example, if a negative question is posed, do not say, "No, our proposed initiative is not intended to..." Instead say what it is intended to do.
- **Do Not Say, "No comment":** It sounds as if you have something to hide. If you do not have an answer, say so and let the reporter know that you will get back to him or her with information. If you do not want to discuss something, rephrase the general message, or refer to your key messages on the topic. You do not have to answer specifics. Be firm but not abrasive.
- **Keep It Simple:** Technical terms may be foreign to a reporter, particularly feature reporters. If a reporter fully understands you, he or she is more likely to incorporate your response in the story.
- **Be Concise:** State your answer and stop. Do not fill in silent pauses. Often a reporter will ask a question, wait for your response, and then wait silently for you to elaborate. If a reporter seems to utilize this technique, provide your answer, stop, and ask the reporter if there are any other questions. A pause also provides you with the opportunity to add your two or three key points or collect your thoughts.
- **Keep a Record of Press Contacts:** This will help you build important relationships with the media and remember which reporters are fair and balanced and should be called upon when you have something to say.

A More Proactive Approach to Media

A proactive approach to media engagement involves consistent, personal outreach to reporters and editors. It can include casual conversations, drop-in chats, invitations to key policy and media events, and other efforts to help them understand what the issue is about and why the policies you are introducing are effective solutions. With that foundation, you will have a much greater likelihood of a positive response when you try to interest an editor or reporter in a story about an issue or organization.

Media “Do’s” And “Don’ts”

It is important to understand some of the key parameters of a reporter’s job, to have realistic expectations about what a reporter can or cannot do to communicate your story. The following tips draw on an understanding of a reporter’s work:

- **DO be aware of a reporter’s deadline.** Today’s 24/7 news cycle means deadline hours vary. Educate yourself about reporters’ deadlines. The newspaper must go to the printer; TV and radio shows must air. If you have not called back by 3 or 4 p.m. at print newspapers, the reporter will get very nervous. By 4:30 p.m., you are out of the story. The same holds for TV news a couple of hours before airtime.
- **DO pay attention to the general news cycle and what is happening elsewhere related to your issue.** If something big is happening in the news that connects to your issue, make yourself available before deadline time and you may get into the story.
- **DO translate numbers into concepts that are easy to grasp.** For example, instead of saying “seventy-five percent of child abuse fatalities,” say, “three out of every four...”
- **DON’T tell a reporter you will give them an exclusive story, and then offer it to a competitor.** It is fair to provide reporters with a timeline for how long you are willing to hold a story, but let them know if they are not willing to commit to a story within a specified timeframe you will offer it to another media outlet. When letting them know that you intend to seek out other media, avoid having this come across as a “threat.”
- **DON’T ignore reporters’ phone calls.** If you regularly miss their calls, they will stop calling. Be a resource even if you do not know the answer to a question. Tell a reporter: “You know, that’s not my area; but here are two people who do work on that. You should call them. Here are their numbers.” Reporters will appreciate the help.
- **DON’T presume a reporter knows what you are talking about.** Many government agencies use acronyms, jargon, rhetoric, mission-statement talk, and insider lingo. Take the time to explain all acronyms and try to translate all terms into language that reporters and their audiences will understand.

Understanding How to Use Media Tools

When communicating with reporters, it is important to understand the tools they use to receive information. Below, you will find a description of basic media tools that are used to provide information to journalists.

- **Media Alert/Advisory:** A media advisory is a one-page notice that informs and invites media to an event or to interview someone. It highlights the basic who, what, when, where, why, and how of an event or individual you want the media to cover.
- **Press Release:** The news release is a shortened version of a news article that is used to entice the media to want to learn more about your policy issue. News releases can be one to two pages in length (400-500 words) and should contain information with news or feature story value. Because the media literally receive hundreds of news releases each week via email and fax, it is important to make your release stand out from all the others. The first step to ensuring your release gets read is to make sure it is newsworthy and contains information that is relevant to the media's target audience.
- **Media Outreach Email:** Although like a news release, a media outreach email targets a specific person, such as an editor or producer, asking him or her to consider writing a story about your topic or issue. A media outreach message allows you to propose a story angle to a reporter, while informing him or her about the issue and why he or she should consider it important. A media outreach message should be no more than four or five paragraphs long. Put the most important information in the first paragraph and be concise. In the final paragraph, include contact information and tell the reporter you will follow up by phone.
- **Fact Sheet or White Paper:** A fact sheet or white paper provides detailed background information about a new policy, bill, or initiative and its history. One to two pages in length, fact sheets can include history and compelling statistics.
- **Media Kit:** A media kit is a collection of documents that provides a range of answers and information about your policy initiative. It saves reporters time, because it anticipates what they will want to include as background information in a story. It can include history, white papers, names and bios of key personnel, recent news releases, copies of past news coverage, and photographs.

In addition to using the materials above to invite media to cover an event or issue, the following are additional tools to help create visibility for new policies:

- **Letter to the Editor:** Letters to the editor are only used as a direct response to a published story in that newspaper. Letters are written to compliment the paper on a previously published article, to correct inaccurate facts, or to highlight and counter bias. Letters should be short and to the point (two or three paragraphs at most). The letter should state your position clearly and concisely. If the letter is

too long, it will be edited down, perhaps by someone who does not understand the issue. The letter should be submitted as one double-spaced page and should include the author's address and phone number.

- **Opinion-Editorial Piece (Op-Ed):** Most newspapers reserve space for readers to voice opinions. Op-eds express a strong opinion and take a firm position on an issue or event. For local papers, the op-ed should be localized and aim to provoke conversations among members of the community. To determine the level of interest or likelihood of placement, you should contact the editor of the opinion/editorial page in advance and discuss your idea. The subject of the op-ed should be timely and preferably tied to current news. The average length is 700-800 words, although it varies by publication. For local papers, 500-700 words may be more appropriate.
- **Editorial Board Meeting:** You may request a meeting with editors and writers covering a specific issue. The intent of the meeting is not necessarily to generate media coverage but to provide news organizations with background information and introduce yourself as a resource. For some topics, editorial board meetings could result in the paper taking an editorial position.
- **Deskside Briefing:** Spokespersons can offer individual reporters background briefings, known as "deskside briefings," on key issues, policies, or stories.
- **Video News Release/B-Roll Package:** These are either fully produced television news packages or b-roll footage (images with natural sound) that can be provided to stations to help illustrate a story. By creating your own footage, you control what is aired and how your message is communicated.
- **Radio News Release/Actuality:** A radio news release or actuality is a news piece created for radio. Communications officers can produce their own radio actualities and send them to radio stations across the state. An actuality sounds just like it was produced by a radio reporter, containing quotes, sound effects, and background noise. Relatively inexpensive to make, actualities are an important but often underused media tool.

Most reporters prefer to receive media materials via email. When sending emails, it is important to make sure the subject title fits into the subject line of the email. Like a news release headline, the email subject title should attract a reporter's attention and entice him or her to want to read more. Generally, news releases should be sent in the body of an email rather than as an attachment.

For more training and tips on media engagement, go to the [Social Current website](#).

Commission to Eliminate Child Abuse and Neglect Fatalities

The Commission to Eliminate Child Abuse and Neglect Fatalities was established by Congress through the bipartisan Protect Our Kids Act of 2012 and was charged with developing a national strategy and recommendations to reduce fatalities among children resulting from abuse and neglect. The Commission released its final report, *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*, in March 2016.²

A Public Health Approach to Child Safety

The Commission's recommendations reflect a public health approach to child safety that engages a broad spectrum of community agencies and systems to identify, test, and evaluate strategies to prevent harm to children based on three interrelated core components:

1. **Leadership and Accountability:** Strong leaders at every level—federal, state, local, and tribal—are needed.
2. **Decisions Grounded in Better Data and Research:** There is a need to collect, share, and utilize real-time, accurate data to ground child protection decisions.
3. **Multidisciplinary Support for Families:** Everyone has a role. Cross-system prevention and earlier intervention are critical to building and sustaining healthier families and communities.

In Sept. 2016, the U.S. Department of Health and Human Services (HHS) sent a report to Congress, a requirement in the Protect Our Kids Act, responding to the report's recommendations. In their response, HHS identified 60 recommendations that require HHS action, some of which are being implemented.

Since the report's release, several learning collaboratives have been established to study, test and further the commission's recommendations. They include [Child Safety Forward](#), a four-year initiative funded by the U.S. Department of Justice, Office for Victims of Crime (OVC) across five sites. Another is the [National Partnership for Child Safety](#), funded by Casey Family Programs and established across county, regional, state, and tribal child welfare jurisdictions, to explore issues around safety science in child welfare, as outlined in the commission's report.

Much of the work of these demonstration initiatives has focused on the importance of emphasizing protective factors and strengthening families as the foundation to a

²Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*. Washington, DC: Government Printing Office. https://www.acf.hhs.gov/sites/default/files/cb/cecanf_final_report.pdf.

preventative, public health approach. While CPS is an important component in a public health approach that emphasizes upstream resources, CPS is not set up to take on this work alone. As agencies responsive to child harm, CPS must work in partnership across a range of multidisciplinary agencies that support children and families to help build the foundation for a child welfare system that can deliver resources to families and children that will prevent harm before it occurs.

Some of the key lessons learned and takeaways from the demonstration initiatives and learning collaboratives that build on the Commission's recommendations include:

- **Importance of communications.** Sustained communication strategies that widen the media's reporting lens and shift traditional ways of thinking about child abuse and neglect are critical for achieving positive outcomes for children and families. Effective communications break down existing siloes and help all system actors work together to unify their messaging and outreach efforts. Sustained communications are built on strong, collaborative relationships between agency leaders, funders, media, and community.
- **Access to better data.** Across the country, data infrastructure to identify child fatalities and understand its causes is insufficient. While states collect relevant data, in many cases information is broken up and isolated in different systems that don't share it with other providers, creating gaps in our understanding of the challenges, potential solutions, and even the systems that work to address these challenges. To reach a stronger child and family well-being system, we need a strong data culture, where all practitioners involved have a sense of stewardship of the data, and a shared accountability for collecting good data and using it in their decision making.
- **Use of Developmental Evaluation.** Developmental Evaluation (DE) is an evaluation approach which supports innovation development to guide adaptation to emergent and dynamic realities in complex environments. DE was used in the Child Safety Forward initiative as a method to help sites understand the landscape and context in which they were working, collect and make sense of data, and test possible approaches to address community needs and system gaps. As sites ran into barriers, the full technical assistance team offered tools to help reflect on what they were learning, shift their thinking, realign existing partners and bring in new ones, and explore innovative approaches. This flexibility to learn and incorporate new partners was fundamental and served as a pathway to child safety through the approaches sites took, which were novel, responsive, and systems-focused.
- **Equity, power shifting, and parent engagement.** While data shows child fatality rates are disproportionately experienced by people of color, many of these deaths could be prevented by addressing unjust conditions rooted in systemic bias, racism, and intersectional inequities. Fostering a system that successfully promotes family and child well-being across populations requires eliminating the adversarial relationship between systems and parents that is

largely attributed to inequitable power dynamics. Traditionally, parent engagement strategies often end up being transactional and unidirectional. To address this, we must test new ways to build partnerships with parents and relearn as a system how to effectively address the existing power imbalance that makes it difficult for the system and parents to be united in their commitment to keeping children safe and at home.

- **Safety science puts the emphasis on systems improvements over individual blame.** As an evidence-based field of discipline, safety science expands the scope of learning beyond an individual case to a systemwide comprehensive analysis. In the context of child welfare, it utilizes a standardized critical incident review process, coupled with data analysis across multiple jurisdictions to identify systemic challenges that serve as barriers to child safety and the goal of family preservation. In essence, safety science provides a framework and processes for child protection agencies to understand the inherently complex nature of the work as well as the factors that influence decision-making. It also provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. Psychological safety is essential to this process by demonstrating an agency's commitment to identifying systemic causes of failure rather than seeking to assign blame to workers. This then enables workers to participate in a culture of learning that can help us better understand how and why decisions were made and shift the focus to system improvements that will have a greater long-term impact on saving lives than simply hitting the reset button on a trained child welfare workforce.

For more information on Child Safety Forward, go to the [Social Current website](#).

For more information on the [National Partnership for Child Safety](#), go to their website.

A Child Welfare Policy Primer

Title IV-B Programs and Their History³

Federal funding to states, territories, and tribes through Title IV-B of the Social Security Act has been and remains a critical component of transformation efforts, as these programs provide important, dedicated child welfare funding in key areas shown by research to improve child and family outcomes.

Provisions related to the creation of what is now the Title IV-B Stephanie Tubbs Jones Child Welfare Services program were first authorized in 1935. In later years, federal policy was created to support states in their efforts to help children who could not remain safely at home by providing federal funding for what is now the Title IV-E foster care program. Recognizing that children should not remain indefinitely in foster care, federal funding and policy was also enacted to support children with families through adoption. The 1980s saw passage of a requirement for states to make “reasonable efforts” to prevent a child’s placement in foster care and reunite children who have been removed to foster care. Keeping children out of foster care and ensuring permanency for children are key outcomes uplifted in federal child protection policy.⁴

What is now the Title IV-B MaryLee Allen Promoting Safe and Stable Families (PSSF) program was created in the 1990s. The creation of this program brought new, additional funding for “family support” and “family preservation” services to families with children, including foster care, adoptive, and extended families. As part of the Adoption and Safe Families Act (ASFA) of 1997, the allowable uses of funds for PSSF were expanded to include “time-limited family reunification” as well as “adoption promotion and support services.” Increased funding was also provided to support these areas with mandatory funding reaching \$305 million in fiscal year 2001. The PSSF Amendments of 2001 brought further funding and policy changes in a five-year reauthorization of this program that maintained mandatory funding for PSSF at \$305 million but provided authorization for up to \$200 million in discretionary funding. Mandatory funding for PSSF was further increased to \$345 million in the Deficit Reduction Act of 2005.⁵

When PSSF was reauthorized in 2006 as part of the Child and Family Services Improvement Act, \$40 million per year of the mandatory PSSF was allocated for two priorities: targeted support to states to ensure children in care were visited at least once a month by their caseworkers and competitive grants to regional partnerships to improve outcomes for children whose parent or caretaker was affected by methamphetamine or other substance abuse. The 2006 reauthorization of PSSF also

³ From testimony of David Sanders, Ph.D., before the U.S. House of Representatives, Committee on Ways and Means Subcommittee on Work and Welfare, September 28, 2023.

⁴ Legislative History of Child Protection, taken from the 2012 U.S. Committee on Ways and Means Green Book, available at <https://greenbook-waysandmeans.house.gov/export/html422>.

⁵ Ibid.

replaced the permanent funding authority for what is currently the Title IV-B Stephanie Tubb Jones Child Welfare Services program with a five-year authority that coincides with the funding authority for PSSF.⁶

Since 2006, Congress has used the PSSF program through policy and funding set-asides to address the challenges in child protection. One time-funding increases, such as a \$20 million addition during Federal Fiscal Year (FY) 2011, have been provided to PSSF. More broadly, Title IV-B of the Social Security Act has supported courts and their role in child protection. It has also provided funding to states, territories, and tribal nations in support of kinship navigator programs that seek to help relatives caring for children. Together, the funding, flexibility, and targeted priorities identified in both Title IV-B programs provide critical resources that seek to ensure no child is unnecessarily removed from their family, and that permanency is relentlessly pursued for children currently in care. In FY 2023, \$579.2 million was provided for these purposes. While most of the funds in both programs go to states and territories, tribal nations share in a 6 percent set-aside of funds.

The Family First Prevention Services Act (FFPSA)

FFPSA became law in February 2018. This landmark legislation fundamentally shifted how the federal government partners with states, territories, and tribes in the protection of children and strengthening of families.

While Title IV-E funding reimburses states, territories, and tribes for foster care, FFPSA extends access to additional Title IV-E funding for essential prevention and support services for families, aiming to intervene before crises necessitate foster care placement. By incentivizing child welfare agencies to provide necessary services for parents, the goal of FFPSA is to safely enable children to remain at home with their parents instead of being placed in foster care. These services must meet an evidence-based standard and are intended to strengthen families and safely keep children at home. They include:

- Mental health prevention and treatment services
- Substance abuse prevention and treatment services
- In-home parent skills training, including programs such as home visiting

FFPSA also includes key provisions to limit unnecessary placement in group care settings, mandating that such placements demonstrate critical need, adhere to trauma-informed practices, and provide after-care support with the family upon the child's departure from the group care setting.

⁶ Ibid.

Child Abuse Prevention and Treatment Act

The key federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted on Jan. 31, 1974 (P.L. 93-247). This act has been amended several times and was last reauthorized on Dec. 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). It was amended in 2015, 2016, and 2018, and most recently, certain provisions of the act were amended on Jan. 7, 2019, by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424).⁷ Since early 2024, important discussions have been occurring among advocates regarding the ways CAPTA has contributed to the oversurveillance of families and the benefits of community-based prevention programs funded by Title II compared to activities funded by Title I.

CAPTA provides federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities. It also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and establishes a national clearinghouse of information relating to child abuse and neglect. CAPTA also sets forth a federal definition of child abuse and neglect. In 2015, the federal definitions of “child abuse and neglect” and “sexual abuse” were expanded by the Justice for Victims of Trafficking Act to include a child who is identified as a victim of sex trafficking or other severe form of trafficking.

A new title III, Certain Preventive Services Regarding Children of Homeless Families or Families at Risk of Homelessness, was added to the Child Abuse and Neglect Prevention and Treatment Act by the Stewart B. McKinney Homeless Assistance Act Amendments of 1990 (P.L. 101-645, 11/29/90).

During the 1990s, CAPTA was amended by a series of acts, including:

- The Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 (P.L. 102-295, 5/28/1992)
- The Incentive Grants for Local Delinquency Prevention Programs Act (P.L. 102-586, 11/4/1992)
- The Older Americans Act Technical Amendments of 1993 (P.L. 103-171, 12/2/1993)
- The Human Services Amendments of 1994 (P.L. 103-252, 5/19/1994)
- The Child Abuse Prevention and Treatment Act Amendments of 1996 (P.L. 104-235, 10/3/1996), which amended title I and replaced the title II, Community-Based Family Resource Centers program, with a new Community-Based Family Resource and Support program.

⁷ Child Welfare Information Gateway. (2019). About CAPTA: A legislative history. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

The Keeping Children and Families Safe Act of 2003 (P.L. 108-36, 6/25/2003) amended and reauthorized CAPTA. The act amended title I and replaced title II, Community-Based Family Resource and Support program, with Community-Based Grants for the Prevention of Child Abuse and Neglect.

CAPTA also was amended and reauthorized by the CAPTA Reauthorization Act of 2010 (P.L. 111-320, 12/20/2010), which amended both titles I and II. CAPTA was further amended by the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22, 5/29/2015). Effective May 2017, states are required, as part of their CAPTA state plans, to have in place the following provisions and procedures: (1) a requirement to identify and assess all reports involving children known or suspected to be victims of sex trafficking and (2) to train child protective services workers about identifying, assessing, and providing comprehensive services for children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social services agencies, such as runaway and homeless youth shelters. It also expanded the federal definitions of “child abuse and neglect” and “sexual abuse” to include a child who is identified as a victim of sex trafficking or other severe form of trafficking.

Additional amendments were made by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198, 7/22/2016). Title V, section 503, of the act modified the CAPTA state plan requirement for infants affected by substance use, withdrawal symptoms, or fetal alcohol spectrum disorders. These amendments included criteria to ensure the safety and well-being of infants following their release from the healthcare providers' care, address the health and substance use disorder treatment needs of both the infant and the affected family or caregiver, and develop plans of safe care for infants affected by all substance use, broadening from the previous focus solely on illegal substances.

CAPTA was further amended by the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act (P.L. 115-271, 10/24/2018). Section 7065(a) amended section 105 (42 U.S.C. § 5106) of CAPTA to authorize grants to states. These grants aim to assist child welfare, social services, and substance use disorder treatment agencies; hospitals with labor and delivery units and their medical staff; public health and mental health agencies; and maternal and child health agencies in collaborating to develop, update, implement, and monitor plans of safe care. Section 7065(b) of the act repealed the Abandoned Infants Assistance Act of 1988 (42 U.S.C. § 5117aa, et seq.).

CAPTA was most recently amended by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424, 1/7/2019). The law amends section 106(b)(2)(B)(vii) of CAPTA to extend immunity from civil and criminal liability to individuals who make good-faith child abuse or neglect reports or who provide information or assistance (including medical evaluations or consultations) in connection with such reports, investigation, or legal interventions.

In 2021, the U.S. Senate introduced a bill to reauthorize CAPTA, proposing to reinstate Title III. The goal of the bill was “developing coordinated leadership and shared responsibility at the federal, state, and local levels to implement data-drive strategies and reforms to prevent child fatalities and near fatalities from occurring in the future through the use of improved collection, reporting, and analysis of all child fatalities and near fatalities due to child abuse and neglect.”

The Supplemental Nutrition Assistance Program⁸⁹

The precursor to the Supplemental Nutrition Assistance Program (SNAP) was established in 1933 as part of the Agricultural Adjustment Act in response to the challenges of the Great Depression. Originally called the Federal Surplus Relief Corporation, its primary objective was to aid struggling farmers by acquiring surplus crops at discounted rates and distributing them to hunger relief agencies.

In 1939, during President Franklin D. Roosevelt's New Deal, the Food Stamps Plan formalized this initiative, offering food assistance to low-income individuals through the acquisition of food stamps and bonus stamps for surplus foods. Participants were required to obtain booklets with orange stamps for general items, like soap and matches, and blue stamps for specific surplus foods. However, the program concluded in 1943 due to economic improvements resulting from World War II and the post-war economic boom.

President John F. Kennedy restored the Food Stamp Program through pilot programs in 1961. A pivotal moment occurred in 1964 with the enactment of the Food Stamp Act, a cornerstone of President Lyndon Johnson's Great Society Program. It aimed to use agricultural surpluses to improve nutrition among low-income individuals and strengthen the agricultural sector. Participants acquired stamps, or coupons, at benefit levels corresponding to a typical household's food expenditures, supplemented by a bonus based on income.

The 1977 Food Stamp Act brought substantial revisions, establishing national eligibility rules, increasing access for minority communities, and bolstering federal support to the states.

During President Ronald Reagan's administration in 1981, severe budget exacerbated hunger in the 1980s. Optional nutrition education, later termed SNAP-Education (SNAP-Ed), was introduced to educate eligible individuals on nutrition. In the early 1990s, the program expanded through policies that streamlined bureaucracy and increased access but faced challenges in the late 1990s with the introduction of block grants and stricter eligibility requirements.

⁸ Snap to Health, website accessed 11/14/2023, <https://www.snaptohealth.org/snap/the-history-of-snap/>

⁹ Center for Budget and Policy Priorities, website accessed 11/14/2023, <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap>

The early 2000s brought substantial changes, including expanded eligibility for immigrants and children and the transition from paper stamps with Electronic Benefit Transfer (EBT) cards. These cards aimed to minimize fraud and reduce the stigma long associated with food stamps.

In the 2008 Farm Bill, the program was rebranded as the Supplemental Nutrition Assistance Program (SNAP), highlighting nutrition and healthy eating as one of the primary goals of the program. In 2015, Agriculture Secretary Tom Vilsack announced funding to support programs helping SNAP participants select nutritious foods.

SNAP is now the largest federal food assistance program, serving over 41 million Americans. Pre-pandemic data shows that 90% of beneficiaries are in households with a child under the age of 18, an elderly adult over 60 years old, or a person with disabilities. Children represent 44% of all SNAP participants. Studies show that food insecurity decreases by as much as 30%, even more among children, due to SNAP participation. Other studies demonstrate SNAP kept 8 million people, including 3.6 million children, above the poverty before the pandemic.

The Women, Infants, and Children (WIC) Program¹⁰

The Women, Infants, and Children (WIC) program is essential to enhancing the cognitive and health outcomes of infants and young children. Established in 1933 under the Agricultural Adjustment Act and formalized through President Franklin D. Roosevelt's New Deal in 1939, WIC aims to support pregnant individuals in delivering healthy babies and to nourish infants and young children during crucial formative years. Extensive research has made clear that WIC leads to safer births, healthier diets, better health outcomes, and higher academic achievement for students.

Eligibility for WIC extends to pregnant, postpartum, and breastfeeding individuals, as well as infants and children up to age 5, on the basis of income guidelines and nutritional risk assessments by healthcare professionals. The income threshold is set at or below 185% of the federal poverty level for those not receiving other means-tested benefits. Recipients of SNAP, Medicaid and TANF are automatically eligible no matter their income.

WIC provides a narrow selection of foods scientifically chosen to address nutritional deficiencies in low-income populations. These include items such as whole grain bread, baby food, infant formula, and milk. Additionally, participants receive "cash value benefits" exclusively for purchasing fruits and vegetables.

WIC participants receive benefits through electronic benefit cards (EBT), used at approved grocery stores nationwide. EBTs have enhanced program efficiency, reduced stigma, and facilitated program oversight. Ongoing modernization efforts include the

¹⁰ Center for Budget and Policy Priorities, website accessed 11/14/2023, <https://www.cbpp.org/research/policy-basics-special-supplemental-nutrition-program-for-women-infants-and-children>

exploration of online shopping platforms, self-checkout options, and curbside pick-up to make WIC more accessible and convenient.

WIC emphasizes and supports breastfeeding as the optimal choice for infants by providing enhanced benefits, longer eligibility, and breast pumps for breastfeeding individuals. Regarding formula, WIC uses a competitive bidding process, resulting in significant formula savings for the government (approximately \$1 billion to \$2 billion annually).

Over the years, the program has undergone updates, including a 2009 revision based on Institute of Medicine recommendations and a 2017 review suggesting adjustments such as increasing the cash value benefit for fruits and vegetables. Moreover, in response to the COVID-19 pandemic, WIC agencies implemented flexibilities, allowing remote enrollment, benefits issuance, and document submission. Despite these adaptations, WIC participation declined during the pandemic, raising concerns about worsening food insecurity, particularly among households of color.

The American Rescue Plan Act, passed in 2021, provided funds for WIC modernization, which encouraged innovation in service delivery and public outreach. Temporary increases in the cash value benefit for fruits and vegetables were also introduced.

Research underscores WIC's effectiveness in promoting healthier births, improving nutrition, establishing connections with the healthcare system, and enhancing educational outcomes. Despite its success, challenges persist, underscoring the need for ongoing program improvements to address food insecurity and disparities, particularly for children in Black and Latino families.

As stakeholders continue to navigate the evolving landscape, the history and impact of WIC underscore its pivotal role as a nutritional safety net for vulnerable populations.

Screening for Maternal Depression¹¹

Screening women for maternal depression can improve outcomes for women and infants according to research from the American Academy of Pediatrics (AAP) and American Congress of Obstetrician and Gynecologist Committee on Obstetrical Practice (ACOG).

Early identification of maternal depression allows for timely intervention and treatment. Currently, there are no national evidence-based guidelines regarding the recommended intervals (timing or frequency) for prenatal or postpartum screening, nor have optimal settings, tools, or specific screening targets (i.e., major vs. minor depression) been definitively established.

¹¹ New York State website, accessed 11/14/23, https://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_depression/providers/screening.htm

There is strong evidence supporting the use of brief standardized depression screening instruments to accurately identify maternal depression. Treatment has been shown to improve the prognosis for the woman and her family.

Screening tools can help providers introduce the subject of depression and differentiate depression from “normal” symptoms of pregnancy and postpartum adjustment. Screening can be incorporated in routine prenatal, postpartum, and well-baby visits. It is important to remember that screening does not replace a diagnostic workup, but it can help to identify those at risk for depression and in need of further follow-up evaluation and treatment.

Mental Health Resources

The COVID-19 pandemic has had a significant impact on the nation’s mental health. Americans were more likely to report experiencing stress, anxiety, or great sadness compared to people in other countries; Black and Latino people experienced more mental health concerns than whites. Uncertainty and disruptions in employment, income, housing, and food security have contributed to increases in anxiety and depressive disorders among adults, and children were impacted by school closures and the loss of school-based mental health services.

According to the [Policy Circle](#), “Since the summer of 2020, about half of U.S. adults have reported “negative mental health impacts related to worry or stress from the pandemic,” up from about one-third of adults prior to the pandemic. Nearly 53 million U.S. adults (21%) experience mental illness each year, but fewer than half receive treatment.”

At the federal level, policies are focused on protecting the rights of consumers and identifying funding streams for mental health services and research.

Examples of federal legislation for mental health includes:

- [The Americans with Disabilities Act](#)
- [The Rehabilitation Act](#)
- [The Mental Health Parity and Addiction Equity Act](#)
- [The Community Mental Health Centers Act](#)

The federal government has over 40 programs serving people with mental illness. [Supplemental Security Income \(SSI\)](#) and Social Security Disability Insurance (SSDI) are two of the largest programs, and substantial mental health services also fall under Medicare and the Department of Veterans Affairs. Additionally, federal funding matches state Medicaid and CHIP (Children’s Health Insurance Program) spending, usually anywhere between 50 and 70% of costs, making Medicaid “the single largest funder of mental health services in the country.”

The [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) is the lead agency that provides targeted funding to states to implement services for individuals with substance use disorders or mental illness. SAMHSA is also responsible for the [National Suicide Prevention Lifeline](#) and the [Suicide Prevention Resource Center](#).

It's also important to note the impact of mental health challenges on fathers, an issue that originated even before COVID-19 pandemic. Fathers, often bearing the societal expectation to be the unwavering pillar of strength, can face unique challenges in addressing their mental health needs, contributing to stress, anxiety and depression.

These challenges are further compounded for fathers experiencing disruptions in employment, uncertainties about the future, and the added pressures of family responsibilities. Recognizing and addressing the mental health of fathers is crucial not only for their well-being but also for the positive impact on family dynamics, child development and societal health at large.

To ensure fathers receive the support they need, policy initiatives should incorporate targeted mental health resources and programs that specifically address the unique challenges fathers face. This includes:

- **Expanding Access to Mental Health Services:** Policies should ensure that mental health services are accessible and tailored to fathers, recognizing the critical role they play in the family structure. This part should be affordable.
- **Promoting Awareness and Education:** Launch awareness campaigns that specifically target fathers, aiming to destigmatize mental health issues and encourage them to seek help. Building this part out of lived experienced parents.
- **Supporting Father-Inclusive Programs:** Develop and fund programs that offer support groups, counseling, and resources specifically designed for fathers, acknowledging the diverse experiences and needs they have. These programs should lead to better opportunities, trades, degrees in the community and government affiliated positions.
- **Facilitating Work-Life Balance:** Encourage policies that support a healthy work-life balance for fathers, including flexible work arrangements and paternal leave, recognizing the importance of mental well-being in fulfilling family roles. Making fathers available for school opportunities for their families. Help Fathers make memories in education not miss out on them.
- **Integrating Mental Health in Fatherhood Programs:** Ensure that existing fatherhood programs and initiatives include components on mental health awareness, prevention, and intervention.
- **National Fatherhood Initiative (fatherhood.org):** This organization provides resources, training, and support for fathers. The website contains research and tools to support fatherhood but may not have a specific “Fatherhood Resource Center” for mental health.

Additional Resources on Fathers' Mental Health

- **MensLine Australia (mensline.org.au):** This service offers support, information, and resources for men, focusing on mental health and well-being, including the challenges faced by fathers.
- **NAMI (National Alliance on Mental Illness):** Offers a comprehensive look into the mental health challenges modern dads face, discussing the increased demands on fathers today and how these pressures impact their mental health and family dynamics. For more details, visit NAMI.
- **Fatherhood.gov:** While the specific articles accessed during the search don't provide direct URLs, Fatherhood.gov itself is a treasure trove for resources related to fathers' mental health, including webinars, articles, and strategies for addressing mental health challenges. You can explore a wide range of resources and support mechanisms tailored for fathers by visiting Fatherhood.gov.
- **Mental Health America:** Offers practical advice for new fathers dealing with changes to their mental health, highlighting common feelings and challenges such as guilt about bonding, relationship changes, loneliness, and the pressure of protector and provider expectations. They suggest ways for fathers to connect with other dads, engage in bonding activities with their children, and manage the expectations and pressures that come with fatherhood. For more detailed strategies and support options, visit Mental Health America's page on mental health for new fathers.
- **Men's Health Network and Talking about Men's Health:** Research, tips and resources related to men's health, including mental health and male-related physical ailments across the spectrum of boys, men, and the elderly.
- **Evidence to Impact: State Policy Options to Increase Access to Economic and Concrete Supports as a Child Welfare Prevention Strategy¹²:** This policy paper, created by Chapin Hall at the University of Chicago and the American Public Human Services Association, with support from the W. K. Kellogg Foundation and the Doris Duke Foundation, provides examples of state policy options aligned with peer-reviewed research, that include macroeconomic supports, concrete supports, and public assistance programs that reduce families' involvement with child welfare systems. They include:

Macroeconomic supports:

- Earned Income Tax Credit

¹² Chapin Hall at the University of Chicago and the American Public Human Services Association, "Evidence to Impact: State Policy Options to Increase Access to Economic and Concrete Supports as a Child Welfare Prevention Strategy," https://www.chapinhall.org/wp-content/uploads/FINAL-ECS-Tool-with-Intro_6.14.23.pdf.

- Child Tax Credit
- Minimum Wage
- Paid Family Leave
- Employment and Job Creation

Concrete supports:

- Child care
- Housing
- Health care
- Flexible funds
- Direct cash transfers

Public assistance programs:

- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)

For more information on these supports, read this [Evidence to Impact tool](#) from Chapin Hall and the American Public Human Services Association.

Template Materials

1. [Key Dates](#)
2. [Template Press Release](#)
3. [Template Op-Ed](#)
4. [Template Letter-to-the-Editor](#)
5. [Social Media Toolkit](#)
6. [Sample Policy Statement](#)
7. [Sample Proclamation](#)
8. [Key Messages](#)