Prevention: From upstream to downstream

- Pre-pregnancy: family planning
- Pregnancy: home visiting
- Newborn: home visiting
- Young children: early care and education
Preventing Pregnancy to women at risk of abusing or neglecting children

- Teen childbearing and number of children related to child abuse and neglect
- Success of Nurse Family Partnership due in large part to prevention of second birth
- Program example: Upstream: Working with states to increase equitable access to the full range of contraceptive options.
Interventions during Pregnancy

Nurse-Family Partnership: first-time pregnant teens

• Follow-up when children were 15 found that the nurse-visited mothers 46% fewer verified CAN reports for control group members, even though nurse-visited families were more often reported for maltreatment by their nurse visitors.

• Much of the was due to the program's success in reducing the number of subsequent children born to program participants).
Other home visiting programs not proven to prevent CAN

Evidence Fails to Demonstrate Effect (CEBC)

“Promising” research evidence (CEBC) (not “supported” or “well-supported.”)
Interventions at birth

Family Connects (started in Durham NC)

• Offers a home visit by a trained public health nurse trained to assess the family’s strengths, risks and needs, to offer guidance, and to connect families with community resources and services. The nurse documents the visit and relays information to the family’s health-care providers.

• A RCT of the Durham program found that intervention infants had 39 percent fewer referrals to CPS by the age of 60 months, controlling for demographic risk factors, and 33 percent fewer emergency room visits.
Interventions at pediatrician’s office

SEEK (children aged 0-5)

- trains pediatricians to assess for and initially help address parental depression, major stress, substance use, intimate partner violence, food insecurity and harsh punishment. The PCP initially addresses identified risk factors and refers the parent to community resources, ideally with the help of a behavioral health professional.

- The initial study, with a large sample of high-risk patients from a pediatric primary clinic in Baltimore, found a "striking" 31 percent reduction in CPS reports.