Eliminating Child Abuse and Neglect Fatalities

Family & Community Health

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PolicyLab Director Dr. David Rubin served as one of 12 commissioners on the federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). In 2014, the Commission was charged to develop a national strategy for reducing child fatalities resulting from abuse and neglect. After a two-year process of review, research and public hearings, the Commission released its report, which gives recommendations for every level of government. For a summary of the report, click here. Below is a copy of a letter Dr. Rubin sent to the CECANF Chairman David Sanders at the conclusion of the Commission's work.

It has truly been an honor to serve as a White House appointee to the Commission to Eliminate Child Abuse & Neglect Fatalities over the last two years. As our Commission traversed across the country, I was humbled by the individuals we met in every community, who all shared the commitment to serving families that are at highest risk for child abuse and neglect. I was moved by all the testimony, whether from a state leader, child welfare frontline caseworker, local community service provider or parent.

As our Commission began deliberating after our two years on the road, there were many times that I was not sure if my fellow Commissioners and I would achieve consensus. We hailed from quite different backgrounds, and we often differed in our interpretation of the testimony we heard together. But, in the end, I do believe that a true consensus emerged, resulting in a national strategy that is reflected in this Commission report. That national strategy relies heavily on supporting local communities to better develop solutions that will fast track services for families at the moment risk is identified. And these solutions will only come if silos are removed, and all the key players are enabled and held responsible for protecting children and helping families.

To say a consensus was reached is not to say that compromises were not made. But they were made because we all believed that the national epidemic of child abuse and neglect fatalities demanded that we identify concrete steps for immediate action. The safety and well-being of too many children at risk drove us to find consensus and a way forward.

Indeed, a set of foundational principles emerged from our deliberations that were shared across Commissioners and resonate in the Commission's report. Given the great diversity of local communities with very different capacities and challenges, we concluded that we needed to be cautious in prescribing local solutions from the

federal level. Rather, we needed to permit local communities to identify and be held responsible for the strategies that promoted better cross-system collaboration to protect children from imminent harm. These strategies recognize that the responsibility for the fatalities that were occurring do not rest solely within child protective services, but are shared across many professions that work with young children and their families, including those in healthcare, childcare and early education.

We concluded that if states could apply the knowledge gained from interdisciplinary review of prior fatalities and their highest risk cases, they could develop strong plans that best leverage their resources and prevention programs for as many families in need as possible. If accompanied by more organized and integrated federal executive leadership for children and families, alongside new funding or flexibility in how existing funding streams could be used to achieve these goals, we would in essence be creating a new child welfare system across every state in the country that could better confront the needs of families into the future.

Where consensus among the commissioners did break down was in how we would ultimately finance this new national strategy. Many advocated for new base funding for the Child Abuse Prevention and Treatment Act (CAPTA), recognizing that CAPTA was an unfunded mandate from its inception, and also acknowledging that many systems lacked the funding to recruit and sustain our child protective services workforce. Others debated the scale of funding that would be necessary to achieve these goals. Finally, there were some who foresaw the many restrictive and siloed funding streams in child welfare and human services to be the greatest impediment to states making prevention services more readily available to high-risk families. A major strength in this report is that we acknowledged these differences, providing choices for Congress and the administration to deliberate as to how best to resource this plan in its entirety moving forward.

Only time will tell if this report has the impact we all hope it will have. If, 10 years from now, we have 50 states implementing plans that are more capable of bringing together professionals across many disciplines to better serve our highest risk families, we will know we are on track to a better future. What is needed now is a determination in Congress and within the administration to act on this new strategy as soon as possible and with an urgency befitting the knowledge that many children will continue to die each day until they do so.

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