

**The Genesee County Plan  
For Child Abuse and Neglect**

**Results of a community planning process  
focused on child abuse and neglect issues  
in Genesee County**

**August 2004 – February 2005**

## **Introduction**

Between August 2004 and February 2005, 61 Genesee County community professionals and volunteers participated in a process to develop a community action plan for child abuse and neglect, referred to as CAPCAN. This process was funded by a grant from the Ruth C. Mott Foundation to the Consortium on Child Abuse and Neglect (C-CAN). C-CAN subcontracted with Priority Children to manage the process, which was facilitated by consultant Dr. Christine Nelson.

The planning process involved five community learning sessions and three community planning sessions. (For more information, see Appendix 6: Community Action Planning for Child Abuse and Neglect in Genesee County: Process Overview and Outcomes.) These sessions resulted in the vision, goals and suggested activities outlined in this report.

## **Child Abuse and Neglect in Genesee County – The Problem**

In recent years:

- Over 8,000 referrals for child abuse and neglect were made to Genesee County Children's Protective Services each year.
- Over 2,600 Genesee County children were found to be victims of child abuse and neglect each year\*:
  - 44% for neglect.
  - 18% for physical abuse.
  - 18% for improper care and custody.
  - 14% for failure to protect.
  - 5% for sexual abuse
  - 1% for other types of harm.
- In 2000, the incidence rate of child abuse and neglect in Genesee County was 19.5/1000. This was nearly double the state's rate of 10.4 and far exceeds other large Michigan counties.
- Up to one-third of all children in Genesee County may be at risk for child abuse and neglect due to age of child, family poverty level, birth complications, disability in child, single-parenthood, mother's age at birth of child, unrealistic expectations of children and/or unemployment.

\* Percentages are for the year 2002.

## **Child Abuse and Neglect in Genesee County – The 2015 Vision**

In 2015, in Genesee County, the community has been working together on the issue of child abuse and neglect for a decade and has greatly impacted the problem...

Reports of child abuse and neglect are down, after an initial increase, due to increased community understanding about the importance and long-term effects of this problem. Substantiations of child abuse and neglect have also decreased because families are receiving a variety of services and supports.

The community has put a system in place to periodically assess risk to children of abuse and neglect at the time of birth, at preschool entry, and at kindergarten. In addition, families are assessed for risk of child abuse and neglect at crisis times for families related to police involvement, arrests, substance abuse and mental health concerns.

The community has put these services in place to support families and reduce child abuse/neglect:

- Comprehensive and coordinated life-span life skills education for all individuals, beginning in preschool and continuing through adulthood, related to self-esteem, coping with stress, anger management, child development and parenting and other relevant topics.
- Home-based family support services and parent education that have been built both on what is already in the community and on best practice. These services are for families with risk factors for abuse/neglect and begin during the prenatal stage.
- A crisis line, staffed by trained volunteers, that parents can call when they are in parenting crisis and need immediate support/intervention.

When services are not home-based, they are provided at geographic sites that make them accessible for families (for example, elementary schools, non-profit agency or faith community sites).

When parents have already been substantiated for child abuse and neglect, there is a coordinated and integrated plan involving all of the major service providers (human services, mental health, career development, education, housing) to make sure that parents do not abuse their children again and that children receive the help they need.

A community funding plan that is sustained, long-term and on-going, has been developed to fund the elements of the plan. This includes the public (government) and private sectors (foundations, corporations and individuals).

The community advocates for funding and policy changes.

## Goals

1. Develop and implement a long-term campaign to educate the community (for example, faith-based, medical, legal and education groups) about child abuse and neglect.
2. Develop and implement a process to train mandatory reporters on reporting requirements and community resources to assist them.
3. Develop and implement a system to periodically assess risk for child abuse/neglect at birth, entry to preschool, and entry to kindergarten and make appropriate referrals.
4. Develop a strategy, such as a community-based assessment team, to assess all families for risk of child abuse/neglect at times of crisis (such as when involved with police, with substance abuse, and when there are mental health concerns), and make appropriate referrals.
5. Develop a community system, implementation and funding plan for comprehensive and coordinated life-span life skills education related to child abuse prevention topics based on what already exists in the community, with special attention to parent education.
6. Explore the Healthy Families and Nurse Home Visitation programs for families at-risk for child abuse/neglect, determine which best suits this community, and develop a plan for implementation and funding.
7. Develop an implementation and funding plan for a crisis line, staffed by trained volunteers, parents can call when they are in parenting crisis and in need of immediate support/intervention.
8. Develop a plan for coordination of child abuse/neglect prevention service provision at geographic sites that shows how agencies will cooperate, coordinate and collaborate.
9. Improve the current planning process for families substantiated for child abuse/neglect through analysis of barriers, identification and implementation of strategies for improvement, and an evaluation of changes.
10. Develop and implement a fund development plan for the CAPCAN work and advocate for necessary funding and policy changes (for example, securing grant-writing expertise and advocacy for pooled funding).

## Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies

Goals	Activities	Lead Agencies
<p>Develop and implement a long-term campaign to educate the community (for example, faith-based, medical, legal and education groups) about child abuse and neglect.</p>	<ol style="list-style-type: none"> <li>1. Convene group that includes representatives from all potential audiences, media experts, and representatives from key child abuse/neglect organizations.</li> <li>2. Review literature on child abuse/neglect campaigns.</li> <li>3. Identify potential messages and select key message.</li> <li>4. Develop and implement strategies to promote message.</li> <li>5. Develop and implement evaluation plan.</li> <li>6. Refine implementation as needed based on evaluation data.</li> </ol>	<p>Priority Children/ Consortium on Child Abuse and Neglect</p>

## Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued

Goals	Activities	Lead Agencies
<p>Develop a community system, implementation and funding plan for comprehensive and coordinated life-span life skills education related to child abuse prevention topics based on what already exists in the community, with special attention to parent education.</p>	<ol style="list-style-type: none"> <li>1. Convene a group with representatives from all organizations currently providing life skills education related to child abuse/neglect prevention topics.</li> <li>2. Develop a comprehensive data base to identify what life skills education related to child abuse/neglect prevention topics is currently taking place in Genesee County, with special attention on parent education.*</li> <li>3. Based on data, develop a systematic plan for life span life skills education related to child abuse/neglect prevention topics, with special attention to parent education.</li> <li>4. Implement plan at pilot level.</li> <li>5. Refine systematic plan based on pilot feedback.</li> <li>6. Expand implementation.</li> <li>7. Develop and implement a plan for coordination of this programming at geographic sites.</li> </ol>	<p>Mott Children's Health Center/ Family Road</p>

**Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued**

Goals	Activities	Lead Agencies
<p>Develop and implement a fund development plan for the CAPCAN work and advocate for necessary funding and policy changes (for example, securing grant-writing expertise and advocacy for pooled funding).</p>	<ol style="list-style-type: none"> <li>1. Convene a fund development group and identify how it will work with the other CAPCAN goal groups to advocate for necessary funding and policy changes related to the CAPCAN plan.</li> <li>2. Work with other goals groups to develop a fund development plan for CAPCAN based on budgets for each project.</li> <li>3. Apply for and access funding to move CAPCAN forward.</li> </ol>	<p>Consortium on Child Abuse and Neglect/ Priority Children</p>

**Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued**

<b>Goals</b>	<b>Activities</b>	<b>Lead Agencies</b>
<p>Develop a strategy, such as a community-based assessment team, to assess all families for risk of child abuse/neglect at times of crisis (such as when involved with police, with substance abuse, and when there are mental health concerns), and make appropriate referrals.</p>	<ol style="list-style-type: none"> <li>1. Convene representatives from the police, mental health and substance abuse agencies.</li> <li>2. Investigate whether this model is in place in other communities and identify strengths and weaknesses.</li> <li>3. Develop a model to assess families at times of crisis.</li> <li>4. Pilot model based on pilot feedback.</li> <li>5. Refine model.</li> <li>6. Expand implementation.</li> </ol>	<p>Children's Advocacy Center</p>

**Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued**

<b>Goals</b>	<b>Activities</b>	<b>Lead Agencies</b>
<p>Improve the current planning process for families substantiated for child abuse/neglect through analysis of barriers, identification and implementation of strategies for improvement, and an evaluation of changes.</p>	<ol style="list-style-type: none"> <li>1. Convene a group of child abuse/neglect, mental health and other major systems professionals.</li> <li>2. Identify strengths and weaknesses of current planning process for families substantiated for child abuse/neglect.</li> <li>3. Identify strategies for improvement.</li> <li>4. Develop an evaluation plan to assess where improvement has and has not taken place.</li> <li>5. Implement and evaluate strategies.</li> </ol>	<p>United Way/ Priority Children</p>

## Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued

Goals	Activities	Lead Agencies
<p>Develop and implement a process to train mandatory reporters on reporting requirements and community resources to assist them.</p>	<ol style="list-style-type: none"> <li>1. Convene group that includes those currently conducting mandatory reporter training, representatives from organizations whose personnel are mandatory reporters, and training experts.</li> <li>2. Review what is being done in the state and county for mandatory reporter training.</li> <li>3. Adopt, adapt or develop a curriculum for Genesee County mandatory reporter training.</li> <li>4. Develop a strategy to implement this training.</li> <li>5. Implement a pilot training to test curriculum and strategy.</li> <li>6. Refine curriculum and strategy for implementation based on pilot feedback.</li> <li>7. Expand implementation.</li> </ol>	<p>Consortium on Child Abuse and Neglect/ Health Coalition</p>

**Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued**

Goals	Activities	Lead Agencies
<p>Develop an implementation and funding plan for a crisis line, staffed by trained volunteers, parents can call when they are in parenting crisis and in need of immediate support/intervention.</p>	<ol style="list-style-type: none"> <li>1. Convene a group child abuse/neglect, mental health, and police professionals as well as those with volunteer systems expertise.</li> <li>2. Identify and review information on crisis lines.</li> <li>3. Develop a plan for crisis line support.</li> <li>4. Pilot the crisis line.</li> <li>5. Refine the plan for crisis line support, based on pilot feedback.</li> <li>6. Develop and implement a plan for crisis line expansion beyond the pilot.</li> </ol>	<p>Genesee County Sheriff's Department/ American Red Cross</p>

## Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued

Goals	Activities	Lead Agencies
<p>Develop and implement a system to periodically assess risk for child abuse/neglect at birth, entry to preschool, and entry to kindergarten and make appropriate referrals.</p>	<ol style="list-style-type: none"> <li>1. Convene representative from the hospitals, public health, child care community, preschool community and school districts.</li> <li>2. Review what assessment is currently taking place at each point in time.</li> <li>3. Develop a plan to work with what is already in place to ensure that child abuse/neglect risk assessment takes place, integrating where possible and adding new components when needed.</li> <li>4. Pilot assessment plan.</li> <li>5. Refine assessment plan, based on pilot feedback.</li> <li>6. Expand implementation.</li> </ol>	<p>Genesee Intermediate School District</p>

## Goals In Order As Prioritized by Group, Suggested Activities and Suggested Lead Agencies - continued

Goals	Activities	Lead Agencies
<p>Explore the Healthy Families and Nurse Home Visitation programs for families at-risk for child abuse/neglect, determine which best suits this community, and develop a plan for implementation and funding.</p>	<ol style="list-style-type: none"> <li>1. Convene a group of child abuse/neglect, health, and mental health professionals.</li> <li>2. Review materials on the Healthy Families and Nurse Home Visitation programs for families at-risk for child abuse/neglect, visiting Michigan sites as needed.</li> <li>3. Develop a comprehensive data base to identify what family support programs are currently taking place in Genesee County.*</li> <li>4. Based on data base information and review of materials on Healthy Families and the Nurse Home Visitation program, decide what family support program needs to be in place in Genesee County.</li> <li>5. Develop a plan for pilot implementation and funding.</li> <li>6. Pilot the family support program.</li> <li>7. Refine implementation based on pilot feedback.</li> <li>8. Expand implementation.</li> </ol>	<p>Mott Children's Health Center/ F.A.C.E.D.</p>

## **CAPCAN Participants**

*A special thanks to all of these CAPCAN participants:*

Evan Albert, Community Foundation of Greater Flint  
Linda Barber, Charter Township of Flint  
Kathy Benish, Ready, Set, Grow! Passport  
Rose Bogardus, Genesee County Board of Commissioners  
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Cindy Bridgman, YWCA - Domestic Assault Services  
Denise Chambers, Family Independence Agency  
Cassandra Coney Stewart, Tucker Elementary  
Deborah Cummings, McLaren Health Care Corporation  
Karen Eaton, UAW-GM Child Development Center  
Tina Fielder-Gibson, Sheriff Dept.  
Anthony Floyd, GCCAA  
Wilda Foy, UAW Region 1C  
Randy Gage, Mundy Township Police Department  
Shari Gillespie, Flint Community Schools  
John Gleason, Michigan House of Representatives  
Bill Goodwill, Mott Children's Health Center  
Jim Goodwin, Whaley Children's Center  
John Greene, Prosecutor's Office  
Edwin Gullekson, McLaren Regional Medical Center  
Beth Hackett, Genesee Intermediate School District  
Gary Hagler, City of Flint  
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Kandy Jenio, GCCARD  
Cassandra Joubert, Ruth Mott Foundation  
Diana Kelly, United Way of Genesee County  
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Lori Kunkel, Greater Flint Health Coalition  
Donald Lada, Brown Funeral Home  
Penny Lantz, Mott Children's Health Center  
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Melba Lewis, Community Volunteer  
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## **CAPCAN Participants - continued**

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Allen Nelson, Genesee County Probate Court  
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Yvwanita Richardson, Alternatives for Children & Families, Inc.  
Pam Ries, GCCAA Out-County Head Start  
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Polly Sheppard, Sheppard Consulting  
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Brenda Soles, Project Independence  
Julia Sullivan, Mott Children's Health Center  
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Mary Vojdik, Consortium on Child Abuse/Neglect  
Patty Wagenhofer, Genesee County Health Department  
Dee Walker, Mott Children's Health Center  
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Rev. Helen Williams, Flint Family Road  
Karen Williams, Mott Children's Health Center  
Catrina Wiskur, Genesee Intermediate School District  
Brenda Williams, Prosecutor's Office

## **Appendices**

These materials were produced to use as part of the planning process.

Appendix 1: The State of Child Abuse and Neglect in Genesee County

Appendix 2: The State of Primary and Secondary Child Abuse and Neglect Prevention Services in Genesee County

Appendix 3: Community Action Planning for Child Abuse and Neglect: Examples of Best Practices

Appendix 4: Community Action Plan for Child Abuse and Neglect: Recent National Studies and Reports

Appendix 5: CAPCAN Work That Informs the Development of the Vision for Child Abuse and Neglect in Genesee County

Appendix 6: Community Action Planning for Child Abuse and Neglect in Genesee County: Process Overview and Outcomes

Appendix 7: Community Action Plan for Child Abuse and Neglect – Genesee County: Resources

# **The State of Child Abuse and Neglect in Genesee County**

This information was developed for the Community Action Planning Process for Child Abuse and Neglect in Genesee County. This process was funded by a grant from the Ruth Mott Foundation to the Consortium on Child Abuse and Neglect (C-CAN). C-CAN subcontracted with Priority Children to manage the process.

## **Living in Genesee County**

Genesee County is located in southeast lower Michigan. The 2000 population was 436,141. Flint is the largest city with a population of 124,943. Key demographics for the Year 2000 from the U.S. Census Bureau include:

- 11.6% of the county population was over 65.
- 75.3% of the population was Caucasian, 20.4 % was African-American, 2.3% was Hispanic, and 2 % were American Indian, Asian, other race, or more than one race/ethnicity.
- 48.1% of the population was male, 51.9 % of the population was female.
- 83.1% of people over the age of 25 were high school graduates or higher.
- 16.2% of people over the age of 25 were college graduates or higher.
- The unemployment rate in 2002 was 8.7% (KidsCount 2003).

There were 183,630 housing units in Genesee County with 2.54 persons per household, and 3.07 persons per family. The home ownership rate was 73.2%. Median household income was \$41,951. The percentage of families below the poverty level was 10.2%.

## **Children Living in Genesee County**

The child population (birth – 19 years) in Genesee County in 2002 was 131,026; 24% of children or 31,489 were ages birth – 4, 27% or 34,764 were ages 5 – 9, 26% or 33,499 were ages 10 – 14, and 23% or 31,274 were ages 15 – 19. Key Census demographics related to children in Genesee County are:

- 32.4% of children were racial/ethnic minorities.
- 56.2% of children live in married household families; 27.6% live with single mothers; 5.7% live with single fathers; and 11% live in other situations.
- From 1989 to 1999, the percentage of children ages birth – 17 living below 185% of poverty decreased from 38.5% to 37%.
- From 1989-90 to 2002-03, the percentage of children receiving free/reduced price school lunch rose from 27.3% to 38.6 %.
- 21.1% of households with children received food assistance in 2002.
- 9.3% of households with children received cash assistance through FIP, formerly AFDC, in 2002.
- 34.6% of children were insured by Medicaid and another 1.4 % were insured by MIChild in 2002.

- An average of 18.1% of pregnant women received inadequate prenatal care for the three-year period 1999-2001.

## **Child Abuse and Neglect in Genesee County and the State of Michigan**

In Genesee, like all Michigan counties, suspicions of child abuse and neglect are reported to the Family Independence Agency. The agency then makes decisions regarding which reports warrant investigation. For those reports, an investigation is conducted, and a decision regarding a preponderance of evidence is made. A family is then mandated to receive services.

The following charts provides data on the number of referrals, number and percent of cases accepted for investigation, and number and percentage of cases where there was a preponderance of evidence of child abuse and neglect in Genesee County and the State of Michigan from 1999-2003.

### *Genesee County Data on Referrals, Investigations and Preponderance of Evidence by Year*

<b>Year</b>	<b>Number of Referrals</b>	<b>Accepted for Investigation</b>		<b>Preponderance of evidence</b>	
1999	7277	3872	53%	1014	26%
2000	7882	4349	55%	1341	31%
2001	8015	4538	57%	1458	32%
2002	8126	5086	63%	1515	30%
2003	8325	5483	66%	1483	27%

Genesee County FIA data

### *State of Michigan Data on Referrals, Investigations and Preponderance of Evidence by Year*

<b>Year</b>	<b>Number of Referrals</b>	<b>Accepted for Investigation</b>		<b>Preponderance of evidence</b>	
1999	129,729	65,591	51%	13,721	21%
2000	128,982	66,634	52%	15,210	23%
2001	130,890	67,284	51%	16,494	25%
2002	133,763	72,018	54%	16,577	23%
2003	136,603	75,115	55%	17,052	23%

- *Both Genesee County and the State of Michigan continued to see the numbers of referrals, investigations and substantiations (preponderance of evidence) increase from 1999 through 2003. The Genesee County percentages of investigations is consistently higher than the state of Michigan, only slightly so in 1999 and 2000 (2 to 3 percentage points), but higher in 2001-2003 (6, 9 and 11 percentage points respectively). The*

*Genesee County percentages are typically higher for substantiations with a range of 4 to 8 percentage points.*

The following charts provides data on the types of child abuse and neglect found in the preponderance of evidence cases for 2001 and 2002 in Genesee County and the State of Michigan:

**Genesee County**  
**Number and Percent of Victims by Year and Type of CA/N**

<b>Year and Total</b>	<b>Physical abuse</b>	<b>Improp. care and custody</b>	<b>Neglect</b>	<b>Sexual Abuse</b>	<b>Failure to protect</b>	<b>Medical Neglect</b>	<b>Abandonment</b>	<b>Emotional harm</b>
2001 2783	528 19%	481 17%	1295 47%	110 4%	291 10%	68 2%	75 3%	66 2%
2002 2613	466 18%	462 18%	1162 44%	126 5%	363 14%	38 1%	32 1%	30 1%

*When percentages add to more than 100%, it is because of rounding.*

**State of Michigan**  
**Number and Percent of Victims by Year and Type of CA/N**

<b>Year and Total</b>	<b>Physical abuse</b>	<b>Improp. care and custody</b>	<b>Neglect</b>	<b>Sexual Abuse</b>	<b>Failure to protect</b>	<b>Medical Neglect</b>	<b>Abandonment</b>	<b>Emotional harm</b>
2001 29,805	5951 20%	4395 15%	11,893 40%	1736 6%	4092 14%	719 2%	1071 4%	1861 6%
2002 28,887	5800 20%	4551 16%	11,078 38%	1600 6%	4674 16%	636 2%	938 3%	1160 4%

*When percentages add to more than 100%, it is because of rounding.*

- *When Genesee County is compared to the State of Michigan related to the percentages of victims by types of child abuse and neglect, Genesee County has a higher rate of neglect than the state and slightly less percentages of sexual abuse, failure to protect and emotional harm.*
- *The national percentages by type in 2000 were 67% neglect, 20% physical abuse and 10% sexual abuse. Both Michigan and Genesee County had at least twenty percentage points less than the nation for neglect. The incidence of physical abuse was about the same as the nation. The incidence of sexual abuse was about one half of the national percentage.*

## Data on Factors Related to Child Abuse and Neglect

Research supports that there are variables that make children more likely to be abused and parents more likely to abuse. In both cases, these variables are often related to increased stress for parents.

In children, age, gender, socioeconomic status, race, birth complications such a low birth weight and premature birth, and physical, mental, and developmental disabilities and other child factors are related to abuse and neglect (Barnett, Miller-Perrin, and Perrin, 1997). The following chart provides the research related to these factors and the related data for Genesee County.

### Comparisons of Research Data on Factors Related to Children for Abuse and Neglect and Genesee County Data

<p><i>Age</i> Younger children are more likely to be physically abused or neglected than older children (51% under age 5). Children ages 7 to 12 are most vulnerable for sexual abuse.</p>	<ul style="list-style-type: none"> <li>• 7.3% of the population is under age 5 – 31,622 children</li> <li>• 27.4% of the population is under age 18 – 119,601 children and youth</li> </ul>
<p><i>Gender</i> Females are slightly more likely to be physically abused and much more likely to be sexually abused. There are no gender differences for neglect.</p>	<ul style="list-style-type: none"> <li>• 51.9% of the population was female in 2000. No data on child gender.</li> </ul>
<p><i>Socioeconomic status</i> Parents with low socioeconomic status are more likely to physically abuse or neglect children. Poverty is the strongest predictor of neglect.</p>	<ul style="list-style-type: none"> <li>• 37% of children live below 185% of poverty – 43,313 children</li> <li>• 38.6% of children received free/reduced lunch – 1,870 children in 2002-03</li> </ul>
<p><i>Other risk factors for physical abuse</i></p> <ul style="list-style-type: none"> <li>• Birth complications (low birth-weight, prematurity)</li> <li>• Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• In 1999, 338 babies were born with birth defects.</li> <li>• In 2001, 620 babies were born pre-term, 10% of all births.</li> <li>• 9.2% of babies were low birth weight – babies (1999-2001)</li> <li>• 4.7% of babies (300) were born with birth defects (2002)</li> <li>• 7.4% of children (5,559) ages 5 – 15 had a disability in 2000.</li> <li>• 13.8% of youth ages 16 – 20 had a disability in 2000.</li> <li>• 13% of students (10,766) received special education services in 2002</li> <li>• 20 children per 1,000 (2%) received SSI benefits in 2002</li> </ul>

<i>Other risk factors for sexual abuse</i>	
• Few close friends	No data available.
<i>Race/ethnicity</i>	
Research is inconclusive.	

➤ *Up to one-third of children in Genesee County may be at risk for child abuse and neglect due to age, poverty, birth complications and/or disability.*

In parents, the variables of age, gender, relationship to victim, psychological characteristics, and biological characteristics are related to abuse and neglect (Barnett, Miller-Perrin and Perrin, 1997). Some of the psychological and biological characteristics include:

- Emotional and behavioral difficulties such as self-expressed anger, depression, low frustration tolerance, low self-esteem, rigidity, anger control problems, deficits in empathy, and anxiety.
- Family and interpersonal difficulties such as marital difficulties, history of abuse in childhood, deficits in positive interactions with children and other family members, and isolation from family and friends.
- Parenting difficulties such as unrealistic expectations of children (often associated with younger parents), disregard for children’s needs/abilities, poor child management skills, negative attitude toward the child, poor problem-solving abilities with regard to parenting, inconsistent parenting, and poor communication skills.
- Other difficulties such as physical health problems, perceived life stress, especially around unemployment, substance abuse and physiological over-reactivity or hypersensitivity.

The following chart provides the research related to these factors, where available, and the related data for Genesee County.

### **Comparisons of Research Data on Factors Related to Parents for Abuse and Neglect and Genesee County Data**

<b>Research Indicates Child Abuse/Neglect are More Likely to Happen When:</b>	<b>In Genesee County:</b>
Parents begin their families at a young age, with many being teenagers at the age of birth of the first child.	<ul style="list-style-type: none"> <li>• In 2001, 809 babies were born to mothers under age 20, 13% of births.</li> <li>• The average number of births to teens ages 15-17 for 1999-2001 was 290, 30 per 1000. This rate is declining.</li> </ul>
Parent is female (53% compared to 47% of males) for physical abuse, male (52% of the time) for neglect, and male for sexual abuse.	<ul style="list-style-type: none"> <li>• 51.9% of the population was female in 2000, 48.1 % was male.</li> </ul>

Child lives in a single parent household (physical abuse) or a step-parenting household (physical and sexual abuse).	<ul style="list-style-type: none"> <li>• There were 39,193 single-parent households in 2000. 33.4% of children live in single-parent households.</li> <li>• The number of step-parenting families is unknown.</li> </ul>
Family and marital difficulties are present	Data unavailable.
Parents hold unrealistic expectations of children (often associated with younger parents)	<ul style="list-style-type: none"> <li>• In 2001, 809 babies were born to mothers under age 20, 13% of births.</li> </ul>
Parent becomes unemployed	<ul style="list-style-type: none"> <li>• The unemployment rate was 8.7% in 2002. It is unknown how many of these individuals are parents.</li> </ul>
Parent abuses substances	<ul style="list-style-type: none"> <li>• Only clinical data available.</li> </ul>
Domestic violence is part of family dynamics	<ul style="list-style-type: none"> <li>• Data not readily available.</li> </ul>

- *Up to one-third of all Genesee County children may be at risk for child abuse and neglect due to single-parenthood, mother's age at birth of child, parents' unrealistic expectations of children, or unemployment.*

## **Appendix 2: The State of Primary and Secondary Child Abuse and Neglect Prevention Services in Genesee County**

In the Priority Children *Faces of Tomorrow: A Status Report on Children in Genesee County* report for 2002, 53% of local health and human service providers cited abuse or neglect among the top five unmet needs in Genesee County. The following reasons were given for the inability of the community to meet needs related to child abuse prevention:

- Insufficient preventative services are available to at-risk parents and children.
- There is a need for better systems for identifying parents and children at-risk and enrolling them in available programs.
- There is a need to address and manage reasons parents and children at-risk may not remain enrolled or continue to participate in programs for which they are eligible.
- Many parents, children and youth are unaware of existing services.
- Uneducated parents often do not know how to cope with kids, especially in violent environments.
- Professionals are unaware of the causes of these problems (child abuse and neglect) and don't know what to do.

Research indicates that the critical services for the prevention of child abuse and neglect are:

- **Parent education** that includes the topics of child development, positive discipline techniques, conflict resolution skills, anger and stress management, sexuality information, accessing community resources, and building support systems.
- **Family support services** that include one-to-one support (often, home visiting or mentoring programs) and parent support groups.
- **Life skills programming** for children that includes education on the topics of body safety, anger and stress management, conflict resolution, sexuality education, interpersonal communication, and accessing community resources.
- **Child care** including respite care.
- **Community education** about child abuse and neglect and how to prevent it.
- **Access to health care** for all families.

Of these critical services, parent education and family support most directly impact the likelihood of child abuse and neglect.

Gaining information on provision of these critical services for Genesee County ranged from easy to difficult. The easiest data to find was the child care data, available from 4C Child Care Unlimited. Data on parent education was available through the Resource Center. However, since the data in this data base is primary referral information, data on number of families served, which is a basic planning need, is not available. Data on life skills programming was collected by the Consortium on Child Abuse and Neglect. However, there is no central source that collects life skills program information in any

on-going manner. Information on community education on child abuse and neglect is done by the Consortium on Child Abuse and Neglect, but no details were collected for this report. Information on accessibility to health care was not collected because there was consensus in the prevention planning group that access was not a major issue in Genesee County. However, in subsequent discussions the need for culturally competent health services that people will access emerged.

Given the limitations outlined above, the following provides information in the four key areas on what services are currently available. It should be considered a partial listing.

<p>Parent Education on Child Abuse Prevention Topics</p>	<p>The Resource Center Data Base indicated that these organizations provide group meetings or classes:</p> <ul style="list-style-type: none"> <li>• Connexion, Inc.</li> <li>• Flint Community Schools</li> <li>• Faith Access to Community Economic Development</li> <li>• Genesee County Community Mental Health Services Child and Family Services</li> <li>• New Directions</li> <li>• YWCA of Greater Flint</li> <li>• Mott Children’s Health Center PALS and FACT</li> <li>• Mothers of Preschoolers (MOPS)</li> <li>• Genesee Intermediate School District Project S.K.I.P.</li> <li>• Church on the R.O.C. SASS</li> <li>• Center for Opportunity</li> <li>• Catholic Charities of Michigan FAST and New Horizons</li> <li>• University of Michigan-Flint Flint Fathers and Sons Project</li> <li>• Carman Ainsworth School District Even Start Program</li> <li>• Deaf Experience Among Families</li> <li>• Catholic Charities of Michigan - Owosso New Horizons Program</li> </ul>
<p>Family Support Services</p>	<p>The Department of Public Health indicates that these family support services are in place:</p> <ul style="list-style-type: none"> <li>• Maternal Support Services/Infant Support Services</li> <li>• MiHAS</li> </ul>
<p>Life Skills Programming for Children</p>	<p>Data gathering conducted by the Consortium on Child Abuse and Neglect indicates these life skills programs related to child abuse prevention are in place:</p> <ul style="list-style-type: none"> <li>• Genesee Intermediate School District Early Lessons</li> <li>• Genesee Intermediate School District Nurturing Program (serving 500 families per year)</li> <li>• Genesee Intermediate School District Alternative</li> </ul>

	<p>Schools Teen Parent Programs</p> <ul style="list-style-type: none"> <li>• Genesee Intermediate School District Michigan Model Conflict Resolution</li> <li>• YWCA Anger Management</li> <li>• Girl Scouts Take Charge, Staying Safe, No Way, Don't Go There and I Don't Think So programs</li> <li>• Consortium on Child Abuse and Neglect Bubbylonian Encounter (serving 4,500 children per year) and Never Shake a Baby programs</li> <li>• Fathers Against Violence</li> <li>• Coalition for Positive Youth Development</li> <li>• Boy Scouts</li> </ul>
Child Care	<p>4C Child Care Unlimited provided data to show that Genesee County has 699 licensed facilities with a total capacity of 16,537 slots:</p> <ul style="list-style-type: none"> <li>• 253 family homes – a capacity of 1,518</li> <li>• 205 group homes – a capacity of 2,448</li> <li>• 241 centers – a capacity of 12,571</li> <li>• 177 family homes (34%) provide drop in services; 107 or 20% provide temporary or emergency services.</li> <li>• 134 group homes (30%) provide drop in services; 102 or 23% provide temporary/emergency services.</li> <li>• 73 centers (40%) provide drop in services; 41 or 23% provide temporary/emergency services.</li> </ul>

A review of the data on key services that prevent child abuse and neglect indicates the following:

- Although there are information and referral data bases in Genesee County that provide program information for potential users, there is no prevention program planning data base that collects key planning information. Examples of key planning information are the number of children/parents able to be served at one point in time or the number of children/ parents that are served per year and access information such as days/times services are offered and geographic locations. Ideally, to create a plan for services that prevent child abuse and neglect, the plan would identify the number of people who potentially need and will use the service, the number of people who are currently able to be served with this service in the Genesee County community (community capacity), and the number of people, given the target and the capacity, that the community does not have the capacity to serve (gap in services). Then access information could be looked at related to, for example, days and times services are offered and geographic location.
- While parent education on child abuse prevention topics is happening in the community and can begin to be identified through information and referral sources,

planning data does not exist, so it is impossible to determine the community capacity and capacity gaps for parent education.

- While family support is provided in the Genesee community, again, planning data does not exist, so it is impossible to determine the community capacity and capacity gaps for family support.
- While life skills programming for children related to child abuse and neglect is happening, there is no one entity collecting the information and planning data does not exist, so it is impossible to determine the community capacity and capacity gaps for life skills programming for children related to child abuse and neglect.
- With 16,573 slots per 99,752 children age birth through 14, there are 16.6 slots per 100 children in Genesee County. Abt Associates, a national research group, suggests that 25 slots per 100 should be the community target for child care. This would indicate that more licensed child care should be available in Genesee County. In addition, given that 7.4% of children have disabilities and that up to one-third of families has multiple stressors, the respite care capacity seems to meet the community need for slots. What is unknown, however, is whether parents know about respite care availability and have the resources to use it.

## **Implications and Recommendations**

When the Genesee County data on child and parent risk factors related to child abuse and neglect is analyzed, these risk factors stand out:

- Poverty and unemployment.
- Young mother (under age 20).
- Single-parenthood.
- Age of child.
- Birth complications and prematurity.
- Children with disabilities or who are developmentally delayed.
- Parents' unrealistic expectations of their children.

When these risk factors are coupled with the child abuse prevention service information, and examined in the context of the *Faces of Tomorrow* report, it seems evident that the following activities will move Genesee County toward strong child abuse and neglect primary and secondary prevention:

- The development and ongoing updating and maintenance of a prevention programming planning database so that program capacity in the areas of family support, parent education and life skills programming related to child abuse and neglect can be assessed, analyzed and used to develop prevention programming based on community need.
- The community needs to create a plan to offer services to families at risk for abuse their children, beginning with the populations outline above. These services should be targeted family support and parent education services based on models that have solid track records.

- The community needs to consider how it will address primary prevention of child abuse and neglect for parents and children. Which strategies is the community willing to develop and pay for that will be available to all parents and children in Genesee County? Family support, parent education, life skills programming and child care should be part of this discussion.

These recommendations will begin to be addressed with the planning done through CAPCAN (Community Action Plan for Child Abuse and Neglect) in January and February 2005.

*Special thanks to Mary Ann Ketels (4C Child Care Unlimited), Leslie Lathrop (Genesee Public Health), Mary Vojdyk (C-CAN) and Helen Williams (Family Road) for helping gather the data for this report.*

**Appendix 3:  
Community Action Planning for Child Abuse and Neglect  
Examples of Best Practices**

	<b>Family Connections – Baltimore MD</b>	<b>Circle of Security – Spokane WA</b>	<b>Families and Centers Empowered Together – Wilmington DE</b>	<b>Home Visitation by Nurses – Elmira NY</b>	<b>Healthy Families – 450 Sites in USA</b>	<b>MELD - Minneapolis, MN</b>
<b>Program Type</b>	Psychosocial early intervention	Parent education	Family support	Family support	Family support	Parent groups/education
<b>Target Population(s)</b>	At-risk families with children ages 5-11	Head Start/Early Head Start families	Families in urban, high-risk, low-income areas	First-time mothers with risk factors relating to maternal and child health and parental “life course” development	First-time parents with risk factors	Nine populations <ul style="list-style-type: none"> <li>• Young moms</li> <li>• African-American young mothers</li> <li>• Young dads</li> <li>• Growing families (children ages 3-5)</li> <li>• Hispanic immigrant families</li> <li>• New parents</li> <li>• Families</li> </ul>

						with children with special needs <ul style="list-style-type: none"> <li>• Hmong parents</li> <li>• East African parents</li> </ul>
<b>Setting</b>	Community	Head Start centers	Child care centers	Family homes	Family homes	Community-based organizations

	<b>Family Connections – Baltimore MD</b>	<b>Circle of Security – Spokane WA</b>	<b>Families and Centers Empowered Together – Wilmington DE</b>	<b>Home Visitation by Nurses – Elmira NY</b>	<b>Healthy Families – 450 Sites in USA</b>	<b>MELD - Minneapolis, MN</b>
<b>Essential Components</b>	<ul style="list-style-type: none"> <li>• Emergency assistance</li> <li>• Family assessment</li> <li>• Social support</li> </ul>	<ul style="list-style-type: none"> <li>• Group instruction</li> <li>• Video of caregiver/child interactions</li> </ul>	<ul style="list-style-type: none"> <li>• Family support services</li> <li>• Family activities</li> </ul>	<ul style="list-style-type: none"> <li>• Home visits designed to prevent problems and encourage education, find employment and postpone the birth of a second child</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized assessment tool to systematically identify families who are most in need of services</li> <li>• Home visits offered 3-5 years that offer comprehensive support to parents as well as supporting parent-child interaction and child development</li> <li>• Families linked to</li> </ul>	<p>Parent support groups for two years that include these elements:</p> <ul style="list-style-type: none"> <li>• Parent group facilitator</li> <li>• Information</li> <li>• Meld curriculum on health, nutrition, child development and guidance, parent development and use of community resources</li> <li>• Support</li> <li>• Sponsors and co-sponsors</li> </ul>

					medical provider and additional services	co-sponsors <ul style="list-style-type: none"><li>• Site coordinator</li><li>• Meld national office</li><li>• Philosophy</li></ul>
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	<b>Family Connections – Baltimore MD</b>	<b>Circle of Security – Spokane WA</b>	<b>Families and Centers Empowered Together – Wilmington DE</b>	<b>Home Visitation by Nurses – Elmira NY</b>	<b>Healthy Families – 450 Sites in USA</b>	<b>MELD - Minneapolis, MN</b>
<b>Research/Evaluation Findings</b>	<ul style="list-style-type: none"> <li>Increases protective factors for child neglect</li> <li>Decreases the risk factors for child neglect</li> <li>Reduces the incidence of child abuse/neglect</li> <li>Increases child safety and well-being</li> </ul>	<p>More rigorous study needed, preliminary findings are:</p> <ul style="list-style-type: none"> <li>Increases in ordered child and caregiver strategies</li> <li>Increased secure caregiver strategies</li> <li>Increased secure child attachment</li> <li>Increased caregiver affection, sensitivity, delight and support for exploration</li> </ul>	<p>More rigorous study needed, preliminary findings are:</p> <ul style="list-style-type: none"> <li>Increased parenting efficiency</li> <li>Increased use of effective decision-making skills</li> <li>Increased family cohesion</li> <li>Improved family communication</li> <li>Improved family coping</li> </ul>	<ul style="list-style-type: none"> <li>Mothers returned to school more rapidly</li> <li>Worked more</li> <li>Had 22% fewer subsequent pregnancies</li> <li>Made better use of formal services available</li> <li>Experienced greater informal social support</li> <li>Improved diets</li> <li>Reduced</li> </ul>	<ul style="list-style-type: none"> <li>Promotes positive parenting</li> <li>Promotes family self-sufficiency</li> <li>Reduces subsequent pregnancies</li> <li>Ensures that children are ready to learn</li> <li>Ensures that children receive early developmental screenings</li> <li>Ensures better physical health and</li> </ul>	<p>Findings from the young moms program are:</p> <ul style="list-style-type: none"> <li>Lower rates of second pregnancies</li> <li>More knowledge about child development</li> <li>More use of community resources</li> <li>More likely to be enrolled in high school</li> </ul>

		<ul style="list-style-type: none"> <li>• Decreased caregiver rejection, neglect, flat affect, and role reversal.</li> </ul>		<p>cigarette smoking</p> <ul style="list-style-type: none"> <li>• Had improved birth weights</li> <li>• Had a 75% reduction in verified cases of child abuse and neglect</li> </ul>	<p>use of medical services</p> <ul style="list-style-type: none"> <li>• Reduces child maltreatment</li> </ul>	
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**Appendix 4:**  
**Community Action Plan for Child Abuse and Neglect in Genesee County**  
**Recent National Studies and Reports**

<b>Study</b>	<b>Major Findings/Principles</b>	<b>Recommendations</b>
<p><i>Decision-Making in Unsubstantiated Child Protective Services Cases: A Synthesis of Recent Research</i></p>	<p>Factors found to influence CPS decision-making are case factors, decision-making factors, organizational factors, and external factors. Unsubstantiated cases were more likely to:</p> <ul style="list-style-type: none"> <li>• Have risk factors in only one to five domains as opposed to six or seven.</li> <li>• Be first referrals.</li> <li>• Come from community referrals as opposed to professional referrals.</li> <li>• Be neglect as opposed to abuse cases.</li> <li>• Have proof and evidence issues in physical abuse, testimonial and credibility issues in sexual abuse.</li> <li>• Be a part of case worker tendencies.</li> <li>• Be found when workers were more experienced, had a higher self-assessment of skills, had supportive relationships with co-workers, or agreed with State policy.</li> <li>• Occur when case workers experienced stress from heavy workloads.</li> <li>• Occur when supervisors saw their units as cohesive and themselves as</li> </ul>	<ul style="list-style-type: none"> <li>• Include risk assessment in the decision-making process, rather than basing substantiation purely on the question of what happened.</li> <li>• If consistency is a goal, develop training to address individual decision-making behaviors and consequences to children of particular decisions. Address work load stress since it is related to consistency.</li> <li>• Maintain all unsubstantiated cases in the central registry for use as part of future decision-making.</li> <li>• Ensure that supervisors are knowledgeable about their role in the agency and know how to support case workers.</li> <li>• Assess role of lack of resources on service delivery post investigation and implications for re-referral.</li> <li>• Target services around local data.</li> <li>• Provide services for unsubstantiated cases.</li> <li>• Provide services for multiple types of maltreatment, not just the one substantiated.</li> <li>• Provide longer-term services</li> </ul>

	<p>supportive.</p> <ul style="list-style-type: none"> <li>• Occur when there are only two choices as opposed to more.</li> <li>• Occur when the states standards are higher.</li> </ul>	
<p><i>Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice</i></p>	<p>Three principles guided the recommendations:</p> <ul style="list-style-type: none"> <li>• Child protection services and community-based child welfare agencies should collaborate with domestic violence organizations and juvenile courts to provide leadership in developing new services and publicly articulating the need for additional resources in order to promote family safety.</li> <li>• Child protection services should improve their capacity to promote safety for all family members.</li> <li>• Child protection workers should develop service plans and referrals that focus on the safety, stability, and well-being of all victims of family violence and that hold domestic violence perpetrators accountable.</li> </ul>	<p>Recommendations on taking leadership to improve community capacity :</p> <ul style="list-style-type: none"> <li>• CPS and community-based child welfare agencies should collaborate with domestic violence organizations and juvenile courts to assess the availability of resources in the community and to develop new responses.</li> <li>• CPS and community-based child welfare agencies should collaborate with domestic violence organizations and juvenile courts to monitor the effectiveness of community programs.</li> </ul> <p>Recommendations on improving CPS capacity:</p> <ul style="list-style-type: none"> <li>• CPS should develop screening and assessment procedures, information systems, case monitoring protocols, and staff training to identify and respond to domestic violence and promote family safety.</li> </ul> <p>Recommendations on changing agency policy and worker practice:</p>

		<ul style="list-style-type: none"><li>• Agency policy must state clearly the criteria under which children can remain safely with non-abusing parents experiencing domestic violence; the assessment required to determine safety, and the safety planning, services, support, and monitoring that will be required in these cases.</li><li>• CPS should make every effort to develop separate service plans for adult victims and perpetrators – regardless of their legal status vis-à-vis the child.</li><li>• CPS workers should assess thoroughly the possible harm to a child resulting from being maltreated or from witnessing adult domestic violence and should develop plans to address this harm.</li><li>• CPS should avoid strategies that blame a non-abusive parent for the violence committed by others.</li><li>• CPS should avoid using, or use with great care, potentially dangerous or inappropriate interventions such as couple counseling, mediation, or family group counseling in cases of domestic violence.</li><li>• CPS should avoid placing in foster care with persons who have a documented history of perpetrating</li></ul>
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		<p>child maltreatment or domestic violence.</p> <ul style="list-style-type: none"><li>• Community agencies providing services to families in the CPS caseload should have procedures to screen every family members privately and confidentially for domestic violence and to provide help to them, including safety planning and meeting basic human needs.</li><li>• Every agency providing family support, preservation or treatment services should, by policy, allow workers adequate time to assist domestic violence victims.</li><li>• Parenting programs should reexamine their procedures, policies, and curricula to ensure that safety for adult victims and information about domestic violence are integrated into program activities.</li></ul>
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## **Appendix 5: CAPCAN WORK THAT INFORMS THE DEVELOPMENT OF THE VISION FOR CHILD ABUSE AND NEGLECT IN GENESEE COUNTY**

### **From the September 13, 2004 meeting**

CAPCAN participants said that these were important values related to the prevention of child abuse and neglect:

- ✓ Provide support early: Universal home visits or home visits for families with unsubstantiated reports, parent education pre-natally, respite services or parent centers.
- ✓ Help parents understand that it's okay to need information or help: media campaign
- ✓ Include all groups in the community as part of the solution: physicians and educators were especially cited.
- ✓ Make sure policy makers are informed: They need to know the long-term costs of not providing services.
- ✓ Understand that this is a long-term investment.
- ✓ Shift the community (state and national) paradigm from treatment to prevention.

### **From the October 4, 2004 meeting**

CAPCAN participants said that these things were important when thinking about reporting, investigating and substantiating child abuse and neglect:

- ✓ A community that is well-informed about child abuse and neglect through trainings that are consistent throughout the community.
- ✓ A child welfare focus on all children ages birth through age 18.
- ✓ Mandated reporters that are trained in reporting child abuse and neglect.
- ✓ Child abuse/neglect investigators that are trained to interact in a developmentally appropriate manner with children.
- ✓ Experienced Protective Services workers.
- ✓ Using the child welfare system as an opportunity for families to get resources and support.

### **From the November 8, 2004 meeting**

A panel of representatives from the major systems identified these gaps/issues related to child abuse and neglect:

- ✓ Inadequate funding for CMH services to children in the child welfare system.
- ✓ Need for way to ensure signature for release of treatment when parent is not in picture (CMH).
- ✓ Need to identify primary responsible system when working with multi-system families.
- ✓ Need for systematic training of education personnel on mandated reporting that includes role of teacher, principal and others.
- ✓ Need for mandated reporters to not be identified during investigation.
- ✓ Community response to educational neglect (which is being dealt with the Improving Attendance Task Force).
- ✓ Training for medical students and physicians in practice on recognizing child abuse and neglect and on providing testimony related to this topic.
- ✓ Improved system for medical provider testimony in cases.
- ✓ Need for all professional disciplines related to child abuse and neglect to understand each other's roles and responsibilities.
- ✓ Stress issues for professionals working in the area of child abuse and neglect (no matter what their discipline or system).

#### **From the December 6, 2004 meeting**

CAPCAN participants identified these prevention programs as those with potential for Genesee County:

- ✓ Healthy Families (got most interest), MELD or Home Visiting Nurses

Since substance abuse, domestic violence, and mental health are so interrelated with child abuse and neglect, these areas need to be considered when developing a vision and services for Genesee County.

## **Appendix 6: Community Action Planning for Child Abuse and Neglect in Genesee County: Process Overview and Outcomes**

The Community Action Planning Process for Child Abuse and Neglect in Genesee County will involve a broad and diverse group of stakeholders interested in the well-being of children. The process will bring these stakeholders together eight times over an seven-month period. The first five sessions will involve stakeholder learning and discussion about:

- Child abuse and neglect and its impacts in Genesee County.
- Child abuse prevention and programming in Genesee County and best practice models of prevention.
- Child abuse intervention, intervention in Genesee County, and best practice models of intervention.
- Child abuse treatment, treatment in Genesee County and best practice models of treatment.

During these sessions stakeholders will also identify issues and gaps in programming in each area (prevention, intervention, treatment) for Genesee County.

The next three sessions will involve:

- Development of the community vision for child abuse and neglect in Genesee County.
- Development of recommendations and strategies to attain the community vision.
- Identification of lead partners and a time table for implementation of recommendations and strategies.

The Community Action Planning Process for Child Abuse and Neglect is based on a community-learning model. It is imperative that all stakeholders participate in most, if not all, sessions. This will ensure that all participants, together, learn and process the information and resulting discussion in the sessions to begin to come to a community consensus about a vision. It is important that there is community consensus since child abuse and neglect is a problem that can only be solved by the community as a whole.

The dates for the Community Action Planning Process for Child Abuse and Neglect are: August 2, September 13, October 4, November 8 and December 6, 2004 and January 10, February 7, and February 14, 2005. The meetings will take place from 2:30 to 5:00 p.m. at the Mott Children's Hospital.

**Appendix 7:**  
**Community Action Plan for Child Abuse and Neglect – Genesee County**  
**Resources**

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Besharov, Douglas J., *Recognizing child abuse: A guide for the concerned*. New York: New York, Simon and Schuster, 1990.

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Flint Area Chamber of Commerce, [www.flintchamber.org/chamber\\_area\\_facts.html](http://www.flintchamber.org/chamber_area_facts.html)

Genesee County Family Independence Agency. Fax from Susan Hulls, 7/22/04.

Kids Count in Michigan: Data Book 2003 - Genesee County

Meld – parenting that works,

[www.meld.org/main.cfm?PageID=1004](http://www.meld.org/main.cfm?PageID=1004)

[www.216.17.23.216/meld/program/program.cfm?PageID=1700](http://www.216.17.23.216/meld/program/program.cfm?PageID=1700)

[www.216.17.23.216/meld/program/program.cfm?pageID=1530](http://www.216.17.23.216/meld/program/program.cfm?pageID=1530)

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Michigan League for Human Services, [www.aecf.org/cgi-bin/cliiks.cgi?action=profile\\_results&subset=MI&areaid=26](http://www.aecf.org/cgi-bin/cliiks.cgi?action=profile_results&subset=MI&areaid=26)

National Clearinghouse on Child Abuse and Neglect Information,  
[www.nccanch.acf.hhs.gov/topics/prevention/raising/overview/problem.cfm](http://www.nccanch.acf.hhs.gov/topics/prevention/raising/overview/problem.cfm)  
[www.nccanch.acf.hhs.gov/topics/prevention/raising/overview/child.cfm](http://www.nccanch.acf.hhs.gov/topics/prevention/raising/overview/child.cfm)  
[www.nccanch.acf.hhs.gov/topics/prevention/emerging.nature.cfm](http://www.nccanch.acf.hhs.gov/topics/prevention/emerging.nature.cfm)

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Prevent Child Abuse America, *Healthy Families*.

Prilleltensky, Isaac, Nelson, Gerald and Peirson, Leslea. *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action*. Toronto: University of Toronto Press, 2001.

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Schechter, Susan and Edleson, Jeffrey L. *Effective intervention in domestic violence & child maltreatment cases: Guidelines for policy and practice*. Reno, NV: National Council of Juvenile and Family Court Judges, 1999.

State of Michigan. *Child protection law*. Family Independence Agency.

Thomas, David, Leicht, Christine, Hughes, Candy, Madigan, Amy and Dowell, Kathy. *Emerging practices: In the prevention of child abuse and neglect*, Washington, DC: Department of Health and Human Services, 2002.

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[www.factfinder.census.gov/serlet/SAFFFacts?\\_event=Search&geo\\_id=01000US&\\_geoC](http://www.factfinder.census.gov/serlet/SAFFFacts?_event=Search&geo_id=01000US&_geoC)

U.S. Department of Health and Human Services Children's Bureau. *National study of Child Protective Services systems and reform efforts: A summary report*. Washington, DC: US. Department of Health and Human Services, 2003.

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