DCF Advisory Committee on Child Fatalities

A Six Year Review

New Jersey Department of Children and Families
Allison Blake, PhD, LSW
Commissioner

Acknowledgments

The department acknowledges the many individuals who work every day to ensure the safety, well-being and success of New Jersey children and families. Specifically, the thousands of frontline DCPP staff, their partners in the legal, medical, and behavioral health professions, and the countless resource families who open their homes to our children every day.

We are grateful to the dedicated members of the Advisory Committee on Child Fatalities, and the individuals who conducted the case reviews, and those instrumental in helping the committee successfully complete its work. These individuals conducted this vital work over and beyond their official roles and responsibilities.

We extend our appreciation to the state's three citizen review panels, subject matter experts, DCF's executive staff, and many stakeholders for their time and thoughtful contributions.

A special thanks to the CECANF Chair Dr. David Sanders for taking the time to join us at the committee's final presentation, and bringing to the process a very unique perspective, valuable insight and encouragement.

And finally, we dedicate this report to the children lost by abuse and neglect, and to their families and communities, with whom we join in profound sorrow.

Introduction

Four to eight children in America die from abuse or neglect every day according to an estimate by the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). Charged with developing a national strategy to reduce child fatalities from abuse and neglect, in 2016 the commission issued its final report *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*, detailing the commission's findings and outlining a set of promising approaches and recommendations to states.

The New Jersey Department of Children and Families reviewed and compared the commission's recommendations to the department's policies and practices to prevent child fatalities from abuse or neglect. This showed New Jersey had already adopted many of the commission's recommended measures. Also among the commission's recommendations was for states to review past child fatalities to identify family and systemic circumstances. While the department does review every child fatality, it had not taken a retrospective look at its data for trends and other insight. To conduct this retrospection, the department established the Advisory Committee on Child Fatalities in August 2016. Comprised of professionals throughout the department, the committee reviewed case records, findings, and post-incident analysis of child fatalities caused by child abuse or neglect in the six-year period between 2010 and 2015.

As a learning organization, the department embraced this opportunity to further its understanding of child fatalities, identify trends, and discover new ways to reach children at greatest risk. Working for more than a year, the committee's in-depth reviews and analysis was further enhanced by the input provided by the state's citizen review panels: New Jersey Task Force on Child Abuse and Neglect, the New Jersey Child Fatality and Near Fatality Review Board, and Staffing Oversight Review Subcommittee. The department is grateful to each of these panels for their contribution to the committee's work and ongoing dedication to improving the lives of children.

This report summarizes the committee's work and presents its recommendations.

The Advisory Committee

The Advisory Committee on Child Fatalities, which convened in August of 2016, conducted its work in three phases:

- Phase I: Review Cases (January 2010 - December 2015)
- Phase II: Present findings and solicit input from the three Citizen Review Panels
- Phase III: Produce a final report outlining findings and recommendations

The committee was guided by five objectives:

- Determine what we have already learned as a state and generate additional questions that may need further research;
- Review additional information to broaden our understanding of child fatalities;
- Determine what our current reviews and processes consist of to determine how we can improve our approach as an agency to gathering information needed to understand circumstances that surround child fatalities;
- Identify lessons learned, and with input from the three citizen review panels, outline recommendations for the broader child welfare system; and
- Use the findings to inform the development of the state's statutorily required Child Abuse Prevention Plan in collaboration with the New Jersey Task Force on Child Abuse and Neglect.

For over a year, the committee held weekly meetings led by the department's Deputy Commissioner and attended by department staff, as well as a representative from the Attorney General's office.

DCF Advisory Committee on Child Fatalities - Committee Members

Chair - Joseph E. Ribsam Jr., Esq., Deputy Commissioner

Christian Arnold, Assistant Attorney General
Office of Attorney General, Department of Law and Public Safety

Secretary - Leida Arce, MA, Communications Manager
Communications and Public Affairs

Mollie Greene, Director,
Clinical Services

Michael Higginbotham, LCSW,
Children's System of Care

Ernest Landante Jr., Director
Communications and Public Affairs

Brendan Lee, Project Manager
Office of Information Technology

Clinton Page, Esq. , Director
Legal and Legislative Affairs

Lisa von Pier, M.Div.
Assistant Commissioner
Child Protection and Permanency

Lenore Scott, Administrator
Early Childhood Services

Charyl Yarbrough, PhD, Director of the Office of Quality
Performance Management and Accountability

Reviewers

Madeline DelRios, MSW, Special Assistant
Office of Policy and Regulatory Development

Susan Graf, MA, Constituent Liaison
Office of Advocacy

Charles R. Jones, J.D., M.Div. , Case Analyst
Administrative Hearings Unit Office of Legal and Legislative Affairs

Michelle Rupe, Program Manager
Division of Child Protection and Permanency

Caryl Scherer, MSW, LSW, Administrative Analyst
Office of Legal and Legislative Affairs, Administrative Hearings Unit

Mark Sheerin, MSW
Constituent Liaison, Office of Advocacy

Data Collection Methodology

The Committee internally developed the data collection instrument by reviewing available tools and/or those previously used by department, as well as by obtaining input and feedback from the committee members. The tool utilized for the case reviews was modeled after The National Center for Fatality Review and Prevention's, National Child Death Review Case Reporting System.

The tool consisted of 283 items that gathered information grouped into four categories. Child Info (86 items), Caregiver (63 items), Incident (40 items) and Perpetrators (84 Elements items). The data included victim caregiver and perpetrator demographics (e.g., age, gender, race/ethnicity); relationship between the victim and perpetrator (e.g., biological parents, paramour, babysitter, etc.); household/living arrangement, child protection services history, disability, domestic violence and criminal history, employment status, and incident specific data (e.g., manner and location of death, and perpetrator impairment at time of incident).

An in-depth case record review was conducted of one hundred and nine (109) children, one hundred and seven (107) incidents (difference in number of incidents compared to children reflect that one family had more than one child) and one hundred and thirty-one (131) perpetrators within the six-year time-period from 2010-2015. For quality assurance purposes, six DCF staff members were tasked with applying the tool to review cases. These members were experienced in conducting case reviews and participated in training on the instrument. DCF staff imported administrative data for each reviewed case from NJ SPIRIT into the Excel Tool that reviewers used to enter data from the case record. DCF compiled and analyzed data using Excel and SPSS Statistics, a statistical analysis software package.

Interpreting the Data

The Advisory Committee examined the case record review data for quality concerns, and actively participated in data analysis and interpretation. The members participated in a series of group discussions related to the data collected in the review to provide context for interpretation, determine gaps in information needs, develop strategies for information gathering and outline lessons learned and broad recommendations.

The committee presented its findings to, and solicited input from, the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN), the New Jersey Child Fatality and Near Fatality Review Board (NJCFNFRB), and the Staffing Oversight Review Subcommittee (SORS). The committee's findings were also presented to NJTFCAN's Prevention Subcommittee to inform their work developing the state's statutorily required tri-ennial child abuse prevention plan. The department's executive leadership, as well as other staff and stakeholders also had the opportunity to review and respond to the findings.

Report Organization

- The following presentation slides detail the findings from the Review.

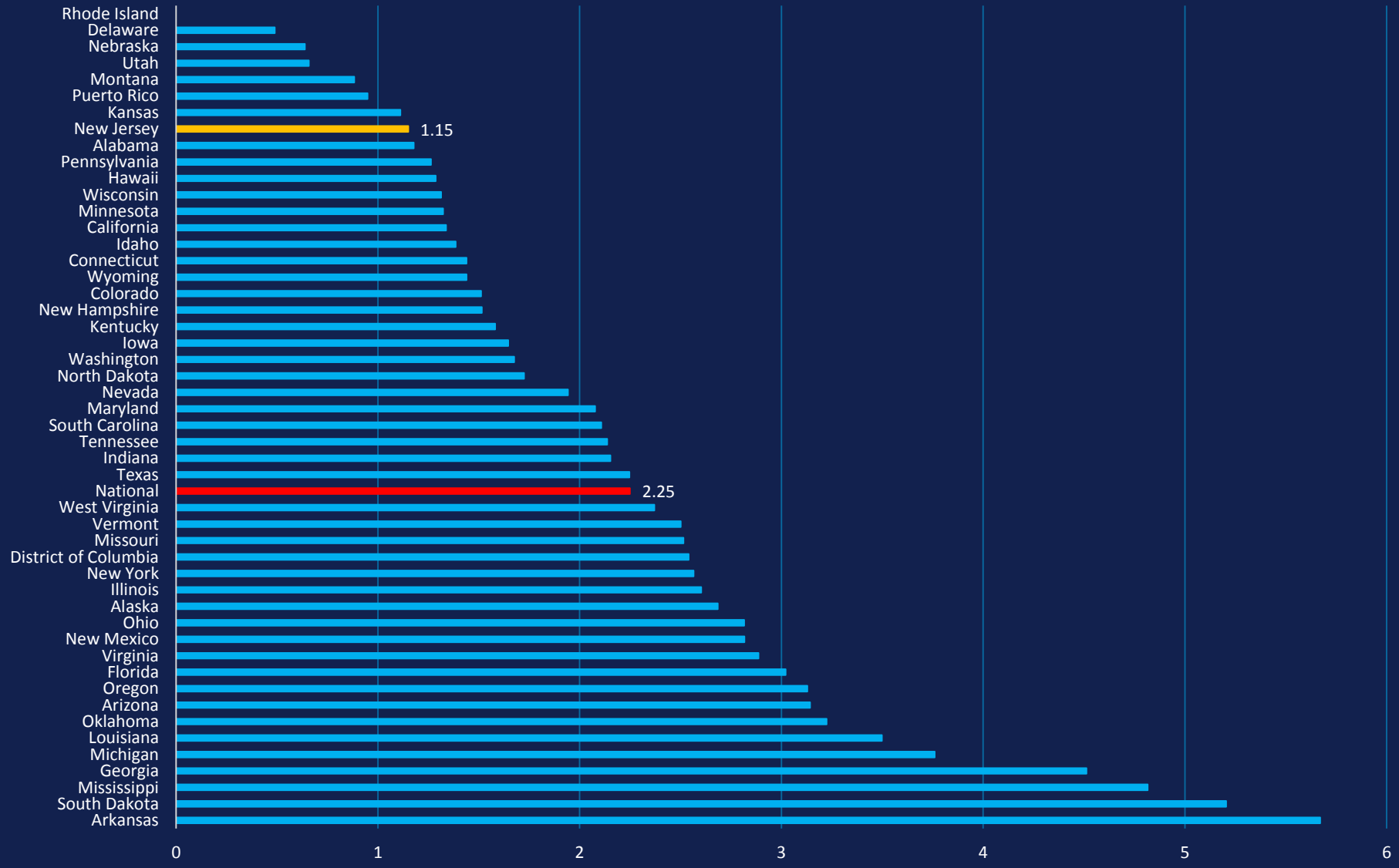
- The presentation sections include:
  - Section 1. Statewide Overview
  - Section 2. Key Terms
  - Section 3. Children Demographic
  - Section 4. Home Environment
  - Section 5. Perpetrator Demographics
  - Section 6. Incidents
  - Section 7. Conclusions and Recommendations

Section 1. Statewide Overview

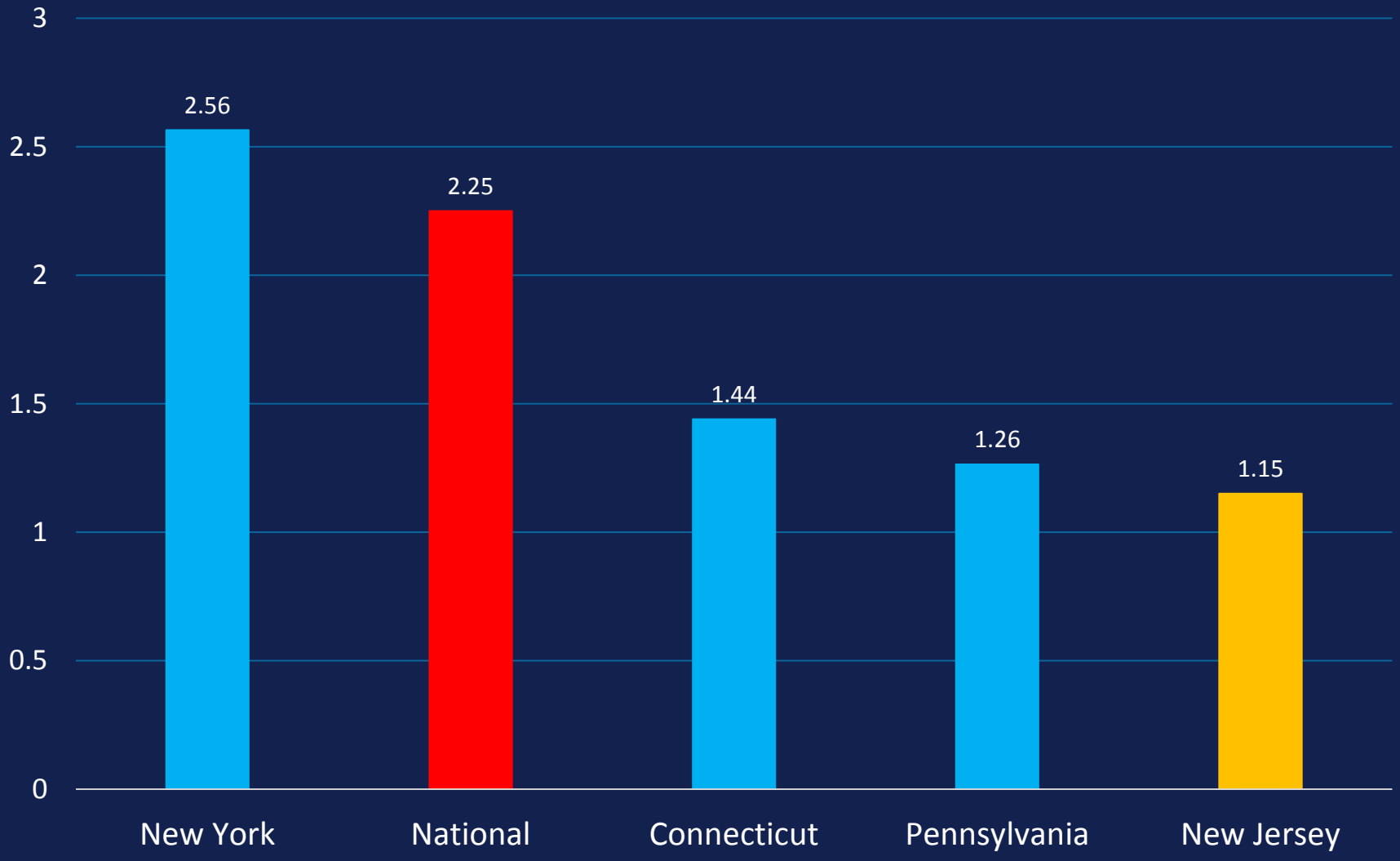
New Jersey Department of Children and Families

Fatalities per 100,000 Children

2015 Administration for Children and Families



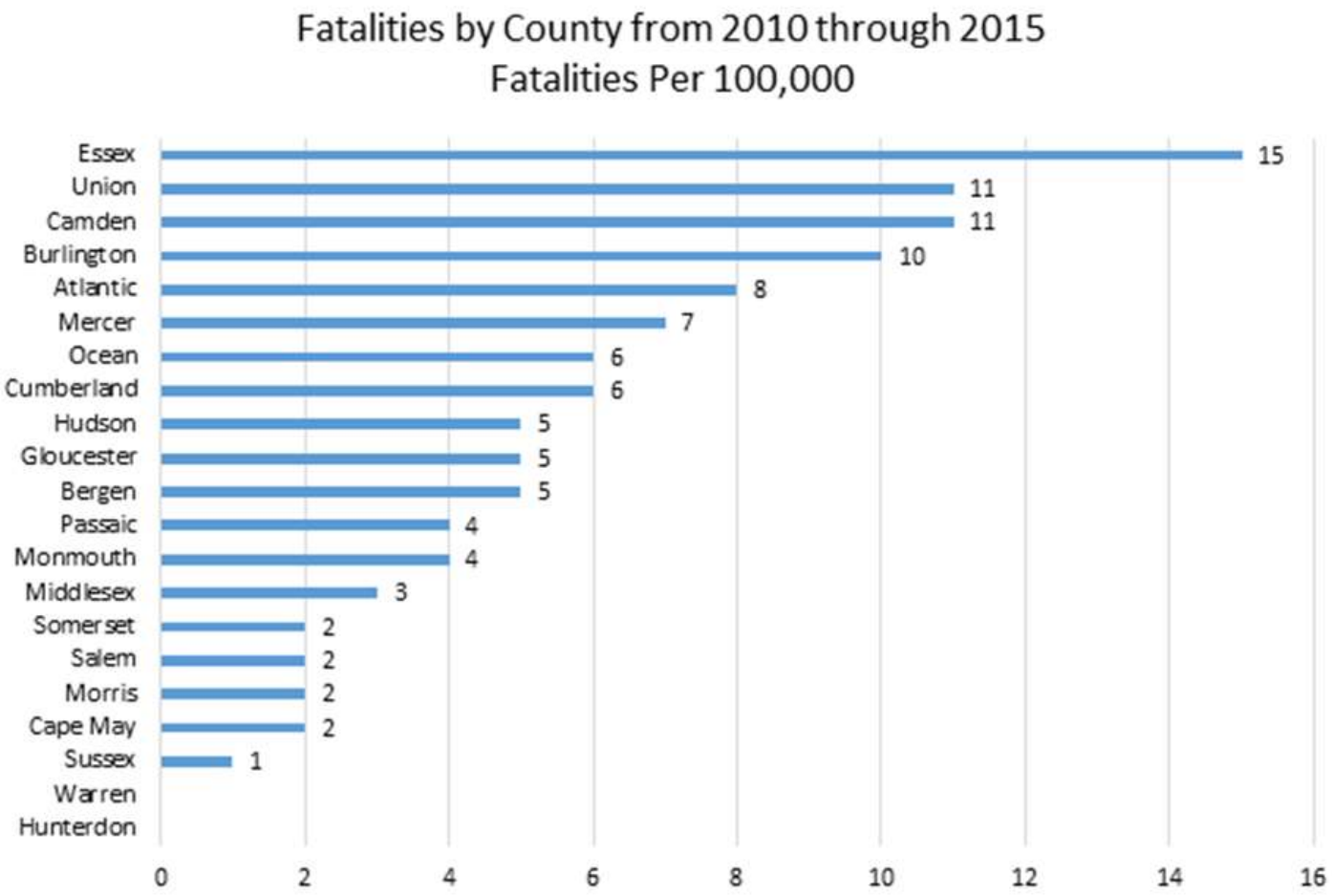
Fatalities per 100,000 Children, Select Locations



Fatalities by County

New Jersey Department of Children and Families

Fatalities by County



Section 2. Key Terms

- Abuse & Neglect
- Child Fatality
- Caregiver
- Perpetrator

Abuse and Neglect

Abuse

Abuse is the physical, sexual or emotional harm or risk of harm to a child under the age of 18 caused by a parent or other person who acts as a caregiver for the child.

Neglect

Neglect occurs when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.

Child Fatality

- A fatality of a person under the age of 18 which has been determined to result from child abuse or neglect as defined in N.J.S.A. 9:6-8.21(c).

Caregiver

- Parents and Guardians Presumed to be Caregivers - A child's "parent or guardian" is presumed to be a caregiver. As per DCF policy and the underlying statute, the term "parent or guardian" includes:
  - Natural or Adoptive Parents
  - Resource Family Parents
  - Step-parents
- Any other person for whom there is a legal duty to care for the child at the time of the incident (i.e. babysitters, teachers/schools, residential facilities, detention centers, etc.)

Perpetrator

- Pursuant to N.J.S.A. 9:6-8.21(a), a perpetrator of child abuse or neglect must be a caregiver of the abused or neglected child.

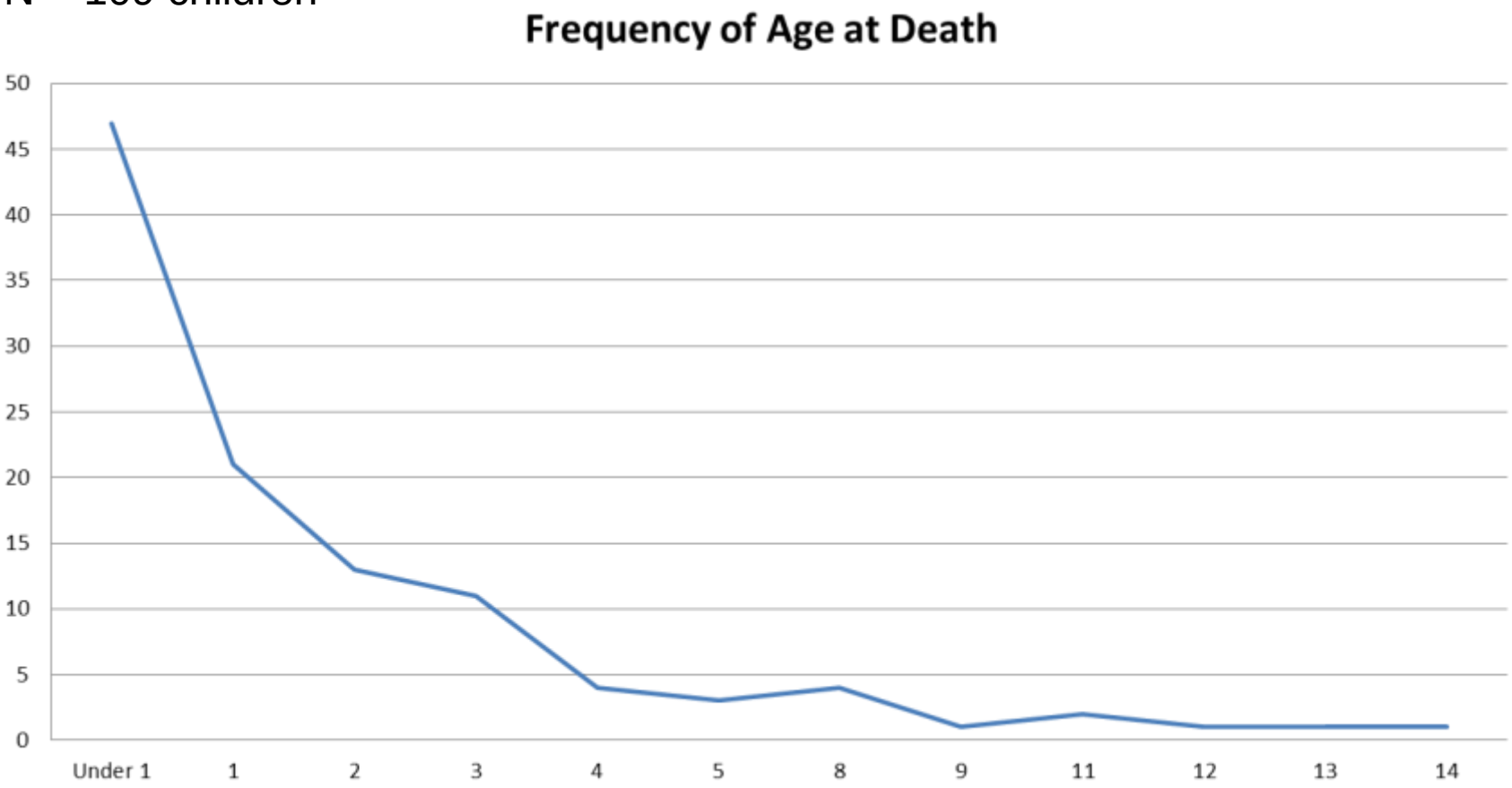
Section 3. Children Demographics

N = 109 children

- Age at Death
- Gender
- Race/Ethnicity
- Disability
- Prior History

Child Age at Death

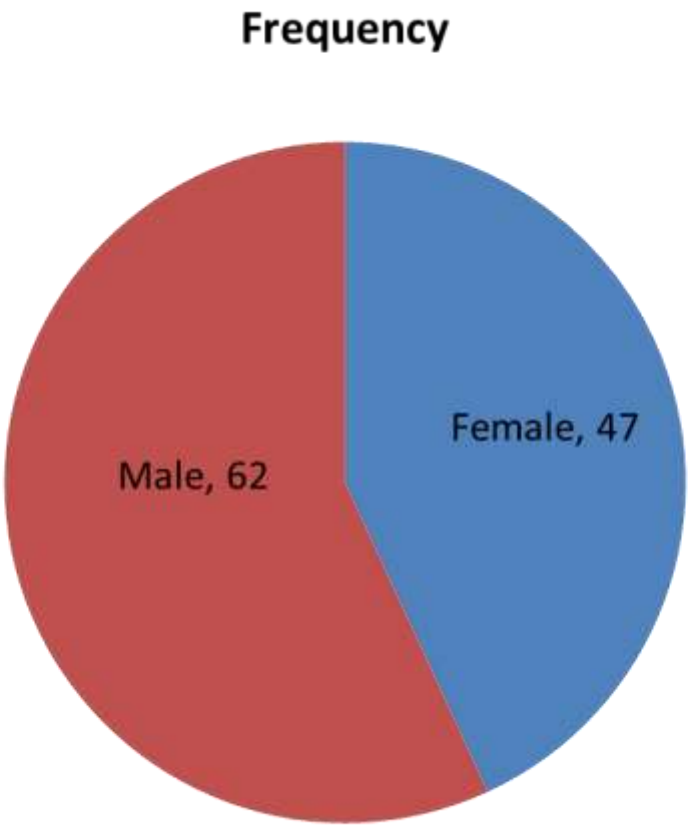
N = 109 children



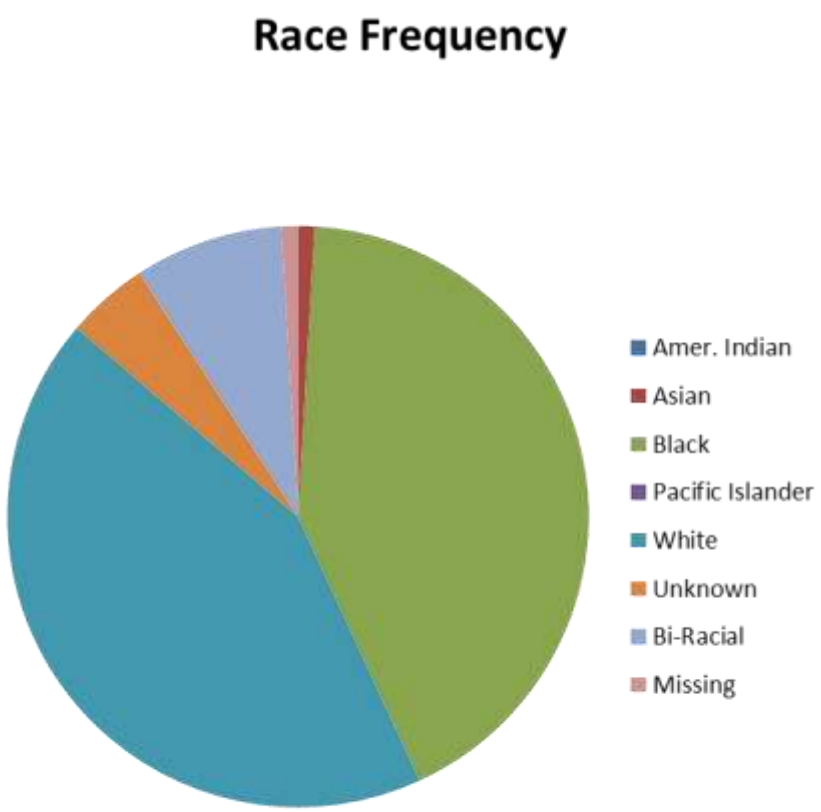
New Jersey Department of Children and Families

Child Gender

N = 109 children



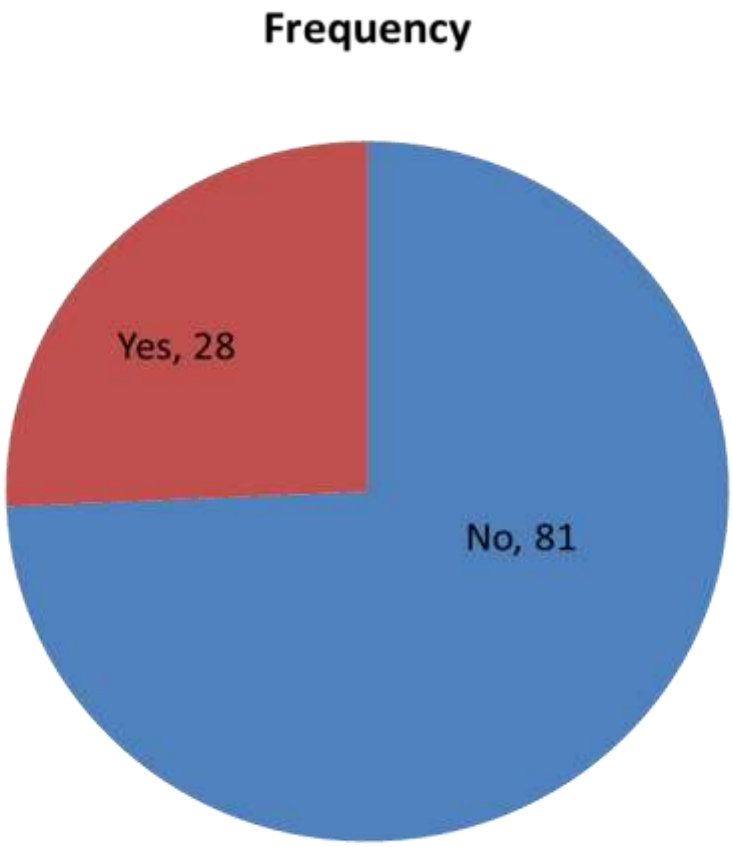
Child Race and Ethnicity



	Race Frequency	Hispanic Ethnicity
Amer. Indian	0	0
Asian	1	0
Black	46	2
Pacific Islander	0	0
White	47	3
Unknown	5	2
Bi-Racial	9	0
Missing	1	0
Totals	109	

Frequency of Reported Disability

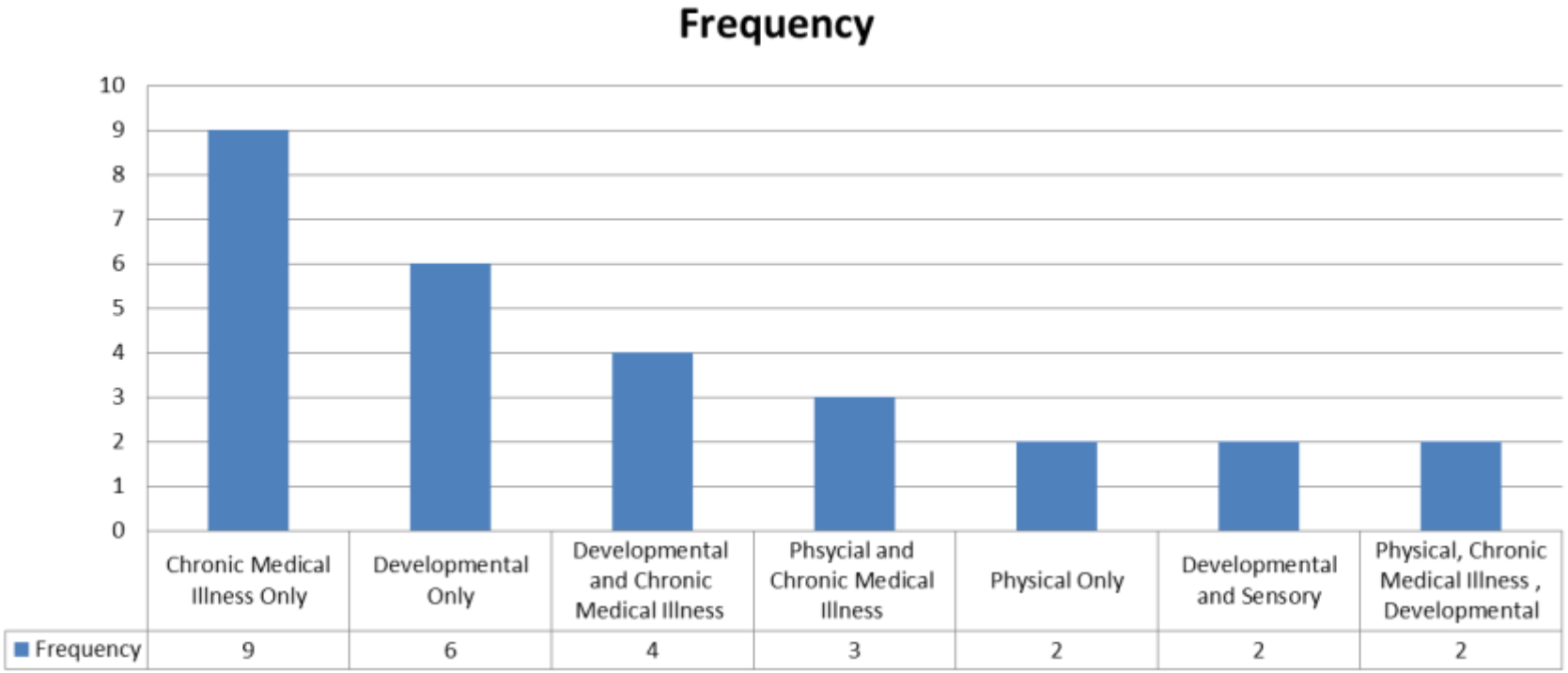
N = 109 children



New Jersey Department of Children and Families

Disability Types

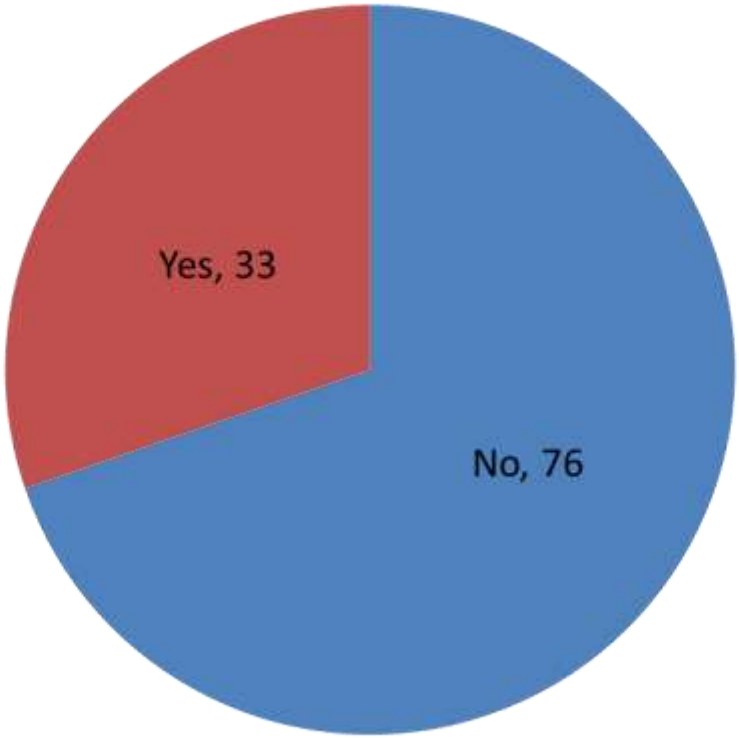
28 of the 109 children were reported to have at least one disability



New Jersey Department of Children and Families

Documented CPS History of Alleged Child Abuse or Neglect

N = 109 children



New Jersey Department of Children and Families

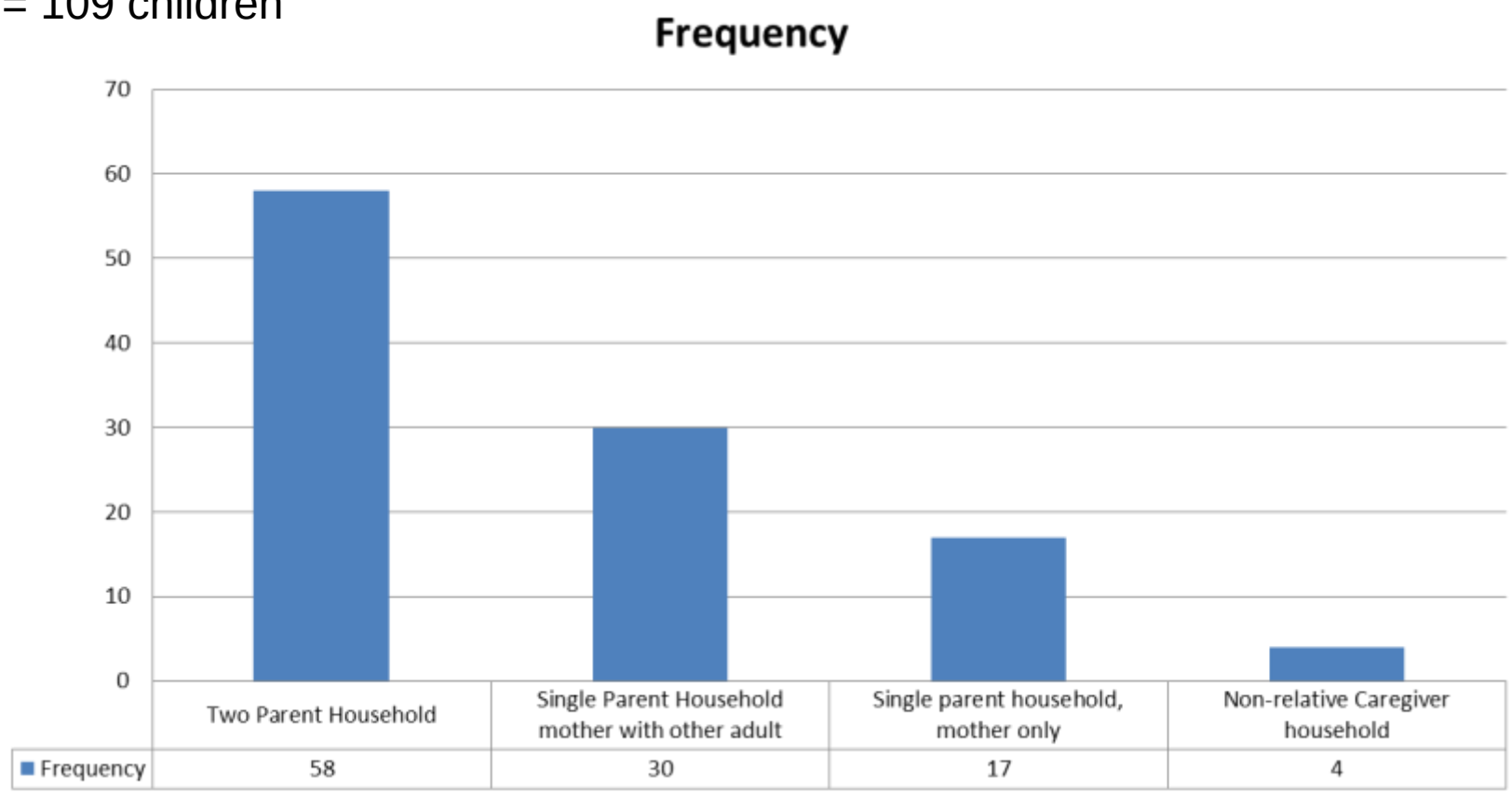
Section 4. Family Home Environment

Family environment was reviewed for each child.

N = 109 children

Living Arrangements

N = 109 children

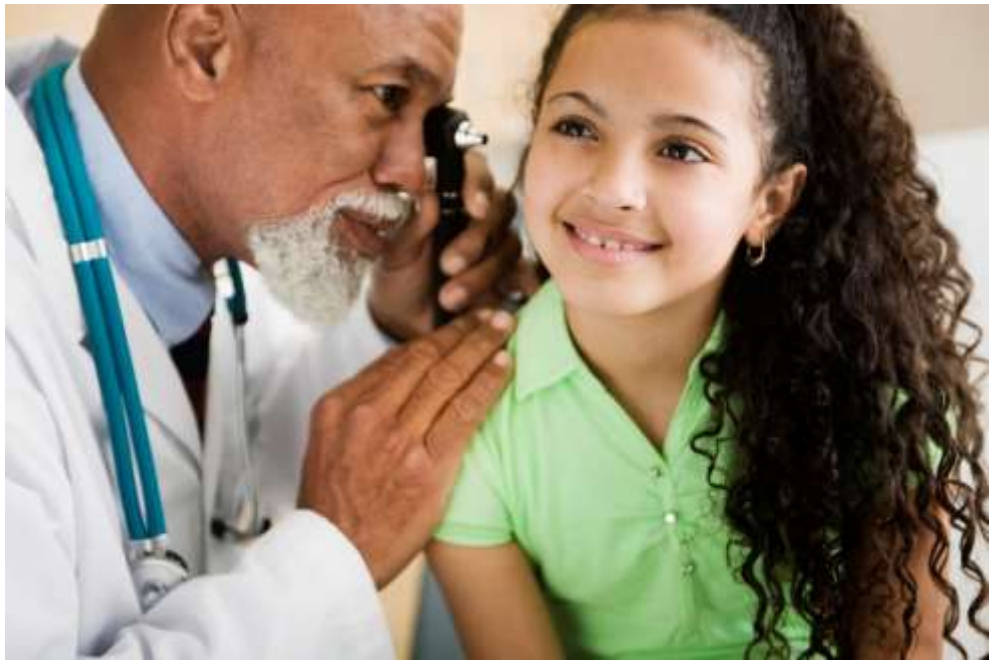


New Jersey Department of Children and Families

Health Care Systems

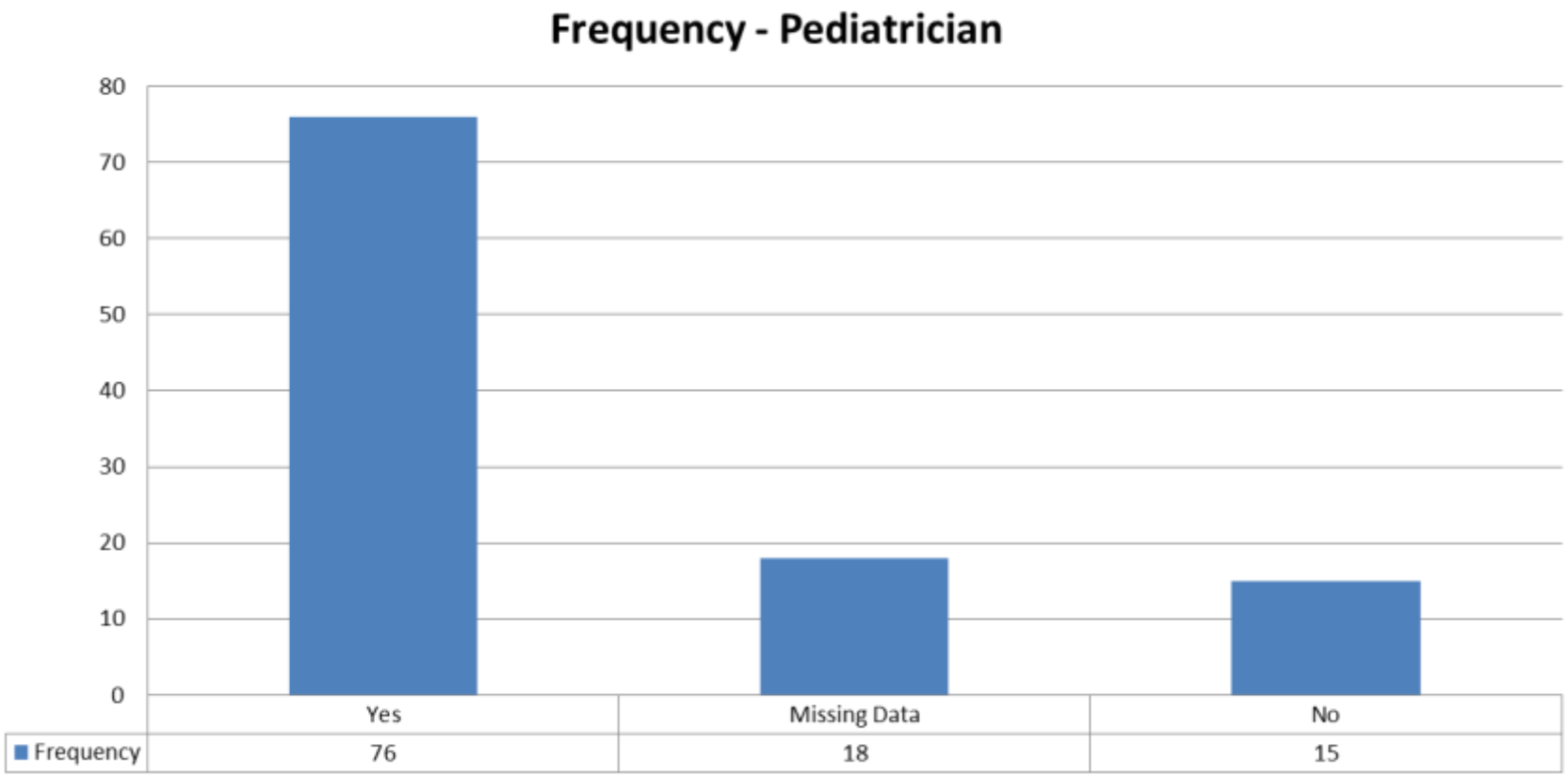
System interactions were reviewed for each child.

N = 109 children



Pediatrician

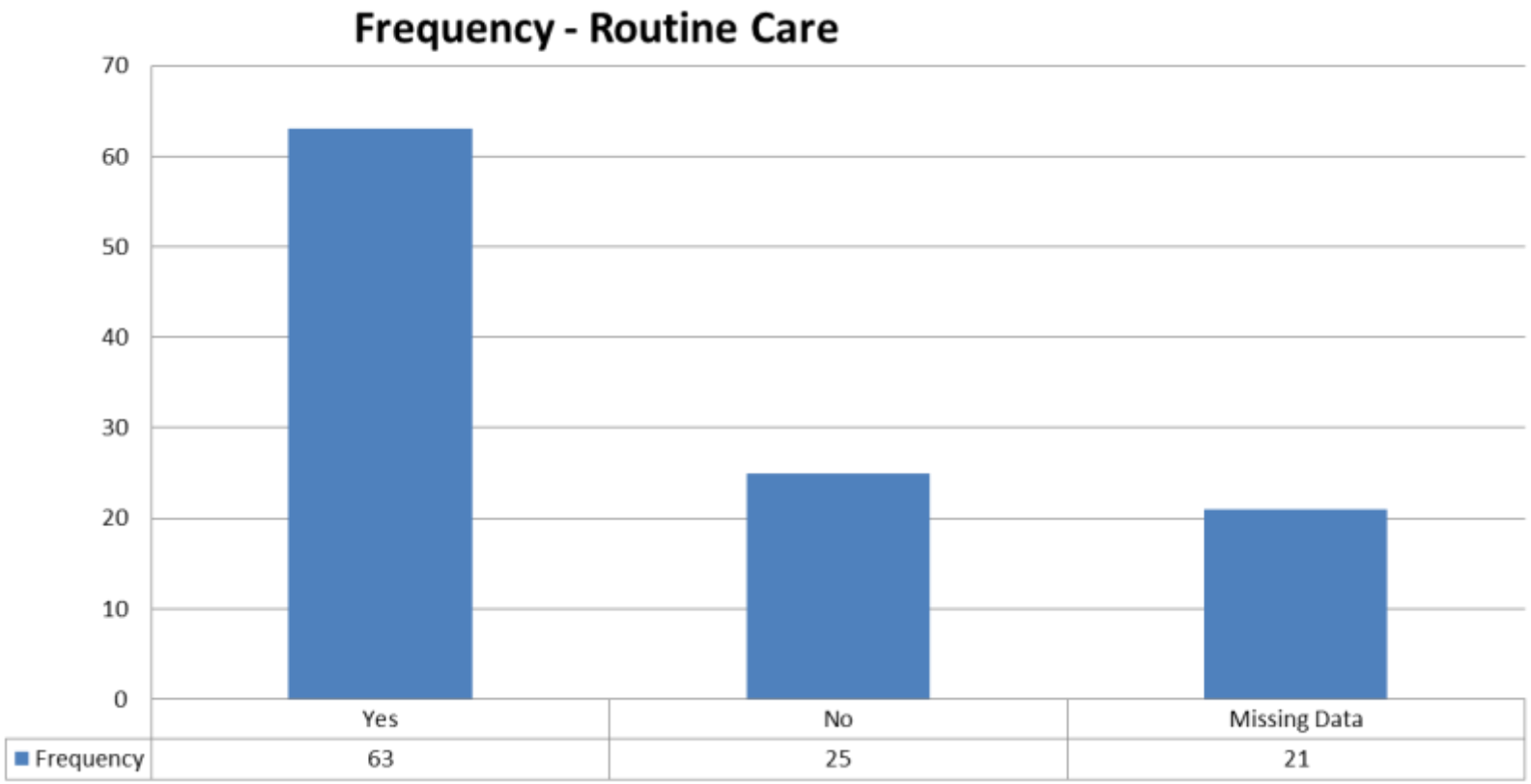
N = 109 children



New Jersey Department of Children and Families

Received Routine Care

N = 109 children



New Jersey Department of Children and Families

Section 5. Perpetrator Information

Perpetrators Demographics

131 Perpetrators

- Role
- Age
- Race and Ethnicity
- Employment
- Education
- Social Supports
- History

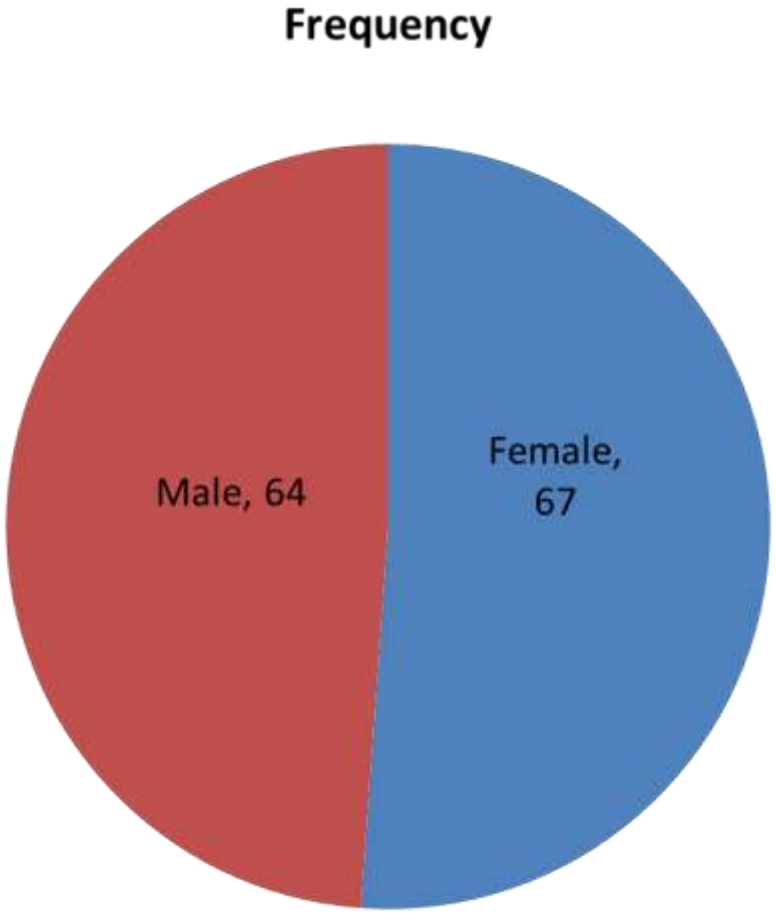
Role of Caregivers

N = 131 perpetrators

	Perpetrators	Non-Perpetrators	Caregiver Total
Biological Mother	49	54	103
Biological Father	40	27	67
Boyfriend	19	1	20
Foster Mother	3	1	4
Friend	6	4	10
Hired Babysitter	8	2	10
Maternal Aunt	2	0	2
Maternal Uncle	0	1	1
Paternal Uncle	0	1	1
Maternal Grandfather	1	1	2
Maternal Grandmother	2	6	8
Paternal Grandfather	1	0	1
Paternal Grandmother	0	2	2

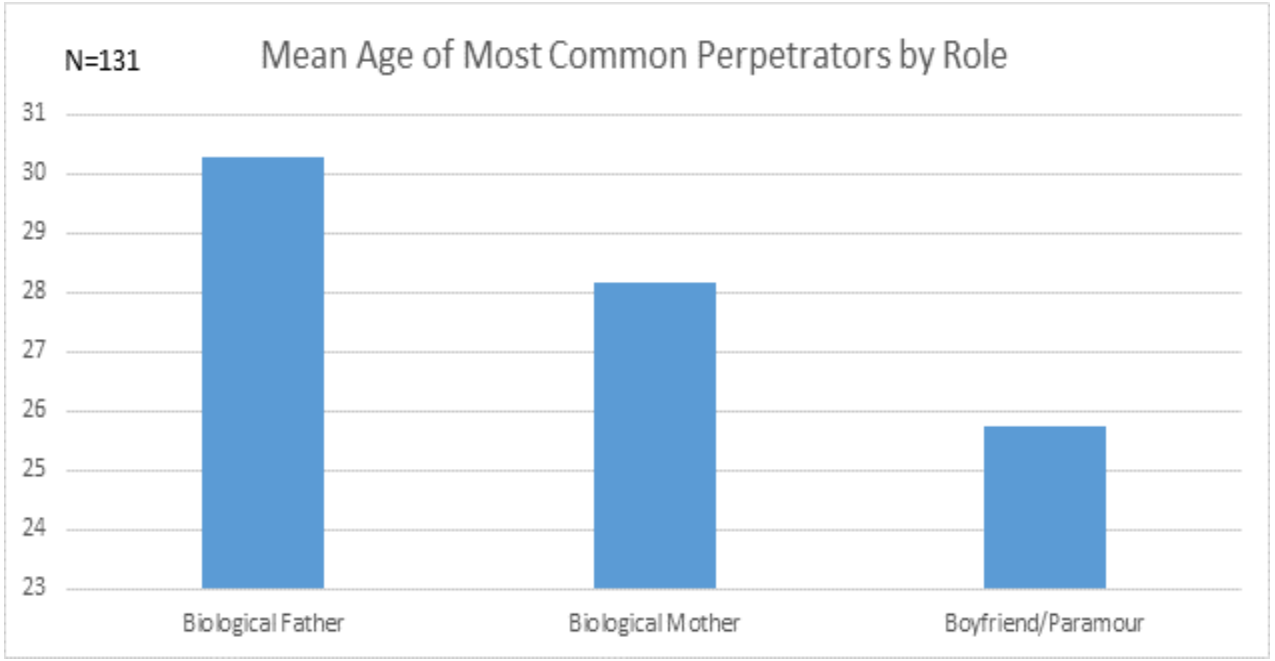
Perpetrator Gender

N = 131 perpetrators



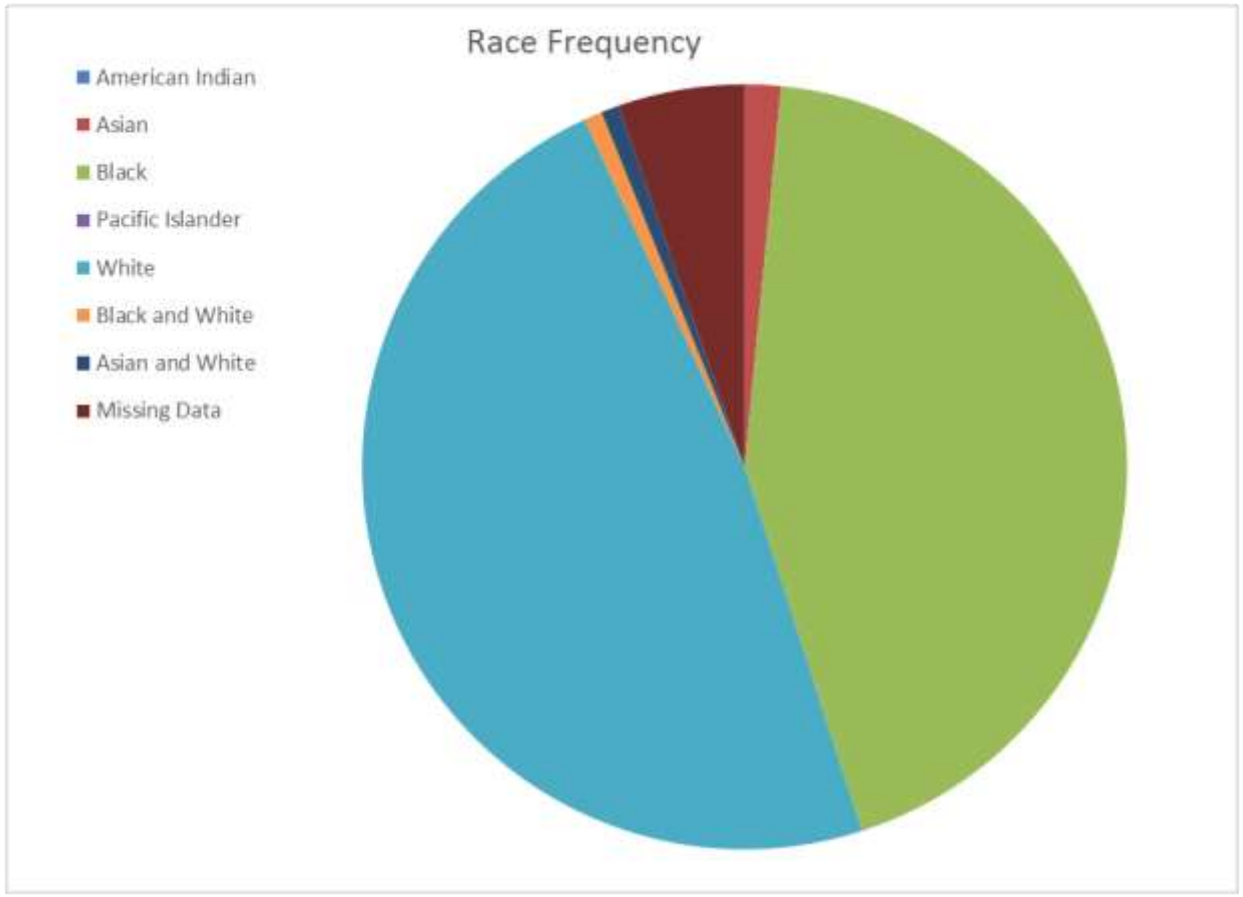
New Jersey Department of Children and Families

Perpetrator Age



Role	Minimum	Maximum	Mean Age
Biological Father	19	48	30.29
Biological Mother	15	45	27.94
Boyfriend (Paramour)	15	38	25.74

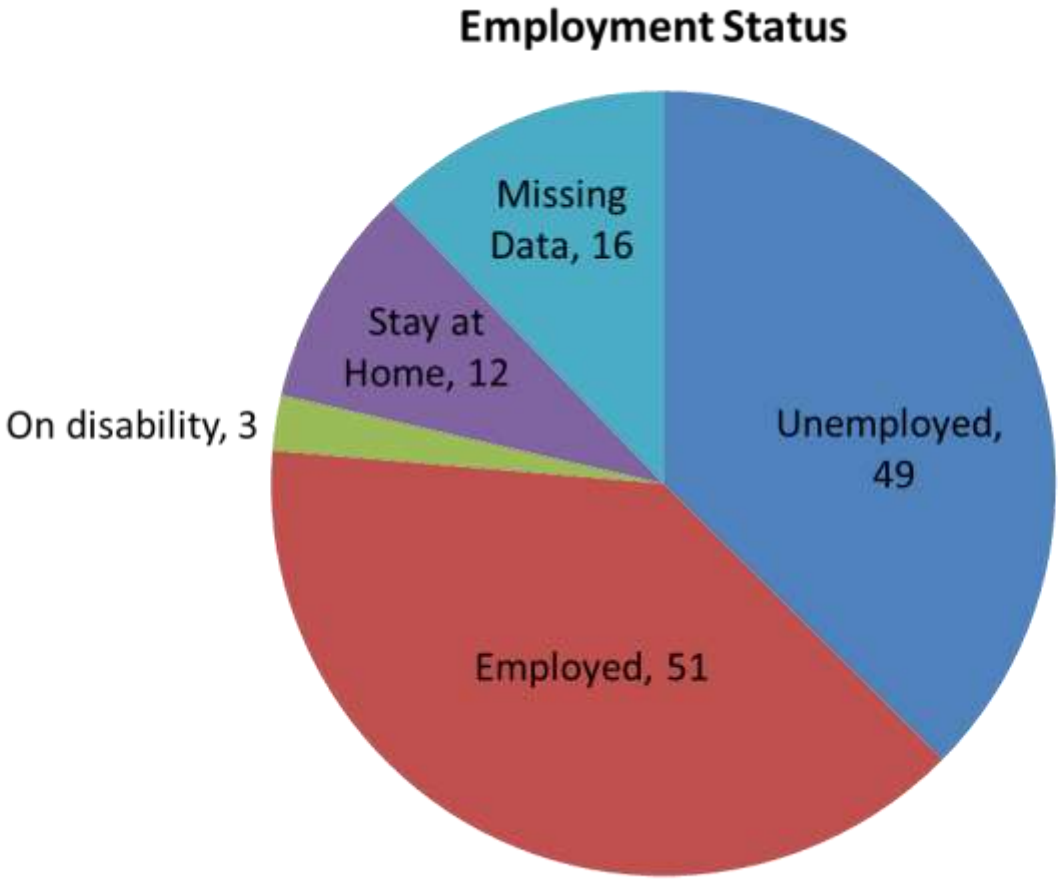
Perpetrator Race and Ethnicity



	Race Frequency	Hispanic Ethnicity Frequency
American Indian	0	0
Asian	2	0
Black	57	3
Pacific Islander	0	0
White	63	15
Black and White	1	0
Asian and White	1	0
Missing Data	7	4
Total	131	22

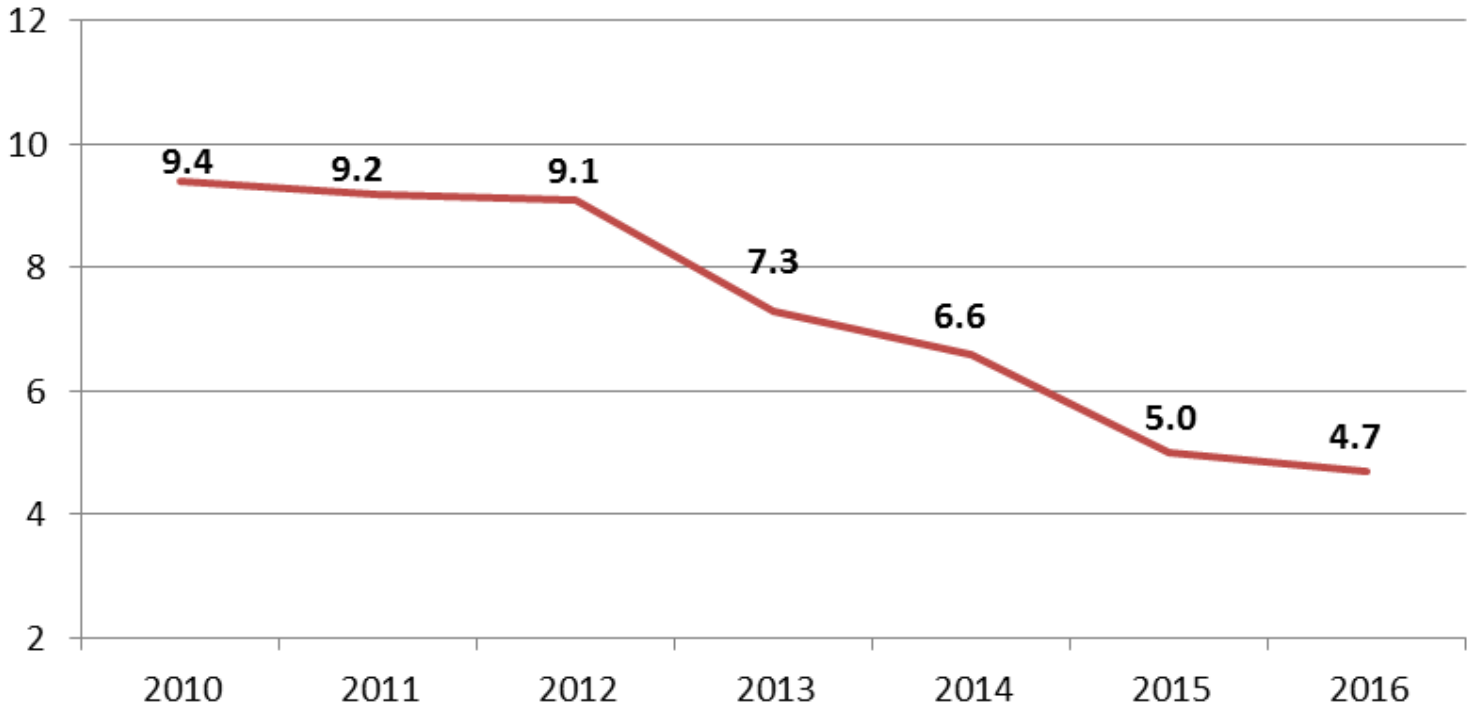
Perpetrator Employment

N = 131 perpetrators



Unemployment Rates

New Jersey Unemployment by Percentage Rate/Year
Dec. 2010-Dec. 2016
Source: U.S. Department of Labor, Bureau of Statistics

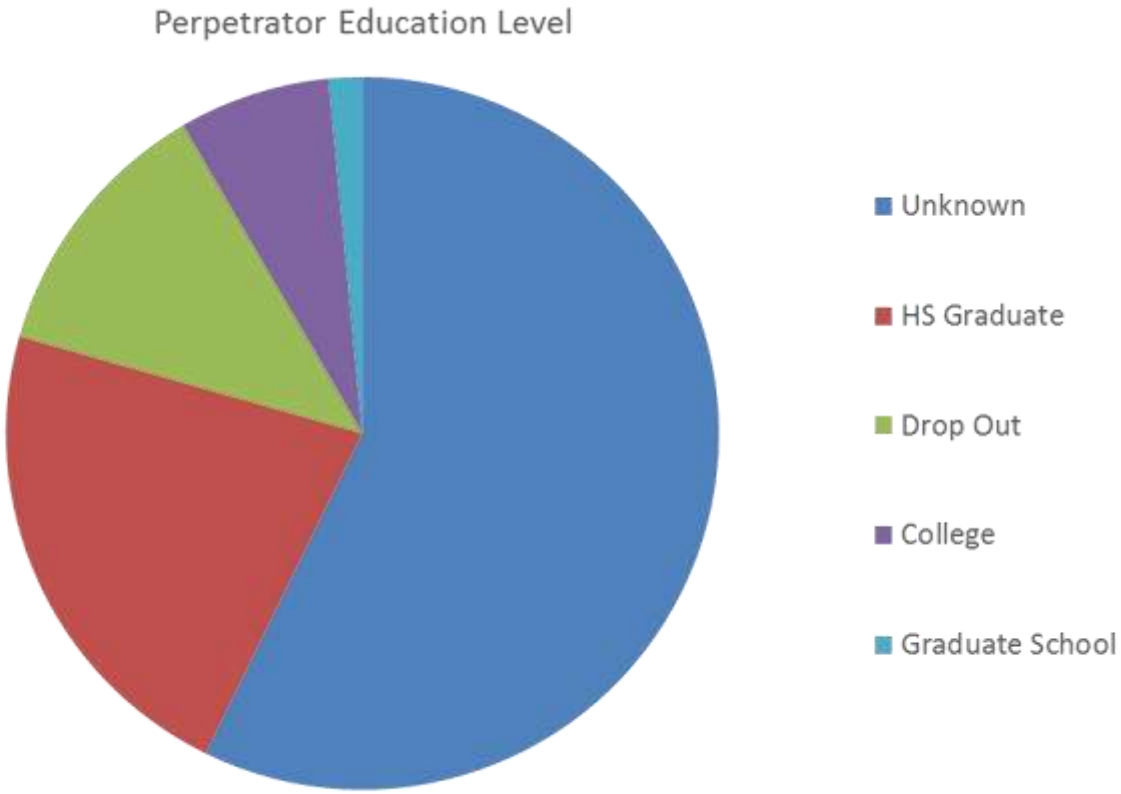


New Jersey Department of Children and Families

Perpetrator Education Level

N = 131 perpetrators

Education Level	
Unknown	75
HS Graduate	29
Drop Out	16
College	9
Graduate School	2
Total	131

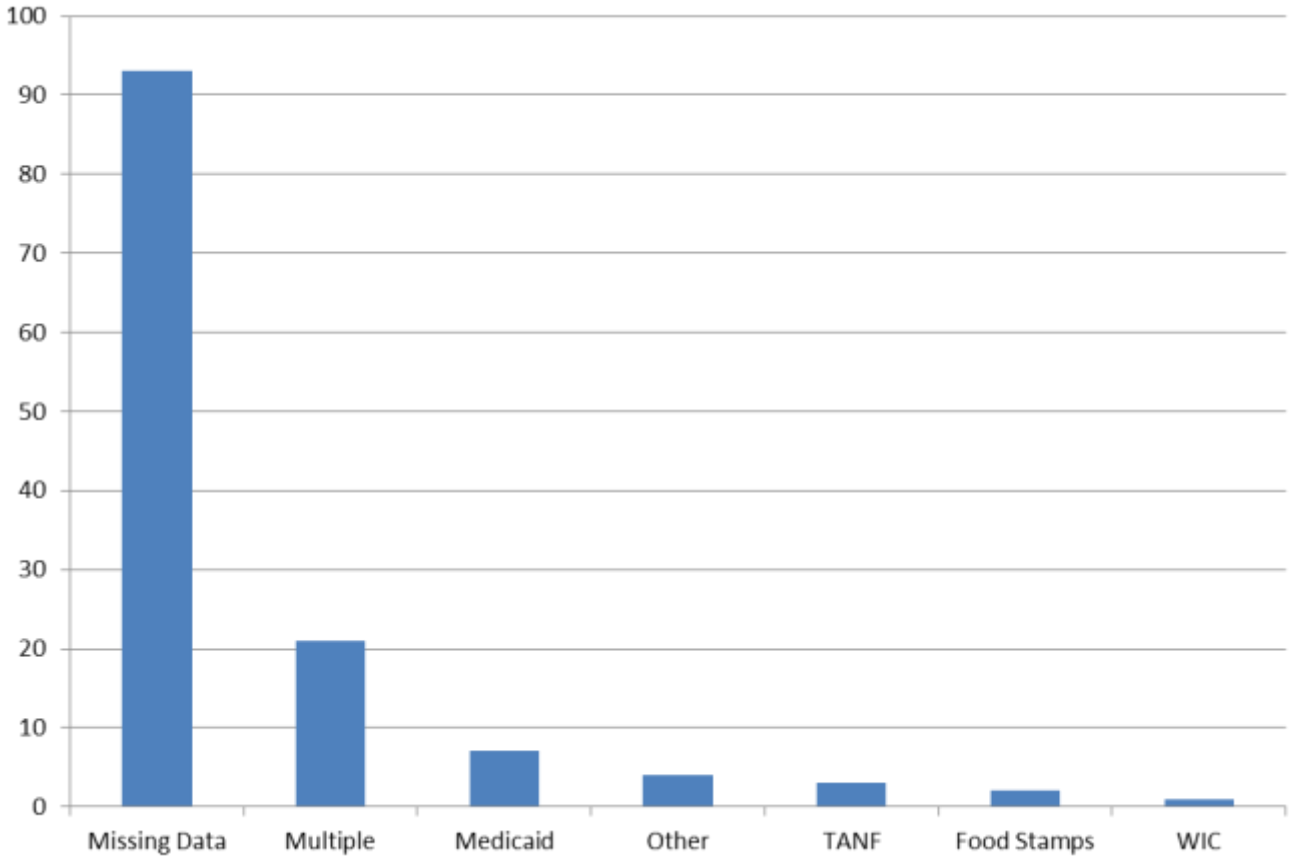


New Jersey Department of Children and Families

Number of Perpetrators with Reported Social Supports

N = 131 perpetrators

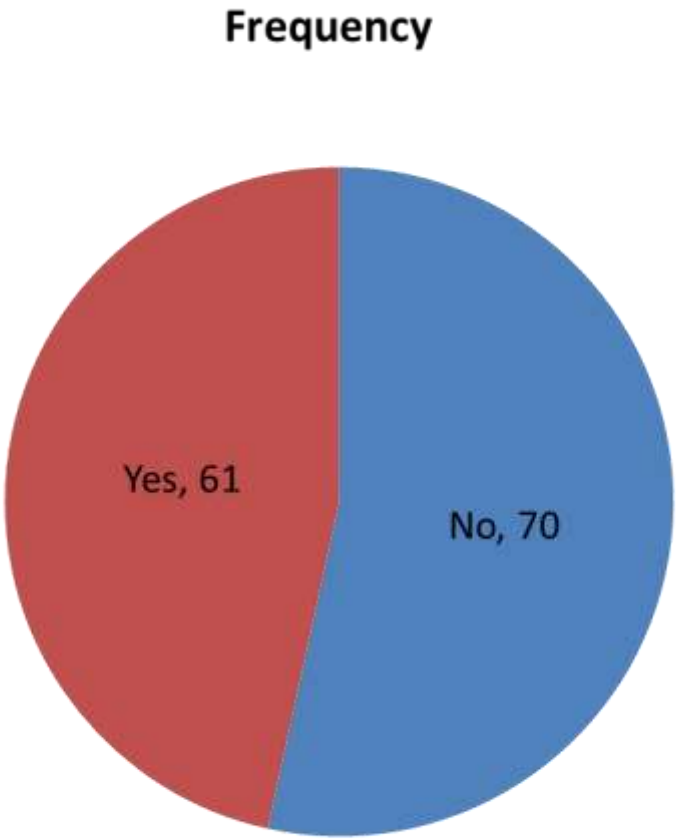
	Frequency
Missing Data	93
Multiple	21
Medicaid	7
Other	4
TANF	3
Food Stamps	2
WIC	1
	131



New Jersey Department of Children and Families

Reported History of Substance Misuse and/or Illegal Substance Use

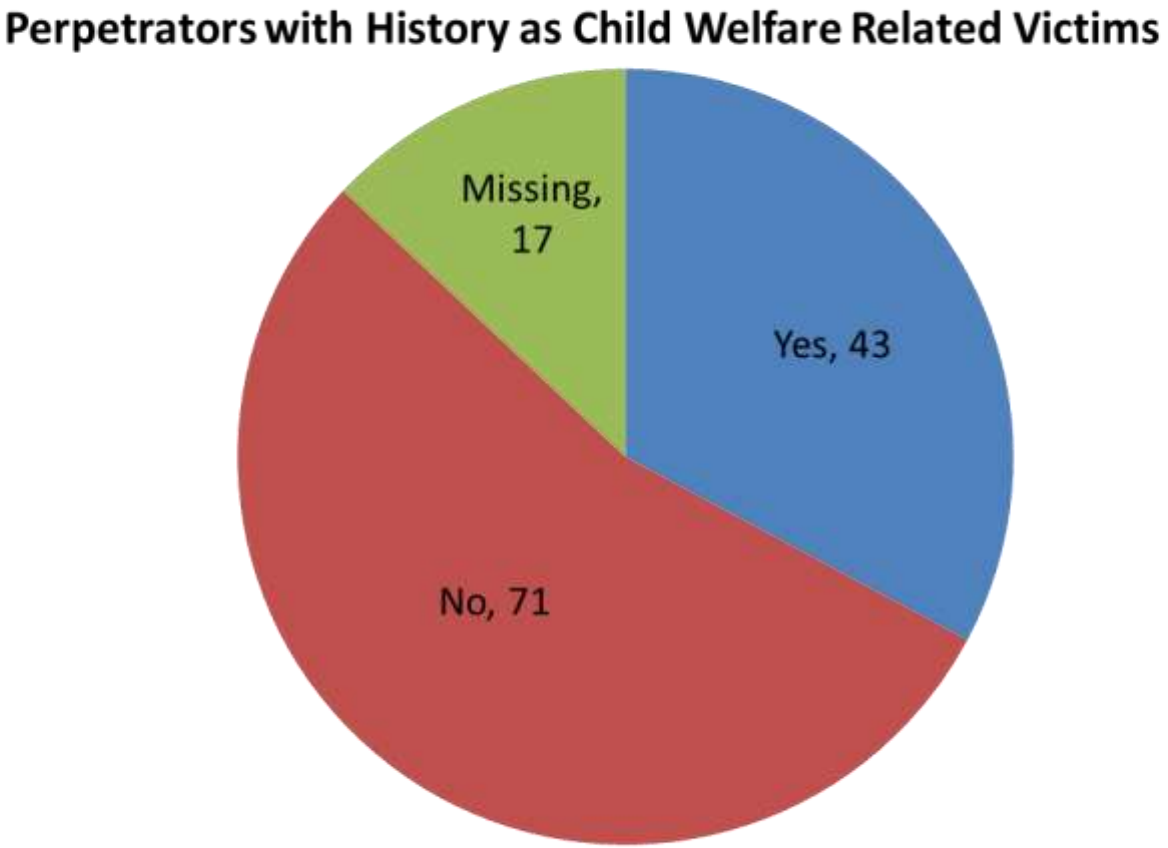
N = 131 perpetrators



only alcohol	8
only cocaine	1
only marijuana	20
alcohol/marijuana	7
alcohol/prescription	1
cocaine/opiates	1
marijuana/prescription	3
marijuana/opiates	1
opiates/prescription	2
alcohol/marijuana/cocaine	4
alcohol/marijuana/prescription	1
marijuana/cocaine/opiates	1
marijuana/prescription/opiates	3
8 identified a combination of 4 or 5	8
Total	61

Perpetrator CPS History – As Victim

N = 131 perpetrators



New Jersey Department of Children and Families

Number of Perpetrators with Prior CPS Referrals* by Frequency of Referral

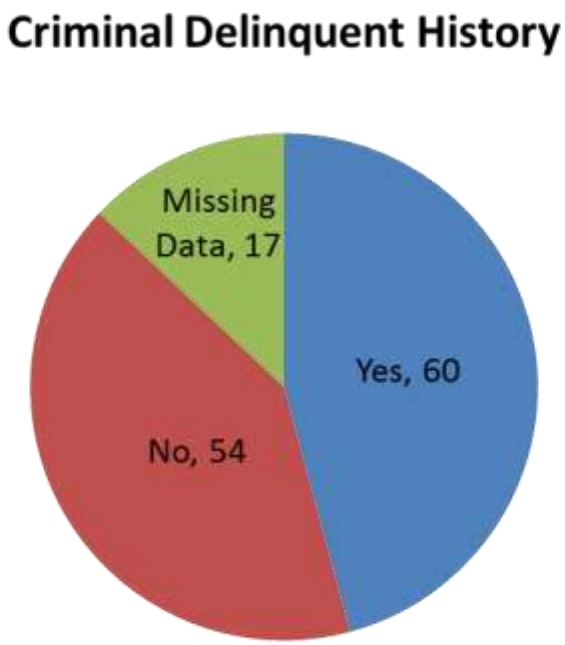
52 perpetrators were identified as having prior referrals, 37 perpetrators had more than one prior referral

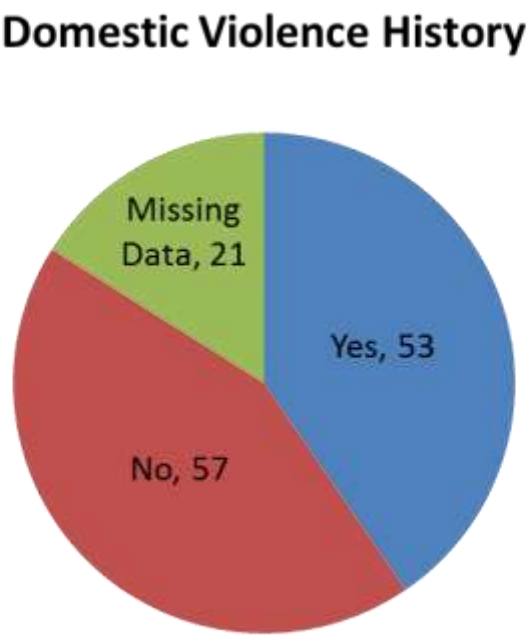
Number of Referrals	Number of Perpetrators at each Frequency Level
1	15
2	7
3	6
4	10
5	4
6	2
7	2
8	1
9	2
10+	3
Total	52

* Referral does not assume substantiation

Reported Domestic Violence or Criminal Delinquent History

N = 131 perpetrators





	Criminal Delinquent History	Domestic Violence History	Both
Yes	60	53	32
No	54	57	
Missing Data	17	21	
	131	131	

Identified Risk Factors

DV History Only	13
Criminal/Delinquent History Only	7
Mental Health Only	2
Caregiver Substance Use History Only	8
Mental Health + Caregiver Substance Use History	2
Criminal/Delinquent History + Caregiver Substance Use History	12
Criminal/Delinquent History + Mental Health	2
DV History + Mental Health	2
DV History + Criminal/Delinquent History	6
DV History + Caregiver Substance Use History	3
Criminal/Delinquent History + Caregiver Substance Use History + Mental Health	8
DV History + Caregiver Substance Use History + Mental Health	3
Criminal/Delinquent History + Caregiver Substance Use History + DV History	17
All Four Factors Indicated Above	8
Total Number of Perpetrators with Any Identified Risk Factors	93

Section 6. Incident

INCIDENT REPORT

To be completed by staff within 12 hours of incident/accident

Incident Date: _____ Incident Time: _____
Injured Person Name: _____
Address: _____
Phone Numbers: _____
Male/Female: _____ Date of Birth: _____

Details of Incident:

_____
_____
_____

Who was injured person? _____
Injury Type: _____

Does injury require Hospital/Physician? Yes: _____ No: _____
Hospital Name: _____
Address: _____
Hospital Phone Numbers: _____
Injured person/Party Signature/Date: _____ /_____

Important Notes and Instructions:

_____
_____
_____
_____
_____
_____

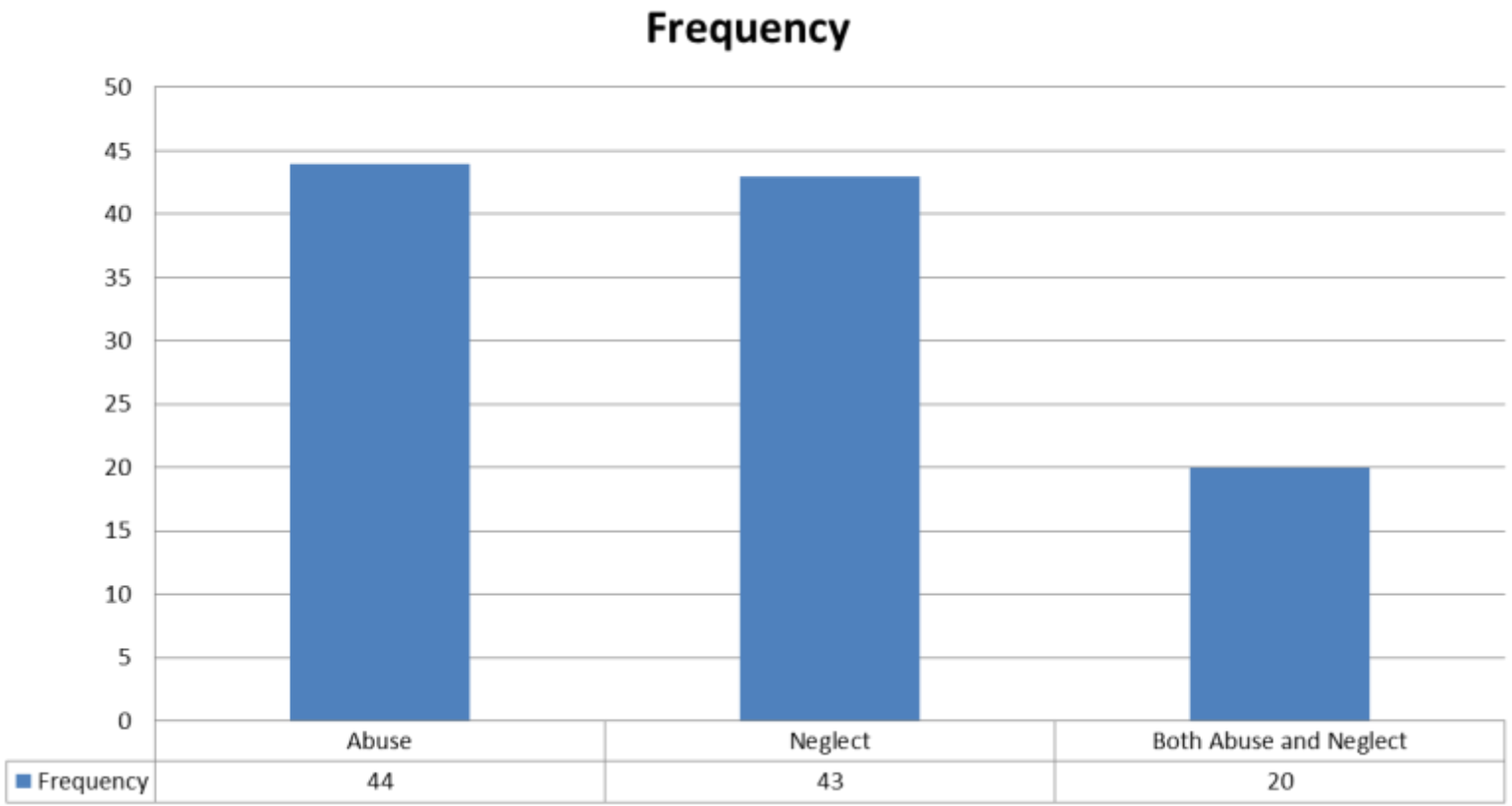
Prepared By: _____ Date: _____
Name of Approved By: _____ Signature: _____

Incident

- Type of Fatalities
  - Maltreatment Type
  - Manner of Death
  - Child – Age and Gender
  - Perpetrator Impairment and Type
  - Situational Factors
- 107 Incidents
  - 109 Children
  - 131 Perpetrators

Type of Fatalities

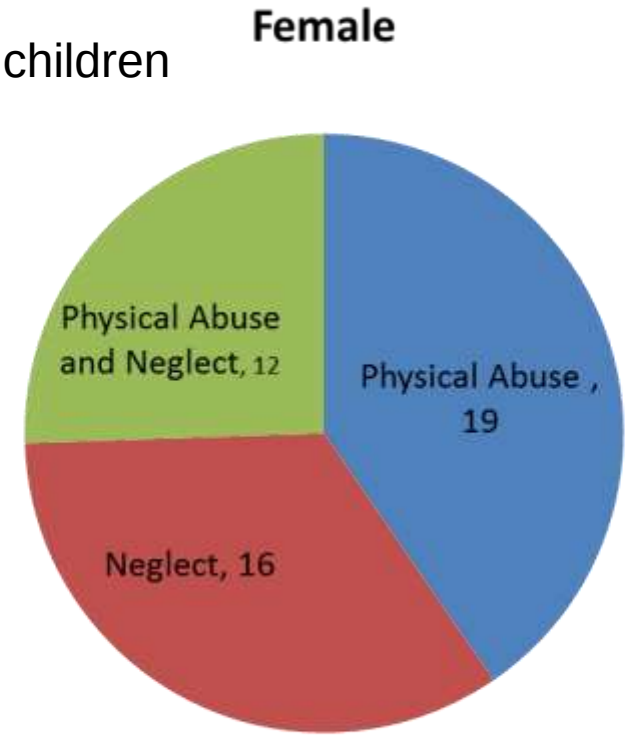
N = 107 incidents

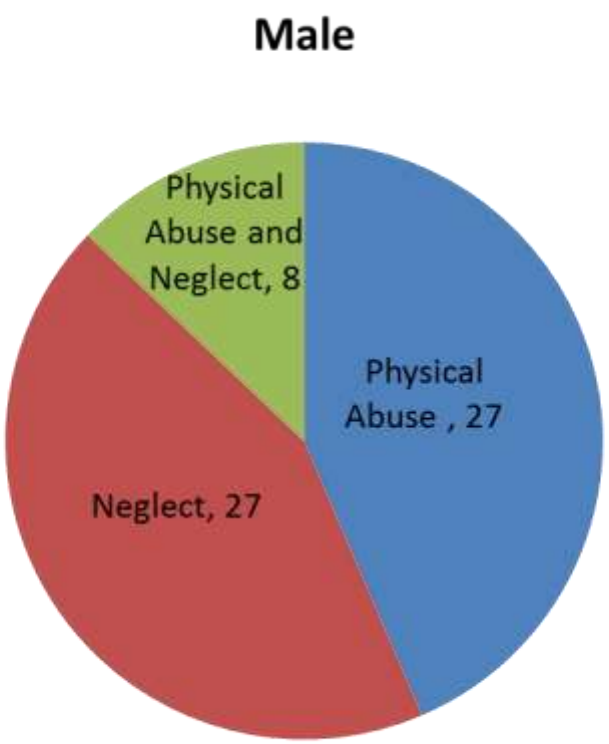


New Jersey Department of Children and Families

Type of Fatality by Child Gender

N = 109 children





	Female	Male	Totals
Physical Abuse	19	27	46
Neglect	16	27	43
Physical Abuse and Neglect	12	8	20
Totals	47	62	109

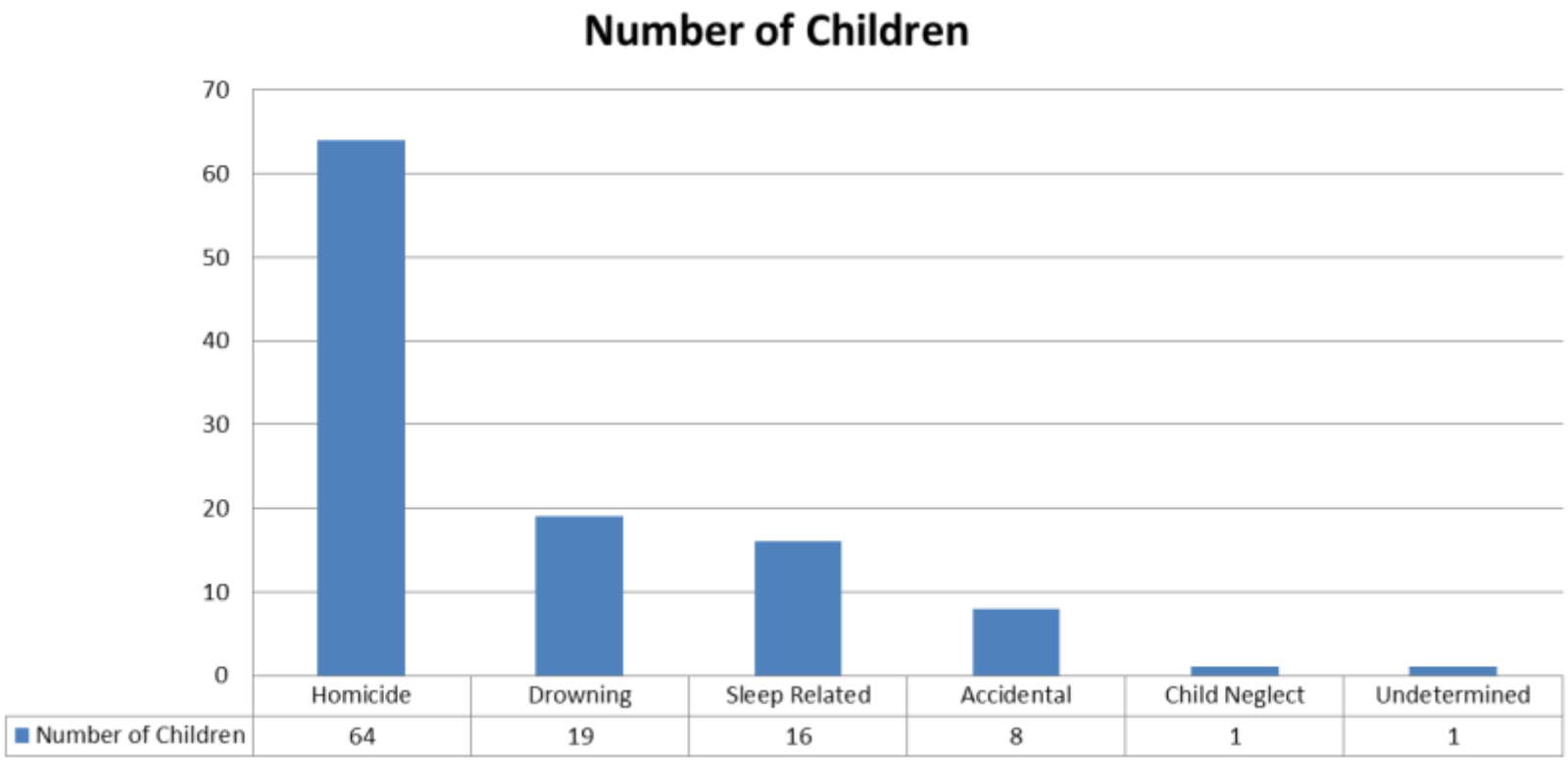
Frequency of Type of Fatality by Child Age at Death

N = 109 children

Age at Death	Abuse Only	Neglect Only	Both Abuse and Neglect
Under 1	19	20	8
1	9	8	4
2	6	4	3
3	6	5	0
4	1	2	1
5	0	1	2
8	1	2	1
9	0	1	0
11	2	0	0
12	1	0	0
13	0	0	1
14	1	0	0
Totals	46	43	20

Frequency of Manner of Death

N = 109 children



New Jersey Department of Children and Families

Frequency Manner of Death by Gender

N = 109 children

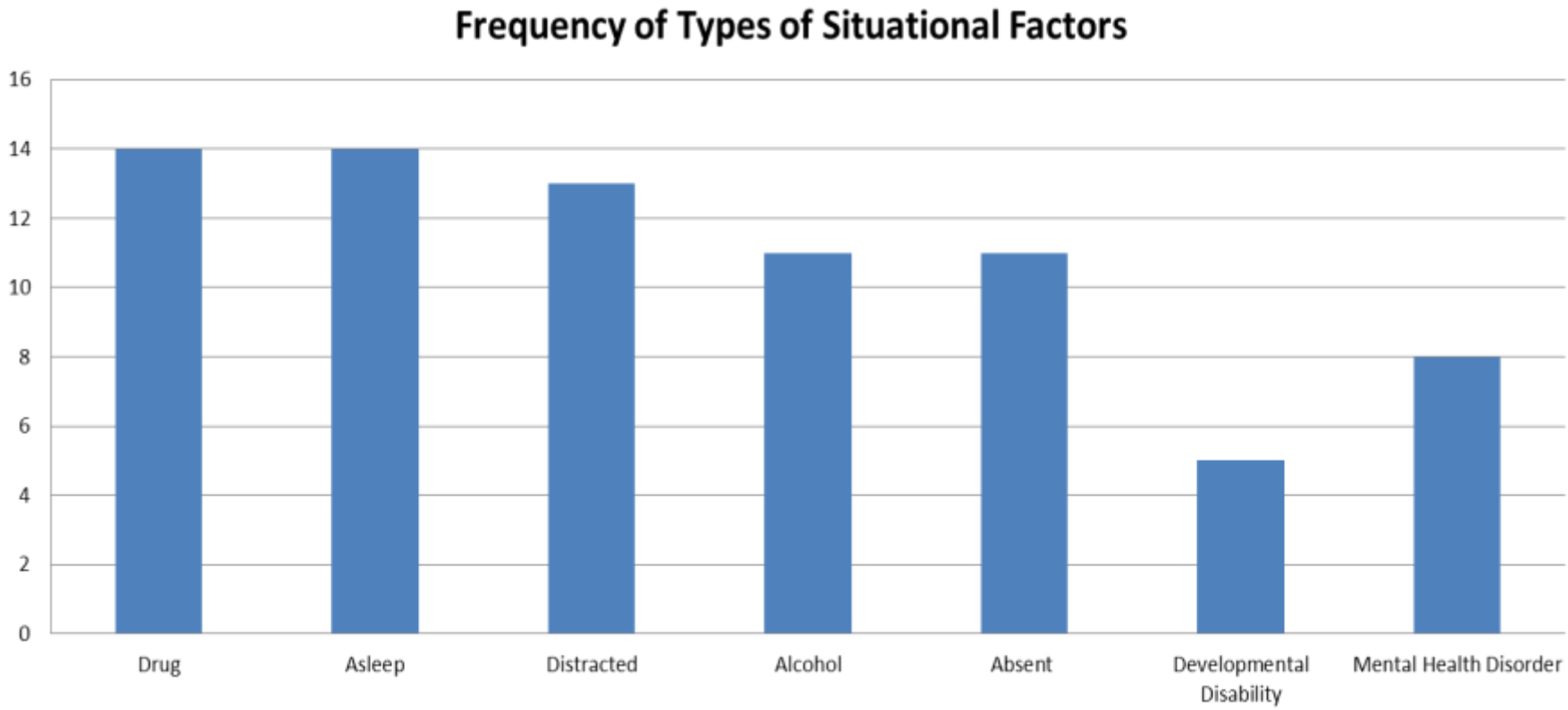
Official Manner of Death	Female	Male	Manner of Death Totals
Homicide	30	34	64
Drowning	7	12	19
Sleep Related	6	10	16
Accidental	3	5	8
Undetermined	0	1	1
Child Neglect	1	0	1
	47	62	109

Frequency Manner of Death by Child Age at Death

N = 109 children

		Manner of Death by Age											
	Manner of Death Totals	Under 1	1	2	3	4	5	8	9	11	12	13	14
Homicide	64	26	11	9	6	1	3	2	1	2	1	1	1
Drowning	19	5	4	3	5	1	0	1	0	0	0	0	0
Sleep Related	16	13	2	0	0	1	0	0	0	0	0	0	0
Accidental	8	2	3	1	0	1	0	1	0	0	0	0	0
Child Neglect	1	1	0	0	0	0	0	0	0	0	0	0	0
Undetermined	1	0	1	0	0	0	0	0	0	0	0	0	0
Total		47	21	13	11	4	3	4	1	2	1	1	1

Perpetrator Situational Factors at Time of Incident



New Jersey Department of Children and Families

Manner of Death by Perpetrator Related Situational Factor

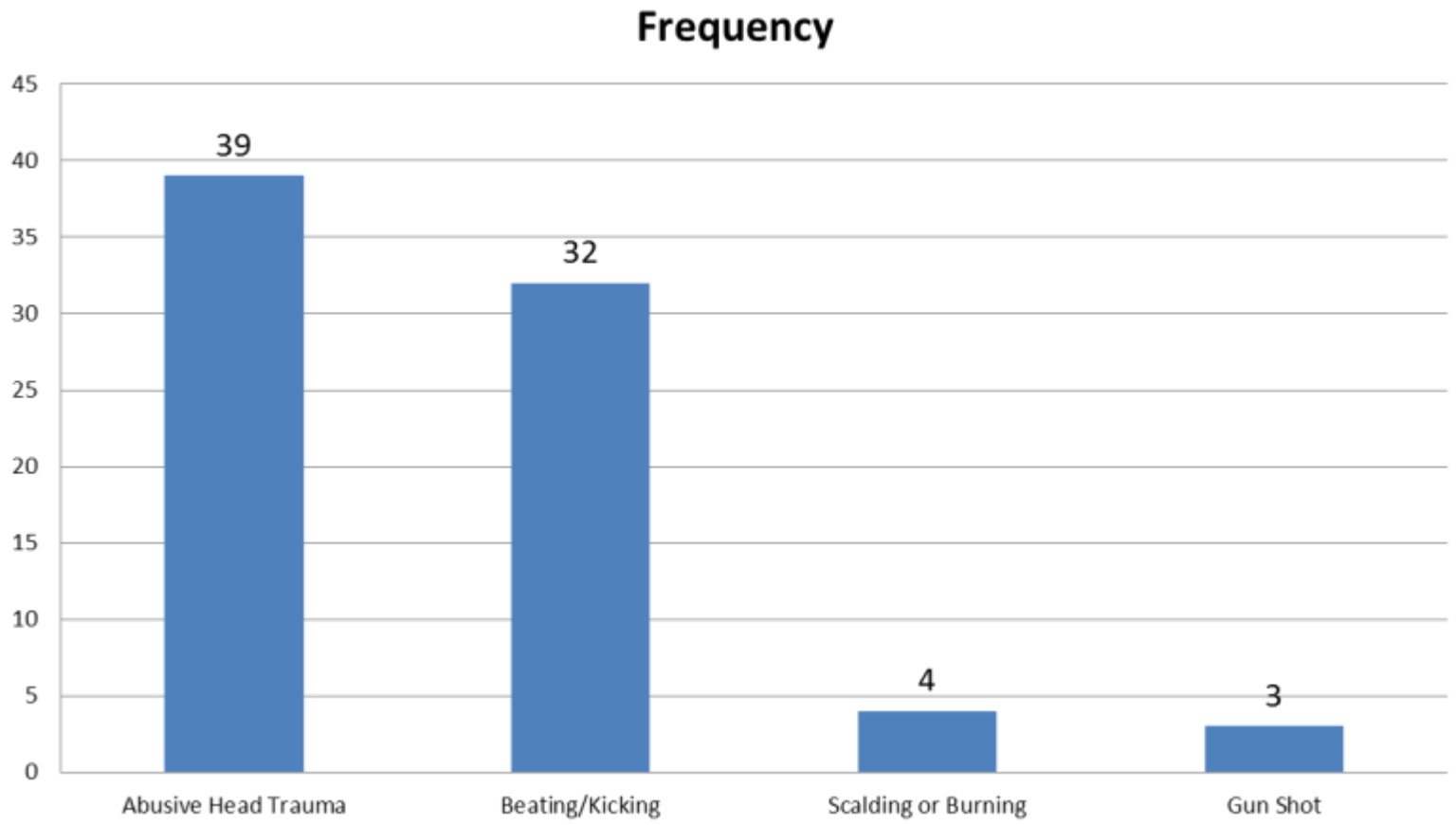
Situational factors were found more commonly in neglect fatalities

Manner of Death	Number of Children	Number of Perpetrators Influenced by Situational Factors
Homicide	64	15
Drowning	19	10
Sleep Related	16	13
Accidental	8	4
Child Neglect	1	2
Undetermined	1	0
Total	109	44

Homicide

- 64 children died as result of homicide
- 72 perpetrators were involved with these incidents.

Homicide Types

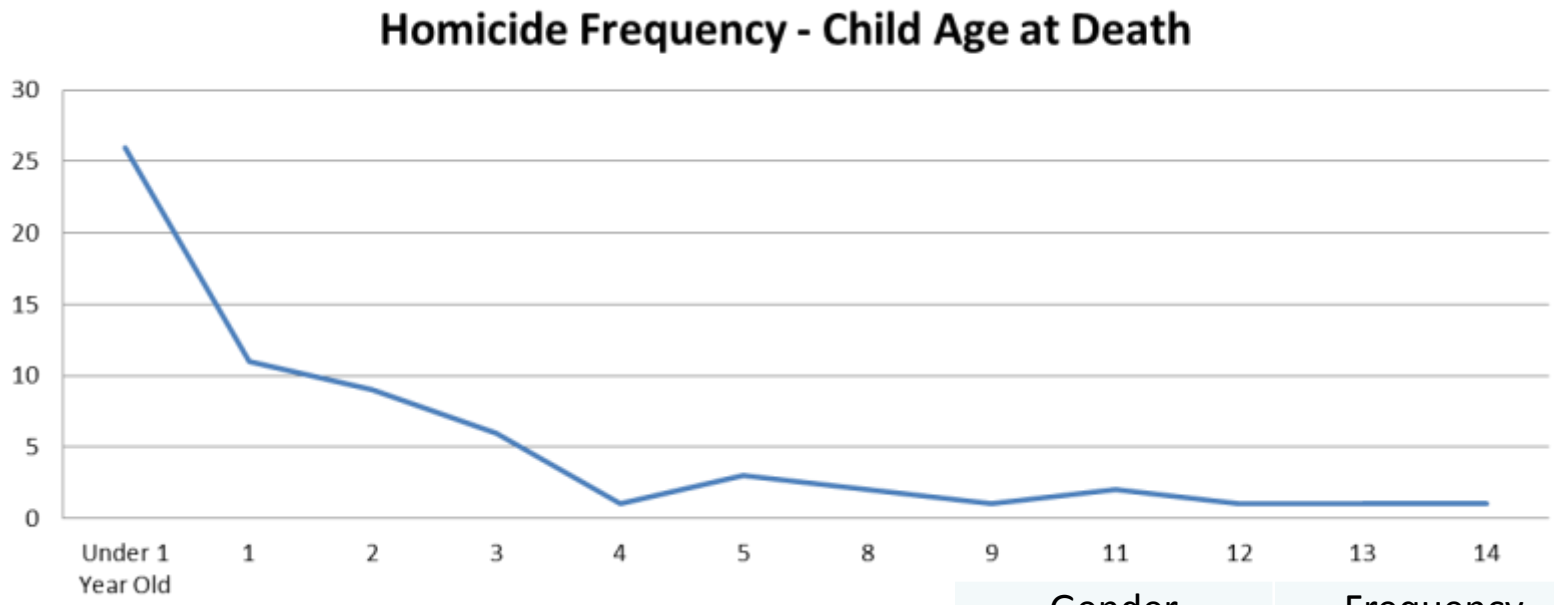


N = 64 Children
*Types Duplicated

New Jersey Department of Children and Families

Homicide – Child Gender/Age

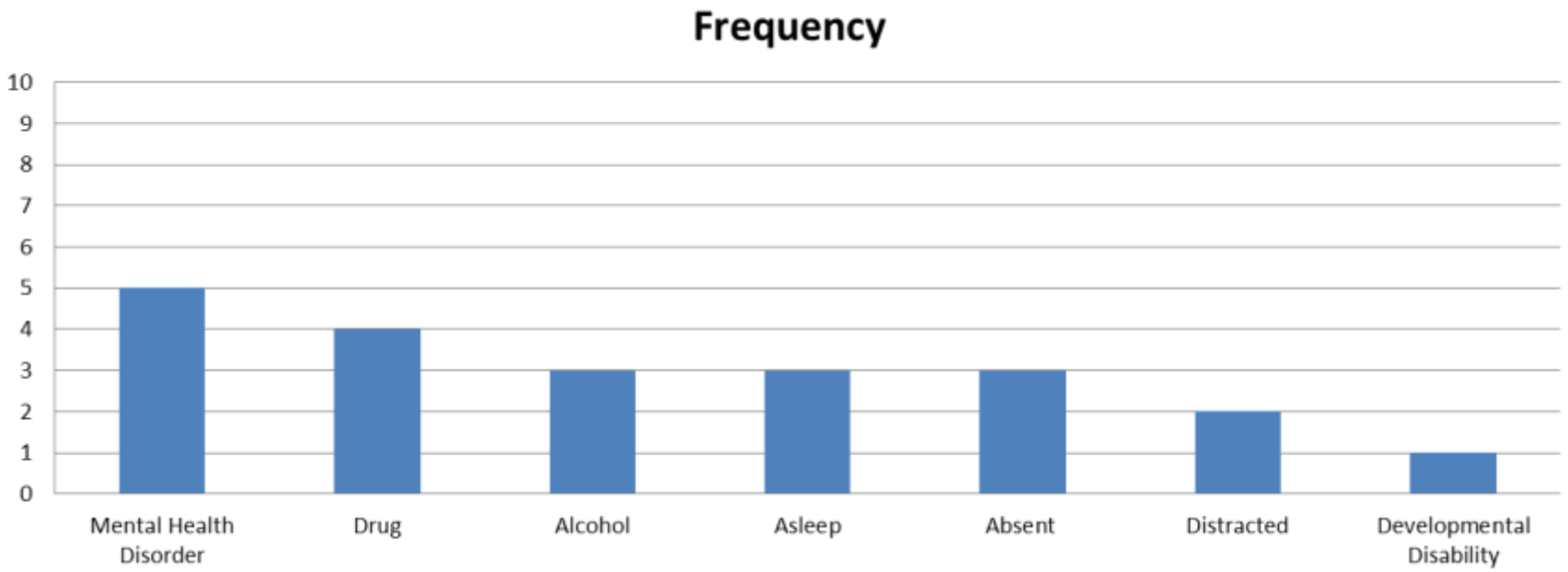
N = 64 children



Gender	Frequency
Female	30
Male	34
Total	64

Homicide
Situational Factors Identified at Time of Incident*

N = 15; indicating situational factors were unknown for 49

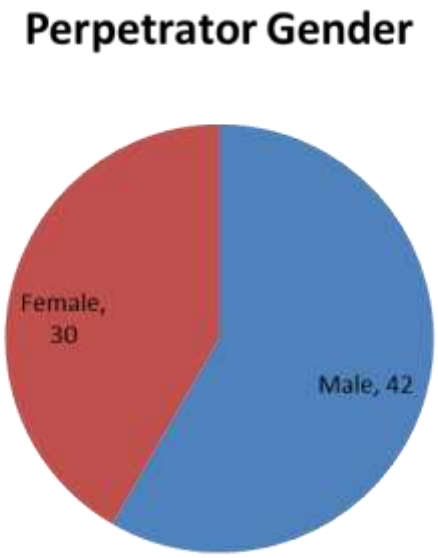


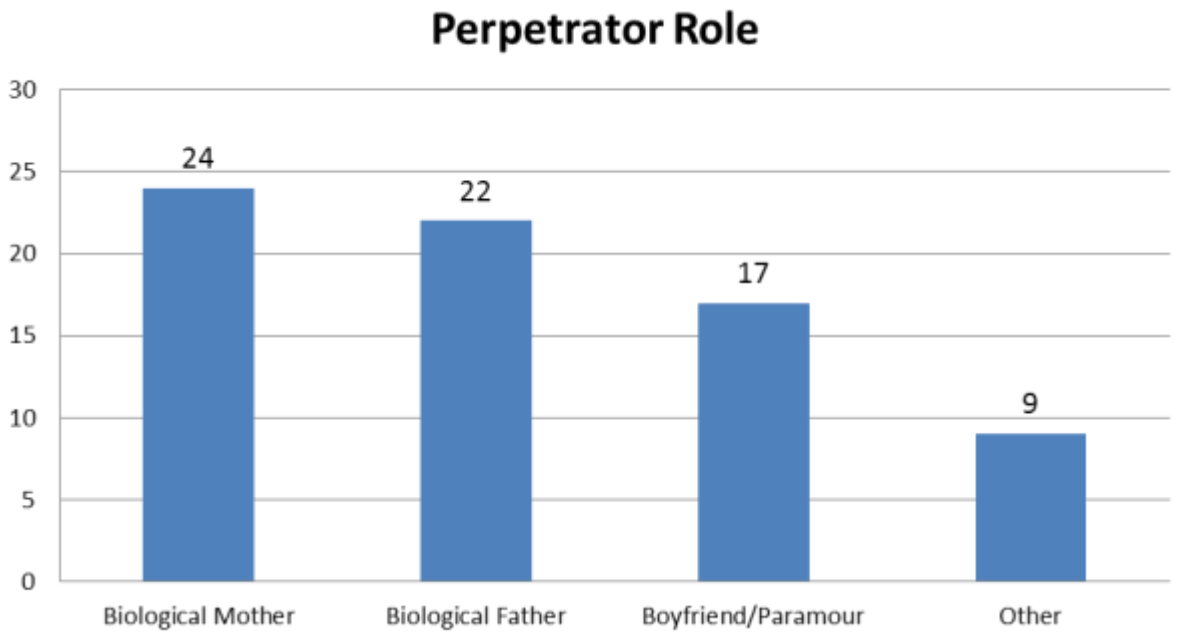
*Duplicated

Situational Factors	
One Factor	6
Two Factors	7
Three Factors	2
Total	15

Homicide – Perpetrator Gender and Role

N = 72 perpetrators



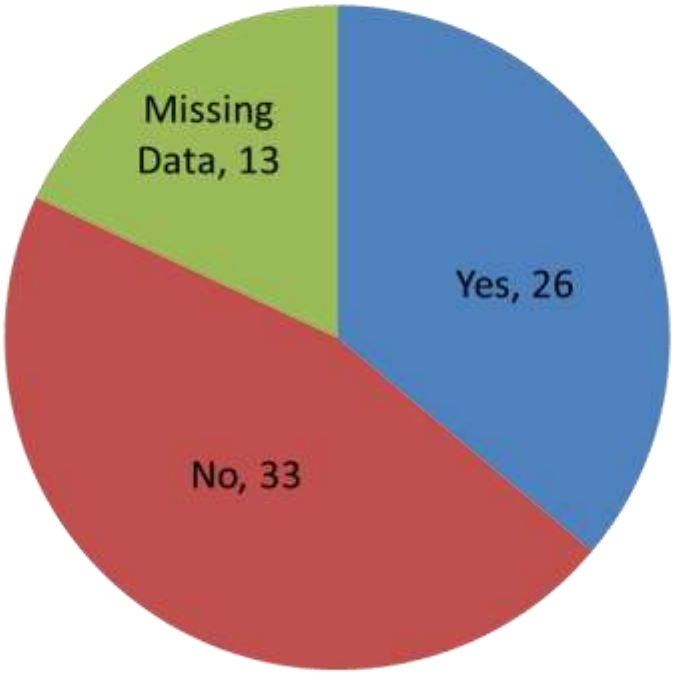


Homicide – Perpetrator History

N = 72 perpetrators

History as Victim of Child Abuse or Neglect

Substance Use History



Homicide – Perpetrator History

N = 72 perpetrators

Domestic Violence History

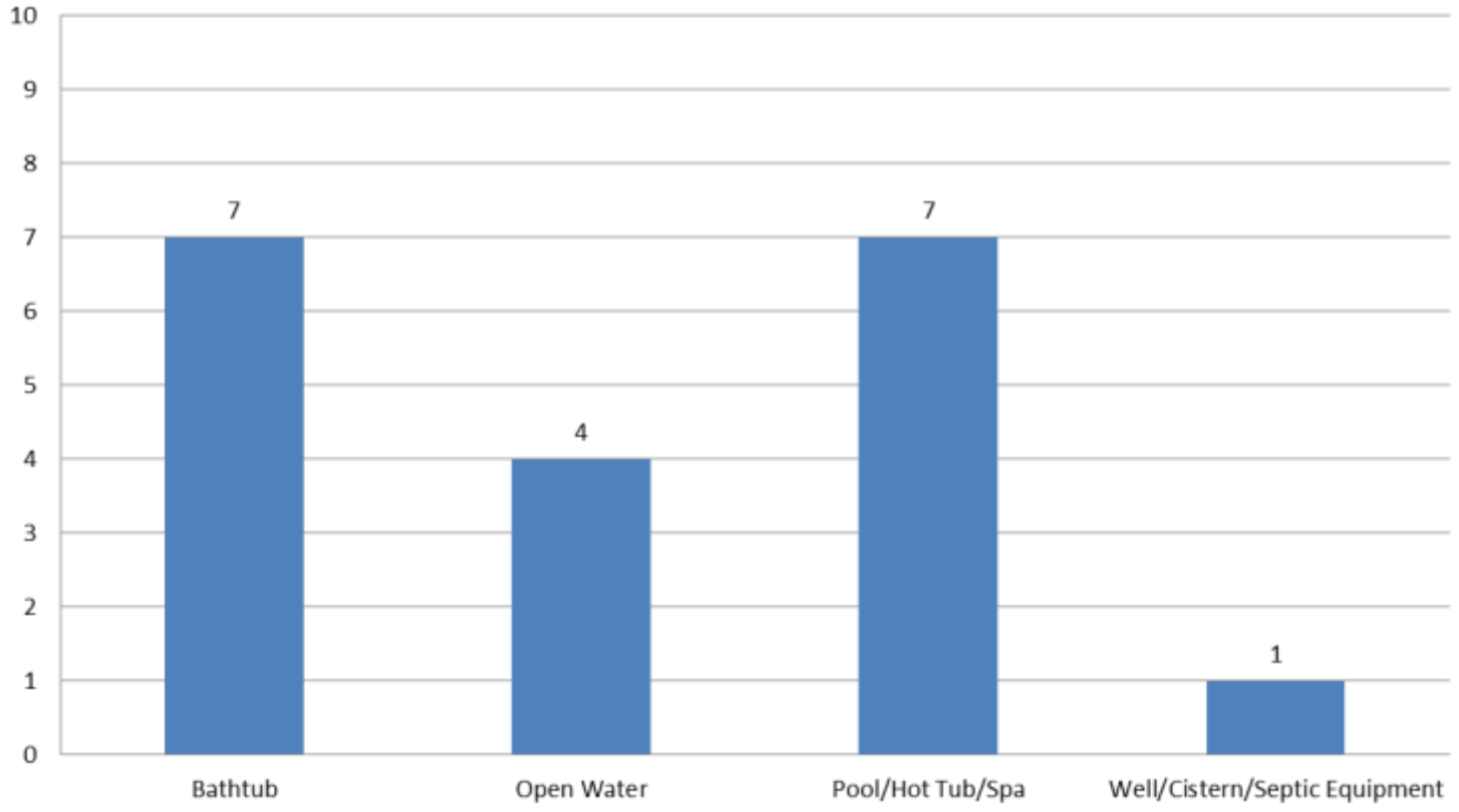
Criminal Delinquent History

Accidental Drowning

- 19 children died as result of drowning
- 23 perpetrators were involved with these incidents

Drowning Location

N = 19

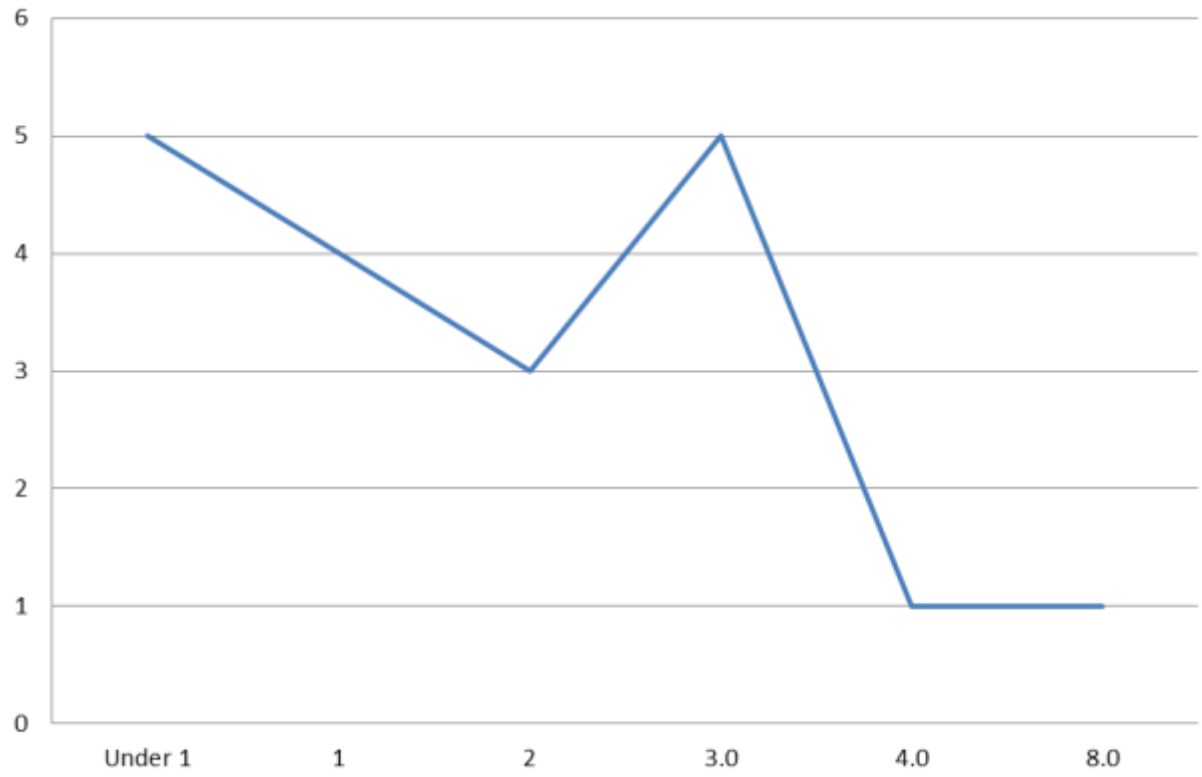


New Jersey Department of Children and Families

Drowning Child Gender/Age

N = 19

Age

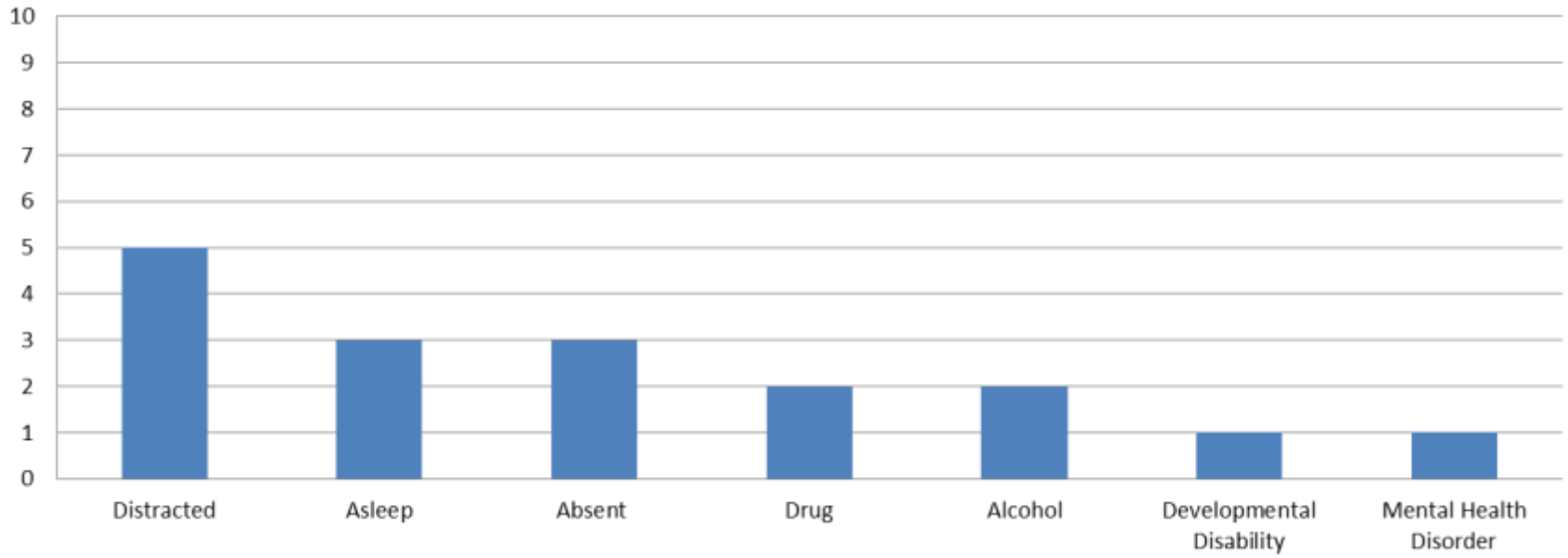


Gender	Frequency
Female	7
Male	12
Total	19

New Jersey Department of Children and Families

Drowning
Situational Factors Identified at Time of Incident*

N = 10; indicating situational factors were unknown for 9



*Duplicated

Situational Factors	
One Factor	4
Two Factors	5
Three Factors	1
Total	10

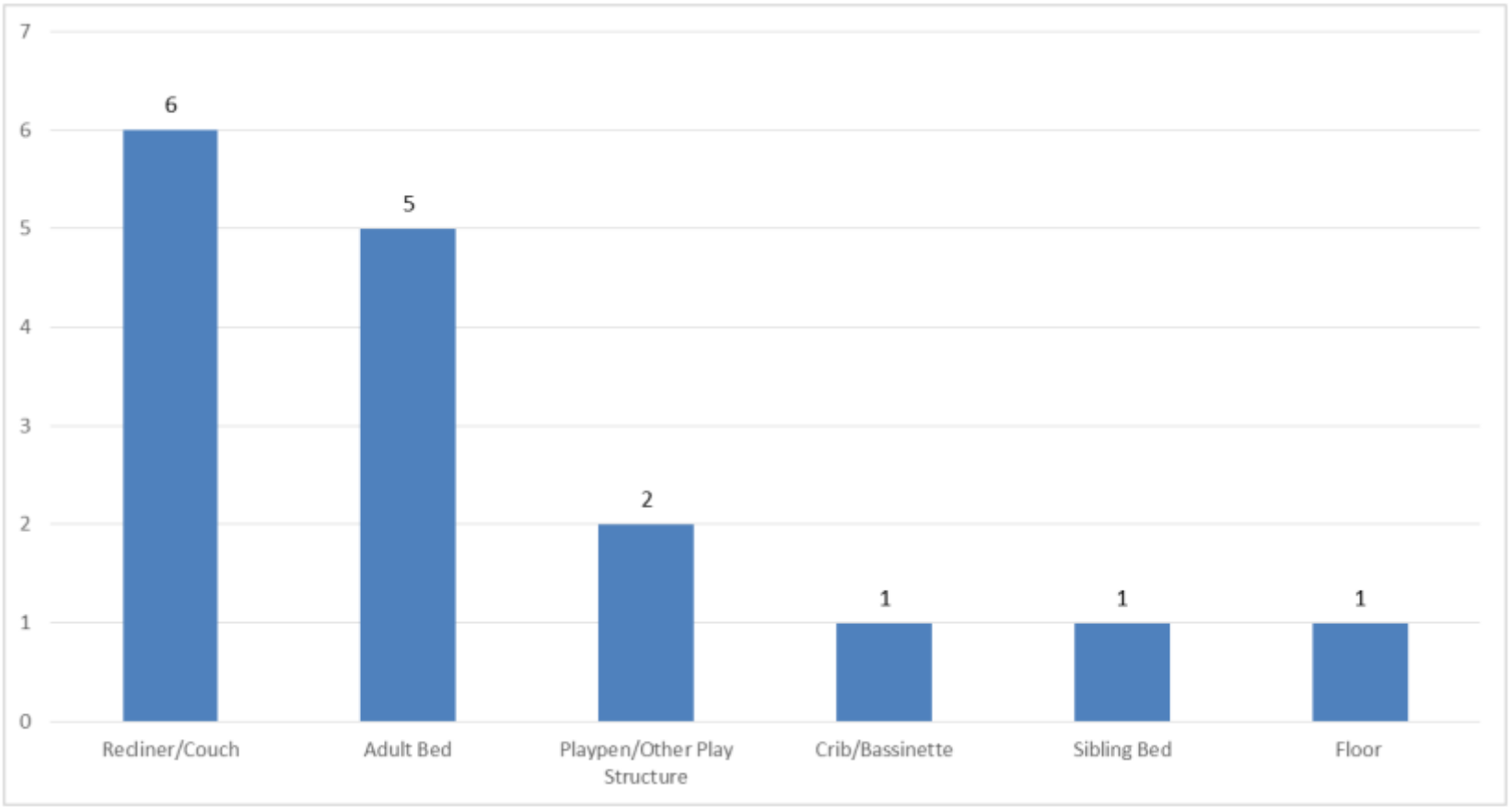
Sleep Related

- 16 children died as result of sleep related incidences
- 25 perpetrators were involved with these incidents

New Jersey Department of Children and Families

Sleep Related

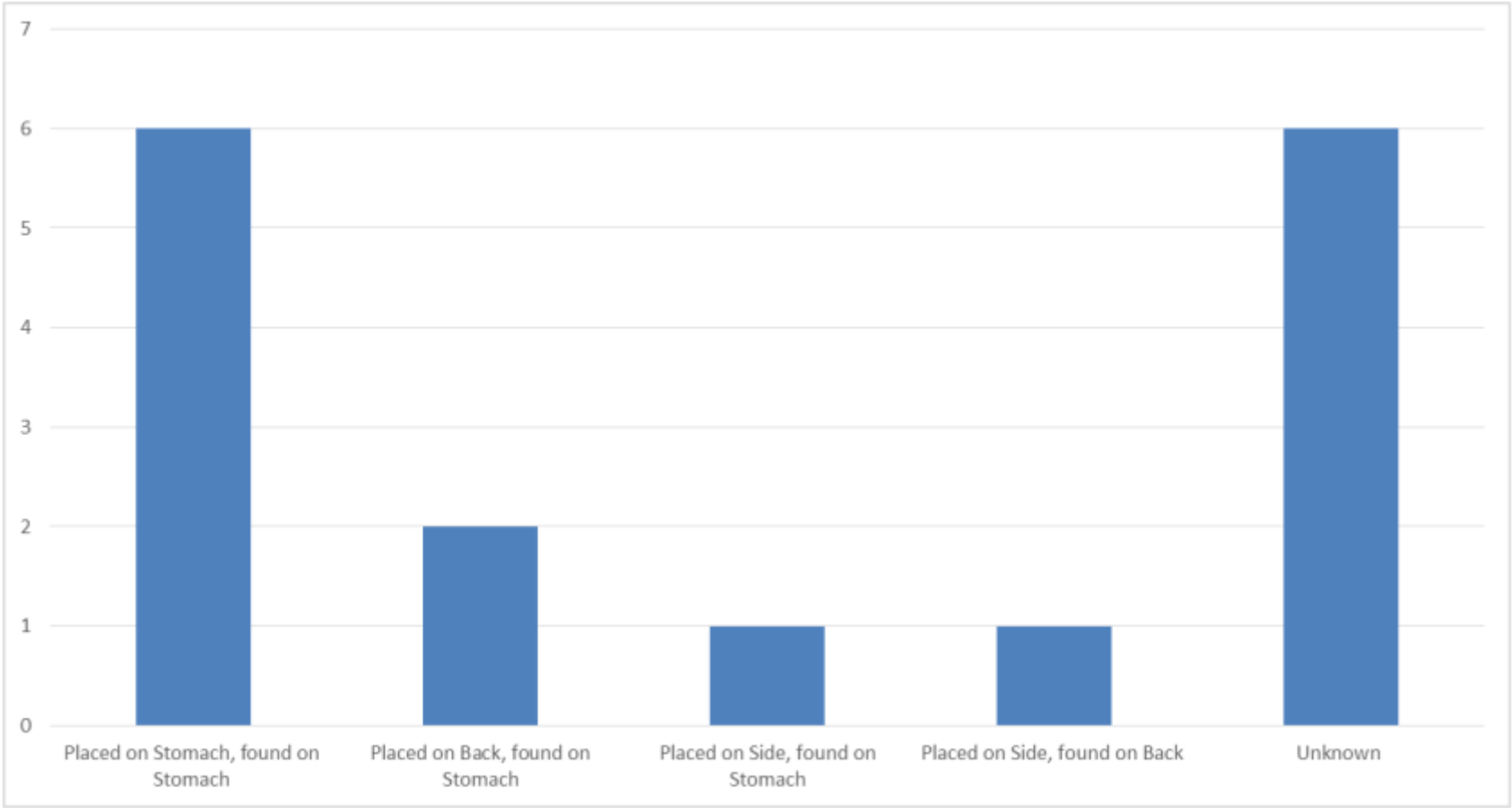
N = 16



New Jersey Department of Children and Families

Placed/Found Sleep Positions

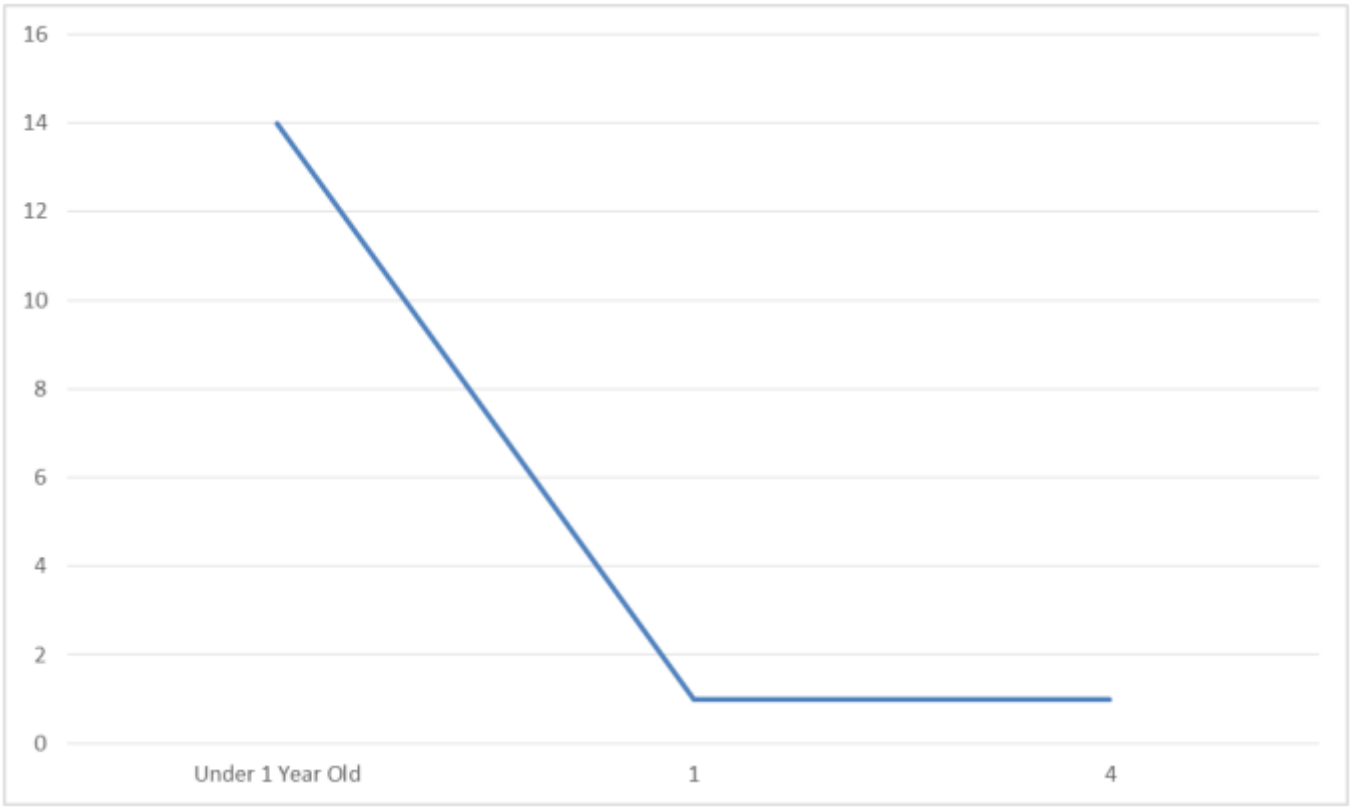
N = 16



New Jersey Department of Children and Families

Sleep Related Child Gender/Age

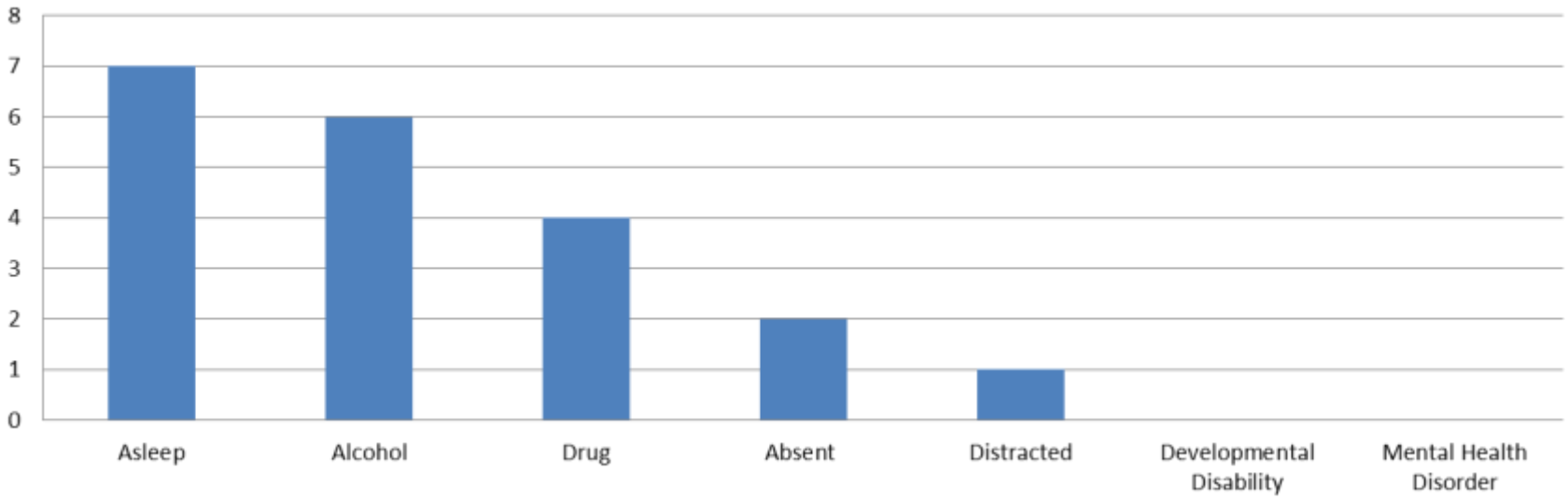
N = 16



Gender	Frequency
Female	6
Male	10
Total	16

Sleep Related
Situational Factors Identified at Time of Incident*

N = 13; indicating situational factors were unknown for 3



Situational Factors	
One Factor	7
Two Factors	5
Three Factors	1
Total	13

Section 7. Conclusion

Overview - Children

N = 109 children

- 85% were 3 years old and under
- 57% were males, 43% were white and 43% were black; 8% were of Hispanic ethnicity
- 25% had a reported disability (e.g. chronic medical or developmental)
- 30% had previous CPS history
- 53% lived in two parent homes; 28% lived in a household with mother and another adult and 16% lived in a single parent household
- 70% had a documented pediatrician and 58% received routine visits

Overview - Perpetrators

- 68% were biological mothers (mean age 28) or fathers (mean age 30)
- A slight majority were female overall, though males were perpetrators in the majority of homicides
- 37% were unemployed
- While education data was lacking, available data indicates that most complete high school
- 47% had reported history of substance use, 46% had reported criminal delinquent history and 40% had reported domestic violence involvement
- 33% reported CPS history as a victim
- 40% reported CPS history as an alleged perpetrator

Key Findings

N = 109 children

- Homicide was the most prevalent manner of death, followed by drowning and sleep-related
- Vast majority of victims were under 3, and almost half were under 1
- Fatalities for children under 1 were most often related to homicide and sleep related incidences.
  - children 1-3 were most often related to homicide and drowning
  - children 4 and above varied in manner, but a majority were related to homicide

Lessons Learned

- **Youngest most vulnerable---**Our youngest children continue to be the most vulnerable, particularly our infants, under 1 and up to 4 years old.

- **Children - No CPS history ---**Majority of children were not known to the DCF before the fatality occurred.

- **Perpetrators-History as Victims---**Approximately 1 in 3 perpetrators had documented history as child abuse or neglect victims. This trend, related to multi-generational trauma experienced in many families highlights concerns shared nationally.

Lessons Learned

- **Abuse vs Neglect---**Neglect can be as fatal as physical abuse. The number of fatalities due to neglect were comparable to those due to abuse.

- **Stressors and Contributing Factors---**In child fatality cases, families experience a multitude of "stressors" and incidents often exasperated by contributing factors (i.e. impairment [distracted, absent, alcohol, substance misuse], mental health issues, addiction, domestic violence).

Lessons Learned

- **System-wide impact- Points of intervention ---**Our most vulnerable children and families interact with various state departments, agencies and service providers. There are multiple touch points, and opportunities for intervention (e.g. pediatricians, health and social services, law enforcement, child care, education and labor). This suggest that there are opportunities for enhanced partnerships.

- **Reporting was inconsistent among mandatory reporters---**For example, there was demonstrated history of domestic violence in many cases and recorded interactions with law enforcement at the homes of the families. However, a majority of children were not known to the DCF before the fatality occurred.

Lessons Learned

- **Data Collection---Data Quality was a concern.** This review attempted to collect comprehensive information about the children, perpetrators, care givers and incidents. Some of the information had been systematically collected previously and used in reviews, however other information fields were being explored for the first time in this review. The data were missing and inconsistent in some instances. As a result, some fields were removed from analysis due to lack of interpretability.

Recommendations

- **Continue to strengthen data collection, with a focus on data quality** –
  - DCF is always seeking to improve its capacity to learn from available data. This review helped identify opportunities for improvement based on archival data from 2010-2015. Since 2010, DCF has emerged as a learning organization and has implemented several approaches to strengthen our data collection and analysis. DCF currently has a strong infrastructure that supports data collection, analytics, and transparency. For example, DCF created the Office of Performance Management and Accountability, established Executive Directed Case Reviews, supports and participates in NJ Child Fatality/Near Fatality Review Board, supports and participates in NJ CFNFRB SUID grant, partnered with Rutgers University to create NJ Child Welfare Data Hub, implemented DCF Manage by Data Fellows, implemented ChildStat and implemented the Qualitative Review process.
  - Recommendations for improving data collection include developing an investigation policy/protocol for multi-year reviews of fatality investigations to better complement the gathering of data points identified by the Advisory Committee.

Recommendations

- **Administrative Order, AO-I-A-1-7:00 [Executive Directed Case Reviews]** - Amend A07, so that reviews are mandatory, and conducted in not only cases where families were involved with CP&P or CSOC within last 18 months, but also in all cases where families are not DCF involved.

- **Administrative Order, AO-I-A-1-8:00 [Advisory Committee on Child Fatalities] –** Enhance systematic ongoing data collection. Develop a work group to develop a new, adapt an existing or select a case review data collection tool to support consistency in data collection overtime to support future studies.

Recommendations

- **Establish new approaches to help our broader system partners understand what a strong family looks like and how to refer families to DCF prevention services, including, but not limited to, (e.g. Family Success Centers, Home Visiting, Domestic Violence Services, School Based Services, Displaced Homemakers) when they identify families that are struggling.**

  - The review shows that there are many access points for these children and parents outside of child protection. It also demonstrates that many of these families are under immense stress with employment challenges, substance use challenges, mental health challenges, and criminal justice challenges.

  - DCF has been successful using the Protective Factors framework as a way to help our staff and key stakeholders understand what a strong family looks like and how to further strengthen struggling families.

Strengthening Families Protective Factors Framework

The Strengthening Families-Protective Factors Framework is an universal approach that was developed by the Center for the Study of Social Policy (CSSP)

- The Five Protective Factors of Strengthening Families:

1. Parental Resilience – Managing stress and functioning well when faced with challenges, adversity and trauma.

2. Social Connections – Helping parents build a healthy social network goes a long way to decreasing their isolation – a major factor in child abuse and neglect. Positive relationships that provide emotional, informational, instrumental and spiritual support.

3. Knowledge of Parenting and Child Development – Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development. Knowing ways to parent or what to expect at different developmental levels lessens stress for parents.

4. Concrete Support in Times of Need – Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.

5. 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. How caregivers support children's emotional and social expressions profoundly influences how young children learn, develop self-esteem, and understand the world around them.

Recommendations

- **Explore possible partnerships with other systems, including but not limited to, law enforcement; judicial; education; human services, boards of social services and medical professionals to conduct mini seminars on protective factors and offer training opportunities to build New Jersey's collective capacity to support families in accessing related prevention services.**

Some examples include:

- **Central Intake**: DCF and DOH work together to support a statewide network of "Central Intake" sites (now in all 21 counties) that link pregnant women and parents with health care, and other available services such as Home Visiting, Community Health Workers, Head Start, WIC, Family Success Centers, and more.

- **Evidenced-based Home Visiting:** Because of our close collaboration across our sister departments (Health and Human Services), DCF is now able to reach over 6,000 families of infants and young children with three core home visiting **models—Healthy Families, Nurse-Family Partnership, and Parents As Teachers**. And these programs are now operational in all 21 counties.

- DCF funds a network of fifty-six **Family Success Centers**, with at least one in every county.

Recommendations

- **Continue to support current campaigns and revisit strategies to strengthen messaging for domestic violence referrals and coping strategies for parents.**
  - Examples of current campaigns include,
    - Safe Haven Infant Protection Act
    - Safe Sleep
    - Not Even for a Second [Water Safety]
    - Not Even For A Minute [Hot Cars]
    - Summer Safety
    - Publications [When a baby cries, What do I do Now?]
    - Baby Box [Child Fatality and Near Fatality Review Board]

Thank You

New Jersey Department of Children and Families