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ORIGINAL PAPER

Who's in the Child's Corner: Bringing Family, Community, and Child Protective Services Together for the Protection of Children

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Abstract

With the enactment of the US Family First Prevention Services Act (FFA) in 2018 came a renewed focus on the types and quality of services provided to families involved in the child protective service (CPS) system. However, identifying and disseminating evidence-based approaches is only one part of what is needed to protect children from harm. The role of family, school, and community is often de-emphasized, yet these systems typically have a greater capacity to protect children than formal service providers. The authors call for a rigorous multisystemic approach to the protection of children, one that pays attention to children at risk of harm *and* those who are involved in formal child protection systems because they have experienced maltreatment. A multisystemic approach would focus largely on a child's natural ecology (i.e., family, school, community) and include a much broader array of possible interventions. This article draws from the authors' experiences of implementing ecologically-based treatment models based on multisystemic therapy, including the Neighborhood Solutions Project (NS) and Multisystemic Therapy for Child Abuse and Neglect (MST-CAN). Although designed primarily for formal intervention (i.e., youth at risk of community violence and families who are experiencing child abuse and neglect), the MST-related broad systemic approach, including its core treatment principles and an analytic process has wider applicability. For example, the MST processes were central to meeting community needs targeting health and well-being in a rural village in the eastern region of Ghana where no child protection system existed. Likewise, the MST-related approach is applicable to a fuller spectrum of family needs (e.g., families at risk of but not experiencing maltreatment) and to a wider array of professionals and laypeople working with child protection-involved/at risk for involvement families. Bringing family, community, and child protective services (i.e., multiple systems) together through a shared vision for the protection of children may be the most effective way to ultimately keep all children safe.

Keywords Child maltreatment · Child abuse · Child neglect · Child protective services · Child welfare · Multisystemic therapy

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Together for the Protection of Children

With the enactment of the US Family First Prevention Services Act (FFA) in 2018 came renewed focus on the types and quality of services provided to families experiencing child maltreatment. The clearinghouse of effective practices for child welfare, whose development is in process, is an important and welcome supplement to other similar clearinghouse initiatives, such as the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) and the Blueprints for Healthy Youth Development (www.blueprintsprograms.org). Together, these initiatives should help expand the reach of evidence-based interventions to prevent occurrence or recurrence of child maltreatment. However, identifying and disseminating evidence-based approaches is only one part of what is needed for substantial improvement in the lives of children and their families. The FFA focuses on children already identified by Child Protective Services (CPS) but not yet in out-of-home care. Yet, much of the work of protecting children takes place outside formal service systems. Family, school, and community often have greater effectiveness in minimizing risk than do service providers. To address the risk of harm and child maltreatment, family, community (the natural ecology), and formal service providers must all be included. The purpose of this article is to consider why a rigorous multisystemic approach to the protection of children is necessary to achieve the ultimate aims of child protective service (CPS) systems. These aims include the protection of children and youth in at-risk situations; positive growth and development of children and their families; and child permanence in placement (US Department of Health and Human Services 2019). We argue for a multisystemic approach that pays attention to children at risk of harm *and* those who are involved in formal child protection systems because they have experienced maltreatment. A multisystemic approach would focus largely on a child's natural ecology (i.e., family, school, community) and include a much broader array of possible interventions. It is imperative that CPS practice change to engage the resources in the child's ecology if the impact of the services supported by the legislation is to be sustained.

This article draws from the authors' experiences of implementing treatment models based on multisystemic therapy (Henggeler et al. 2009; Johnides et al. 2017) including the Neighborhood Solutions Project (Swenson et al. 2009) and Multisystemic Therapy for Child Abuse and Neglect (MST-CAN; Swenson, Schaeffer, Henggeler, Faldowski, and Mayhew, 2010). The first model was in partnership with an African American neighborhood and the second in partnership with families and CPS systems internationally for the past two decades.

The lessons learned from these projects regarding the role of key systems in the life of a child (family, extended family, community) in providing protection from harm form the basis of our core argument. Although designed primarily for formal intervention (i.e., youth at risk of community violence and families who are experiencing child abuse and neglect), the MST-related broad systemic approach, including its core treatment principles and an analytic process has wider applicability. For example, these MST processes were central to meeting community needs targeting health and well-being in a rural village in the eastern region of Ghana where no child protection system existed (Swenson et al. 2018). Likewise, the MST-related approach is applicable to a fuller spectrum of family needs (e.g., families at risk of but not experiencing maltreatment) and to a wider array of professionals and laypeople working with child

protection-involved/at risk for involvement families. Bringing family, community, and child protective services (i.e., multiple systems) together through a shared vision for the protection of children may be the most effective way to ultimately keep all children safe.

We will use the term *child protection-related system of carers* to reflect the full universe of professionals and laypersons who interact with child protection-involved (or likely to be involved) families. This group includes but is not limited to CPS system professionals themselves. We argue that communities need a much broader understanding of who is responsible for "child protection" and a clearer articulation of what can and should be done to protect all children, especially those most at risk of child maltreatment. Our goals for promoting this approach are not only to improve CPS practice but also to reduce the overall number of families who need such services.

We begin by defining what we mean by a systemic approach and considering the extent to which existing child protection best practices can be considered "systemic." Next, we outline the core elements that would comprise a multisystemic-based child protection system: family, community, and formal service systems.

Systemic Models of Child Development

Systemic models of child development, most notably Bronfenbrenner's (1979) theory of social ecology but also others (e.g., Belsky 1995; Rogoff et al. 2018; Supkoff et al. 2012), maintain that children exist in the center of many connected and nested systems. Children are themselves members of several microsystems, including their immediate family (household constellation), various clusters of extended family members, their peer groups, their school communities, and their neighborhoods. Other potential child microsystem memberships include faith communities, sports clubs, the family systems of close friends, and the workplace (for older youth). The functioning of each of these microsystems is of vital importance to the child's well-being and ability to meet developmental demands, as is the quality of the connections (i.e., mesosystems) between two or more of the youth's microsystems. For example, a school microsystem that is in conflict with the child's peer microsystem will likely have an adverse impact on the child's performance in school. Put another way, a child whose friends are not connected to school will face a conflict between school and peer demands. Conversely, positive family-sport club mesosystemic relationships will likely facilitate the child's functioning in both microsystems; the child's attendance and commitment to the sport are enhanced, and families get to experience and appreciate the child's competence in a different domain of functioning.

At the next layer are exosystems, systems in which the child does not directly participate but that affect the child indirectly by having an impact on one or more of a child's microsystems. For example, a parent's workplace, of which the parent is a direct participant, is a microsystem to the parent and an exosystem to the child, affecting the child indirectly through its effects on the parent's ability to meet family microsystem demands. A teacher's relationship with school administrators, or a parent's relationship with a therapist, are other examples of exosystems whose functioning can have a positive or negative impact on a child. Macrosystemic influences are broader sociological, cultural, economic, and public policy forces that also affect children through

their impact on the functioning of the child's exosystems, mesosystems, and microsystems. Racism and economic class divisions are examples of macrosystemic influences that trickle through all layers of systems, adversely affecting exosystem, mesosystem, and microsystem functioning in the child's ecology.

From a multisystemic perspective, abuse and neglect represent a breakdown of family microsystem functioning; a parent and/or others failed to meet the care and nurture needs of a child, a key function of a family. However, it is also much more than that. The child with a malfunctioning family microsystem will likely show signs of distress in most or all of his or her other microsystems, and support from other well-functioning child microsystems can help protect the child from the stress of maltreatment. Many of the mesosystemic relationships affecting the child will also likely experience stress. For example, the factors that contribute to a parent's abusive behavior (e.g., substance misuse) will likely also adversely affect the parent's ability to interact productively with school personnel. Family-extended family or inter-extended family mesosystemic relationships may also become strained, for example, if various family members take sides or assign blame for the maltreatment of the child or disagree about the courses of action members should take. In the aftermath of maltreatment, exosystemic factors may also help determine whether children are helped to be resilient or experience additional stressors. Examples of potentially relevant exosystemic factors include the quality of a parent's relationship with his or her mental health treatment provider, or whether or not an uncle who routinely provides the family with financial support experiences a layoff at work.

Is Child Protection Multisystemically Focused?

Most child-serving professionals would probably agree with the basic premise of a multisystemic conceptualization, that children are influenced by multiple interconnected systems. Yet the routine practices of CPS only superficially take the systemic needs and influences of the child into account. Consider the following situation.

The Jones Family

Ms. Jones is the mother of Tyrone, age 12, Sally, age 6, and Mariah age 3. She is the only adult in her household, and she has been struggling with opioid addiction for at least the past year. Until recently, she had a long-standing job cleaning houses, but she was fired a few months ago because of spotty attendance and intoxication at work. Following a hotline call from Sally's school 6 months ago, a CPS investigation found evidence of child physical and medical neglect, and a case was opened on the family. The CPS treatment plan required that Ms. Jones complete treatment for substance misuse, set up all necessary child medical appointments, find more affordable housing (since her unemployment, she had gotten behind on rent), take a parenting class, and enroll her two oldest children in outpatient mental health treatment. Ms. Jones completed a 3-day detoxification program, enrolled in a medication-assisted treatment (MAT) program providing Suboxone and group counseling, and initiated child mental health treatment services. She met regularly with her CPS worker, who provided her with a 2-month bus pass and referrals to family financial aid services.

Two months ago, another hotline report from a neighbor alleged that the 3-year-old was wandering the halls of the apartment building at night unattended, but an investigation did not substantiate this claim. Ms. Jones was again encouraged to comply with all treatment recommendations and to attend more regularly because both the MAT therapist and the children's outpatient mental health provider reported spotty attendance. Four weeks ago, Sally (age 6) called 911 after she was unable to rouse her mother, who was unconscious on their living room floor due to an overdose. Paramedics were able to revive her, but she refused their recommendation that she be admitted for immediate detoxification. The two youngest children were removed from the home by emergency order and placed into a foster home that same evening. Tyrone, the oldest, was visiting his biological father in a nearby city when the incident occurred and remains there.

Given the seriousness of the most recent incident and Ms. Jones' failure to make progress in treatment, CPS is now filing for termination of parental rights. Ms. Jones has secured a lawyer to fight the termination; the lawyer states that Ms. Jones has voluntarily enrolled in a 60-day residential program out of state. Tyrone's father reports that he has enrolled his son in school and treatment in the father's neighborhood and that he will seek full custody. The father of the younger children cannot be located. Ms. Jones' mother, the children's maternal grandmother, lives nearby and says that she might be willing to take the two youngest children into her care. Because she and Ms. Jones are estranged, however, she does not want to get involved until a parental rights determination is made. The CPS worker has secured evidence-based outpatient trauma treatment for Sally and preschool for Mariah, both near the foster parent's home. To maintain educational stability for the children, the worker is searching for a long-term foster home placement for the girls that is in the same community as their temporary foster home, in the event that a kinship care placement with the maternal grandmother falls through. She hopes that a visit between Tyrone and his sisters can be arranged, but Tyrone's father does not appear to be interested and there are geographic barriers that would need to be worked out.

Missed Opportunities for a Broader Array of Systemic Interventions

In many respects, CPS adhered to best-practice standards in this example. They took the school's concerns seriously and correctly identified the main cause of the children's neglect (parental substance misuse). They facilitated evidence-based and appropriate treatment for Ms. Jones (MAT) and her older children, and did not remove her children prematurely, instead giving Ms. Jones time and support to obtain abstinence. The CPS worker met with the mother frequently and was in regular communication with treatment providers. When treatment failed and safety concerns increased (overdose incident), the CPS worker swiftly pursued several long-term placement options, in compliance with US federal guidelines that permanency in placement be achieved as quickly as possible. She pursued kinship placements before considering non-kinship care options and made efforts to keep the sibling group connected.

However, throughout their involvement, both CPS and the broader child protection-related system of carers missed many opportunities to meet the broader systemic needs of this family. Although prioritizing treatment for maternal substance misuse was appropriate, there were no interventions that targeted the broader factors that would

promote sustainable abstinence, such as linking Ms. Jones to employment opportunities or helping her develop a drug-free social support network. An opportunity was missed to integrate micro and macro systems to assure that Ms. Jones was attending all treatments and to advocate for the clinical and educational needs of the children, especially Mariah who had no formal or informal supports during treatment. Key microsystems that could support this family, most notably the maternal grandmother and the children's fathers, were only engaged in services as a last resort, and narrowly—to provide an alternative permanent placement for the children after removal. Imagine the potential positive impact of helping Ms. Jones reconcile her estranged relationship with her mother before there was an escalation in child safety risk, or seeing if her previous employer would be willing to rehire Ms. Jones. Similarly, the possibility of directly attempting to engage and enlist positive natural supports for Ms. Jones (with her permission), such as faith-based community leaders or neighbors, was not considered. Unfortunately, such "creative thinking" and individualized, non-traditional approaches are rarely evident in the child protection-related system of carers. Wraparound approaches (Schurer Coldiron et al. 2017) come the closest, but they typically still rely on brokered services that, beyond participation in care coordination meetings, rarely take a systemic approach to their work. Also, like most CPS workers, wraparound case managers often lack the clinical skills necessary to handle complex systemic issues, such as family therapy skills to resolve intergenerational conflicts, as their training is typically to locate resources for clients rather than to provide treatment. Other clinical service providers, such as adult substance misuse treatment providers or child mental health therapists, may have the relevant skills but tend to view these types of intervention foci as beyond the scope of their work.

Broadening further, there are clear failures of the child protection-related system of carers to provide meaningful support to families preventively, before making a hotline call for suspected child maltreatment. For example, school-based mental health services, when they exist at all, tend to underemphasize parental engagement (Weist et al. 2014) and rarely offer family-based or individual adult interventions (e.g., family therapy, parental substance misuse treatment). Even outside formal mental health services, school professionals who may care deeply about the stressors a child is experiencing are discouraged from forming supportive relationships with students' family members (e.g., structural barriers, time constraints) and are not given the skills for doing so. Similarly, pediatricians rarely assess or offer help with family stressors or parent mental health needs that may affect their child patient's well-being. Concerned lay people within the family's ecology, such as neighbors, coaches, and coworkers, have limited options to help a family in need other than fulfilling a legal duty to call a CPS hotline. Macrosystemic forces, such as the cultural norms of "minding your own business" and "parent's right to choose" function to maintain a very high threshold for intervention. The community, represented by public child welfare agencies, commonly waits until after a hotline call is made and then either provides investigation or deep-end services such as out-of-home placement.

Barriers to Working Multisystemically

The barriers to taking a more multisystemic and holistic approach to child protection are many and formidable. At the macrosystem level, limited or no funding for

preventive services creates an emphasis on investigation and substantiation, rather than on assessment of family needs and service delivery. An almost exclusive focus on child physical safety and child mental health overrides the consideration of broader well-being factors (e.g., whether family members get along). Large caseload sizes impede individualized care. CPS caseworkers under great time pressures to achieve child permanence in placement, have limited time to leverage care with extended family and child removal may result. Confidentiality and liability concerns often make communication with extended family and community challenges. Within the broader system of child protection-related service provision, substantial barriers are present to providing multisystemic-based treatment. There are few protocols or manualized approaches for a multisystemic approach and only a limited number of providers overall specialize in working with families that have child protection needs. In addition, it is common for families under the guidance of CPS to be referred to multiple service providers who do not have time to communicate with each other or the CPS worker. In addition, caregivers may not be able to meet the demands of attending therapy sessions with multiple providers so they may drop out of treatment or attention is given to only one part of the family's issues (i.e., one risk factor rather than all). Provider workforce issues also impede systemically based treatment. For example, worker turnover in the field is high and clinicians may have weak graduate school training in multisystemic-based approaches. Structural limitations, such as office-based rather than home-based service delivery, fee-for-service pay systems that limit flexibility in spending, and service provision only during business hours are also barriers. Factors operating at the level of the family itself also present many barriers to working multisystemically, such as parental hesitance to engaging others (e.g., refusing to sign necessary releases); secrecy/fears of getting self and loved ones in trouble by cooperating; and member geographic spread/family fragmentation.

What if There was no Child Protective Service System?

Child protection is the responsibility of all adults, not just for mandated reporters and those who work for CPS systems. In some countries, child protection has been handled solely by the community. For example, Switzerland did not set up a centralized child protection authority with mandated reporting requirements until 2013. Prior to that time, members of local governing councils were responsible for managing child protection as they would other community concerns. In several African countries where no formal CPS agencies exist, international (United Nations Human Rights, 1989) and national (e.g., Children Act of 2001; 2018) legal frameworks guide protection of children, but communities by and large carry the responsibility. For example, there is a strong and accepted cultural tradition of family-arranged child fostering, the practice of sending a child to live with a relative or acquaintance when the child faces adverse circumstances or limited opportunities with the birth parent (Dottridge 2014). Originating in New Zealand to support social work practice being in sync with Maori values and culture, the family group conferencing (FGC) approach to child protection, is an extended family group decision-making model in which families collectively commit to a corrective plan of action with authorities that allows maltreated children to remain in their communities (Connolly 2006). This approach has been embraced by Australia's

Aboriginal community (Arney et al. 2012) and adopted by many North American jurisdictions (Frost et al. 2014).

In the USA, CPS is the formal agency that takes the lead role in ensuring the safety of children. Paradoxically, mandated reporting laws and the reliance on CPS to carry out the duty to protect children may have led communities to take a less active role in the care of the children around them. There has been a strong reliance on removing children from families in unsafe situations rather than resolving the unsafe situation, especially in families with serious clinical needs. CPS, which has limited resources, is forced to prioritize investigation and physical protection to meet their own needs to avoid liability. When those limited resources are put primarily into placing children, the costs multiply exponentially. Recent statistics indicate that in the USA, nearly half a million children live in foster care due to abuse and neglect (Child Welfare Information Gateway 2015). This leaves little funding to support communities and do intensive work with families to keep them together.

Perhaps some combination of the way child protection works in Africa, Oceania, Europe, and America could inform a new way of working that keeps the focus on children within every societal setting. Following a multisystemic model, a true child-centered, family-, and community-focused child protection system would include strong elements of formal and informal prevention activities. If our true goal is to protect children and prevent the mental health problems that abuse and neglect cause, resources must be put into prevention in micro *and* macro systems that surround the child. Subsequently, we consider some examples of how multiple systems can contribute to the safety of children.

Child Protection Through the Family and Community

In communities, whether a family is reported to CPS can be arbitrary. In higher need communities and among minorities, a report to CPS may be more likely. Yet, many who are the subjects of reports never get services. Therefore, the purpose of making the report, establishing interventions to protect children and keep the family safe, is not always realized. There is potential usefulness in building broader supports around normative activities and supporting families as a way of protecting children.

Children that live in nurturing families and supportive communities have stronger personal connections and academic achievement (A.E. Casey Foundation 2018). Prevention of child maltreatment and other adverse events is best carried out through the family and community (e.g., neighborhood, school, faith-based organizations). Parents, caregivers, and extended family prevent harm to children through behaviors such as close monitoring, assuring they have food and medical care, providing love, attention and support, and setting rules and boundaries. Supportive extended family and friends provide respite and childcare when needed and take an interest in children's activities and achievements.

Some family situations, such as low housing, that create risk to children are challenging to resolve. For example, community support can be important in helping families resolve practical barriers to child safety such as housing issues. Disrepair of low-income housing creates barriers to keeping children physically safe. Lack of affordable housing increases the stress of families from a low-income situation. Such

stress raises the risk of harm to the child. When communities come together and are a part of broad activities that protect children, risk of harm can be reduced. When families are able to keep children safe, CPS will never be involved with that family.

Community support and resources play a role in the protection of children in well-functioning families by providing local activities and resources and parenting support. Activities that are key to protection are based on education and support.

Education

In the area of sexual abuse, there have been many campaigns to inform people what sexual abuse is and to assure children that these kinds of behaviors are not their fault (e.g., Stop It Now campaign; https://www.stopitnow.org/). Although the effectiveness of child-directed education on abuse prevention is questionable, local awareness of abuse and neglect can help communities watch out for their children. No such campaigns have been launched on physical, verbal, or emotional abuse or neglect. When children, families, and community are not informed of the definition of abuse or neglect and how children are impacted by it, they may come to view physical and verbal abuse and neglect as normative. Parents may act in an abusive manner and not really understand that what they are doing is harmful, particularly if they experienced the same parenting in their own childhood. Wide-scale social marketing campaigns can reach the entire population. However, at a more personal level, educational campaigns are needed in communities, schools, faith-based organizations, and workplaces to provide knowledge to parents and children regarding what behaviors are abusive and neglectful and how to seek help locally, without necessarily having to call the CPS hotline. It is important to keep in mind that abuse of children not only occurs by parents. Many children are abused by school personnel and religious leaders. Parents and people who work within these institutions must know how to identify and deal with abuse by people in power, and work together to have strong protective responses and institutional policies against such behaviors. The time may be ripe to create a child protection movement localized at a neighborhood or community level.

A second important educational need is to provide information in multiple settings (e.g., pediatrician offices, schools, faith-based organizations, adult education settings, workplaces) related to the normal development of children aged 0 to 18. Understanding that a child's behavior may be normal for his or her age can help ameliorate risk (e.g., 3-year-olds often spill drinks). Further, parents would benefit from understanding what to expect developmentally from their child. For example, it may help a parent to understand that a 1-year-old not complying with toilet training is not showing unruly, noncompliant behavior or that a 5-year-old cannot safely be left alone at home.

Support systems

Prevention through support is also best done in communities. Social cohesion (mutual trust and shared expectations among neighbors) has been found to mediate the association between neighborhood poverty and child abuse (McLeigh et al. 2018) and neighborhood poverty and neglect (Maguire-Jack and Showalter 2016). All families should have access to affordable high-quality daycare and preschool for young children. In addition, community centers that provide well-monitored, engaging,

academically and recreationally oriented after school programs are needed for older children and adolescents. These services would provide much-needed childcare for working parents and relieve a great deal of parenting and financial stress.

In economically disadvantaged communities and especially those with high crime rates, safe houses should also be identified and included as part of a neighborhood watch program organized locally. These houses would be those of one or more residents who would be willing to allow a child into their home if they are in an unsafe situation, momentarily or for brief overnight stays. The community resident can then help the child solve problem around some safety issues (e.g., bullies on the street) or seek assistance from community leaders for other situations (e.g., parent is intoxicated).

Parents in certain family life stages (e.g., first-time parents, parents of adolescents, single parents, divorce) may have particular needs to manage parenting stress. For such families, informal parent support groups in communities, workplaces, or faith-based organizations can help parents proactively navigate the normal problems their children present. Two particular types of family circumstances, single parenting, and families with an adult entering the stepparent role, should be a focus of prevention efforts, since both single parenthood and presence of a stepparent increase child risk of maltreatment (van Ijzendoorn, Euser, Prinzie, Juffer, and Bakersman-Kranenburg, 2009). Public health message campaigns and corporate volunteer programs could help encourage natural ecology members to more systematically provide respite for stressed-out parents in the form of occasional babysitting or sleepover nights and would promote a more explicit cultural valuing of such informal support behaviors. Even more creatively, new parents could be explicitly encouraged by health care providers to identify a sustainable ecology member who will serve in the role of "aunty" or "uncle" to the child, and ideas for this relationship could be outlined and provided to those chosen.

When families have few or no natural supports and are struggling, the role of the community in child protection becomes critical. As we consider characteristics of resources that well-functioning families and communities receive and that are important to the health and well-being of children, the question becomes, how do we bring these resources to struggling families? The resources or skills needed will vary by family and not all struggling or at-risk families need a formal therapeutic intervention. If communities have resources themselves to support families, then those families will not progress to the point of child maltreatment.

Family, Community, Mental Health, and Child Protection Working Together

When families face challenges so strong that they cannot be managed with family or extended family support, the community and/or child protection or mental health professionals are needed. Consider what it would be like for a family if their community who understands their culture maintained a local governing council that knew how to conduct family group conferencing. Consider how coming to this local group conference to solve problems might feel as a first step instead of going through a child protection investigation. It could be helpful for a CPS worker and perhaps a mental health therapist to attend the conference and help with problem-solving without being in an adversarial role. Such a meeting might set the tone for a very different working relationship (i.e., positive) between the family and professionals and a very different outcome. The coming together of the micro and macro systems could be a powerful

way to protect children and keep families safely together. Rather than worrying about a CPS worker possibly dropping by the home, families involved with community-based interventions would know that the community is watching out for the family daily.

Some parents at risk of escalating to abuse need support in the form of a listening ear or someone to monitor the children occasionally. This need can be met through friendships and extended family. With strong outreach practices, a community center or faith-based organization may fill this role for parents who are socially isolated or who do not have extended family nearby (e.g., safe families for children at Lydia Home). Another potential prevention strategy for child maltreatment is peer support services, sometimes called peer specialists or family-to-family support (Anthony et al. 2018). Peer support involves a person with "lived experience" in overcoming a particular challenge (e.g., substance misuse) providing paraprofessional advice and support to someone experiencing the challenge currently. Peer support services are flexibly delivered in client homes and communities and are less expensive than more formal programs. Peer support services have shown promise for parents who are raising children with serious mental health challenges (e.g., Anthony et al. 2018) or who themselves have a mental health diagnosis (e.g., Nicholson and Valentine, 2018).

For parents at risk of moving into harsh discipline or neglect because they are having difficulty managing challenging child behavior, training programs that are designed for parents can be delivered in the community, faith-based organizations, schools, or more formally at medical or mental health agencies. Examples of these programs are the Nurse-Family Partnership Home Visiting Program (Olds et al. 2007) for families who are experiencing low income and are at high risk of child maltreatment. Families are followed from pregnancy up to 2 years with support and intervention. This program has been highly successful in reducing abuse potential among parents of young, at-risk children and reducing children's behavioral and health difficulties. Examples of other evidence-based parent training programs include The Incredible Years (Hartman et al. 2002) for young children, Triple P for children in middle-late childhood (Sanders et al. 2003), and the Strengthening Families Program for early adolescents (Redmond et al. 1999). Large-scale implementation of such preventive programs is possible. For example, the state of South Carolina implemented a population trial of **Triple P in 18 counties that was highly effective;** large effect sizes were found for substantiated child maltreatment, child out-of-home placements, and child maltreatment injuries (Prinz et al. 2009).

When community intervention is not enough to protect a child or when a serious event happens, a formal report of abuse or neglect is made to CPS. In such situations, workers determine services or resources needed by all family members and one or more mental health therapists may be engaged. These are the kinds of services that are funded by the FFA. Once formal services are in place, the role of the extended family and community may have less emphasis but we argue they should have more emphasis. People in informal roles can be critical to the family actually engaging in services and carrying out skills they learn. Especially when CPS is concerned, families may not have trust in the help offered and neighbors can help them engage. In addition, just because a family is receiving formal treatment services does not mean they no longer need natural supports. Shifting the child protection view to include a collaboration of family, community, and formal service providers may be the most effective way to assure that the impact of services is sustained.

Formal services plus community support can help families in need reduce identified problems and prevent them from escalating. Screening for potential problems should occur at both family (e.g., parents struggling with drug or alcohol misuse) and child levels (i.e., children with life challenges that place them at risk for abuse such as those with chronic health issues or developmental delays). Two of the strongest risk factors for all forms of child maltreatment are family poverty and housing instability (Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Thus, a key area for prevention is in the area of financial instability. Many families experience financial shortages that make having enough food and adequate housing challenging, undermining parenting efficacy. Much more could be done much earlier to link such families to supportive financial empowerment services such as literacy programs, English language courses, job training programs, community food banks, community gardening, child support enforcement, and housing authorities. At the macrosystem level, living wage laws and public transportation availability/affordability should be viewed, in part, as important secondary prevention child protection policies.

In sum, we argue that safety is as critical a responsibility of treatment providers as it is of CPS, and that family and community members, with support from professionals, should be the ones primarily responsible for child safety. In a multisystemic-based protection model, the agencies, extended family, other ecology members, and the family of concern can work in concert to facilitate change and prevent out-of-home placement of the child. Evidence-based practices noted above are generally those provided to parents or children. Few treatment models include the entire family and ecology and even fewer take place with the guidance of community leaders. Next, we present two MST-based programs that do include family, community, other ecology members, and formal systems working in concert.

Multisystemic Therapy as an Example of Informal and Formal Service Systems Working Together

As noted earlier, two examples of MST-based programs illustrate ways the family, natural ecology, and formal service systems can work together to prevent abuse or neglect and other high-risk stressful events (e.g., community violence). The Neighborhood Solutions Project provided lessons learned that have informed all our subsequent work with families who enter CPS due to maltreatment.

The Neighborhood Solutions Project

In 1997, the state of South Carolina requested a neighborhood-based intervention of the MST group at the Medical University of South Carolina. The goal of the project was to find a high-crime neighborhood in South Carolina, go into the community, and ask the leaders if they would like to work together to reduce crime and out-of-home placements. The overarching principle was for the community to determine what it would take to meet this goal and for the university and community to carry out the community vision together. The university could not go into the community with their own preconceived notions of what would bring about change.

An African American neighborhood (known as Gullah Geechee people locally) in North Charleston, South Carolina, was randomly selected from a list of possible communities. The leaders in the community wanted to participate and valued the opportunity to put in place their own vision that they had not ever had the resources to carry out. Six weeks of individual interviews with people from the community, businesses and schools yielded a three-part intervention: (a) family-based treatment for youth who had experienced arrest and substance misuse, (b) school-based interventions to prevent school exclusion of children from the community, and (c) development and implementation of prosocial activities that fostered community unity and filled the children's time to prevent engagement in drug activity and community violence. All interventions would be run out of the community center that was located in the neighborhood. A community meeting was held and the citizens voted to implement Neighborhood Solutions. They were clear that the expectation from the university was that they would actively run the project together. The project was not one of a university arriving to change a community while the community watched. It was one of the active collaboration.

The community leaders referred to treatment the youth who represented the community's greatest concern and their families. They talked to the families about participating and helped with engagement. Community members also helped support interventions (e.g., taking a van load of residents to a school exclusion hearing to support the mother and student) and that support often helped attain positive outcomes. The prosocial activities were primarily carried out by the community and were organized through weekly "community activity rounds" where anyone could bring forward an idea. The community's vision was carried out across 3 years. The Neighborhood Solutions Project was highly successful in reducing calls for police service (80%), reducing substance misuse and arrests, and preventing school exclusion. After the grant was completed, the MST program did not continue but the community has sustained the prosocial activity portion of the project for 21 years thus far. Importantly, the collaborative interactions between staff and people of the community provided lessons to professionals on ways the community naturally protected children. The MST staff becoming known to the community fostered trust between families and therapists. Being located directly in the community led the team to know about safe houses, adults who could help solve problems that families were experiencing that involved the school, juvenile justice, or child protection. Critical to the success of the program was the in situ opportunity to learn the culture of the community and how to work within that culture to secure trust and bring about change.

Because the community took ownership of Neighborhood Solutions, they organized experiences that were in sync with their Gullah-Geechee culture. The community has a heritage with West Africa due to slave ships landing on the shores of Charleston. The community wanted to embrace this heritage and learn about it. The cultural experiences they organized led to a connection with Ghana, West Africa, through a drum maker, performing artist, and humanitarian called Powerful. The Powerful connection led the community to raise funds for several years and take 40 people to Ghana for a dance/drama/drumming project related to HIV and girl child education. Thirteen years later the community is still engaged with a rural village in Ghana, sharing culture and working with the village to improve health and well-being and in essence protect their children.

Multisystemic Therapy for Child Abuse and Neglect

One of the few research-supported, child maltreatment-focused, prevention programs that includes the ecology (family, extended family, school, CPS, neighbors and friends, community) is Multisystemic Therapy for Child Abuse and Neglect (MST-CAN; Swenson, Schaeffer, Henggeler, Faldowski, and Mayhew, 2010). MST-CAN programs do not generally take place at community centers or in one particular neighborhood. However, MST-CAN views understanding the family's community and culture and maintaining a positive working relationship with CPS as critical to treatment. MST-CAN, which serves a heterogenous group of CPS-involved families who have experienced physical abuse and/or neglect and are at high risk of child removal, is an evidence-based treatment with 24 years of research support.

The MST-CAN model is operated through a team approach including a full-time supervisor, three masters-level therapists, a family case manager, and a part-time psychiatrist or advanced practice registered nurse (APRN). Each therapist carries a caseload of no more than 4 families who are seen at least 3 times per week. An on-call crisis service is provided by the therapists on a rotation basis. Each team follows extensive quality assurance protocols involving training, consultation, and measures of therapist adherence. Treatment lasts from 6 to 9 months. All family members are treated using research-supported treatments depending on the key problems they are experiencing. All families are part of extensive safety protocols, and the parent who abused or neglected the child or children writes a clarification letter taking full responsibility and apologizing to the family. The clarification process is considered a restorative practice that helps parents mitigate the damage they have caused and repair relationships with not just their children but all ecology members. A restorative approach requires the participation of key members of the natural ecology to restore the parent's social capital and to hold parents accountable for changes in the long term. A central tenet of a restorative approach is that behavior only changes in the context of a relationship (Scriven 2018).

A randomized effectiveness trial (Swenson et al., 2010) comparing MST-CAN to an enhanced outpatient treatment indicated positive outcomes for reducing youth internalizing problems (dissociation, PTSD, internalizing, and total symptoms), out-of-home placements, and for those who were placed out-of-home (e.g., foster care, residential), changes in placement. MST-CAN was more effective for reducing caregiver psychiatric distress and increasing perceived social support from the natural ecology. With regard to abuse and neglect, parent and youth report indicated greater reductions in several forms of maltreatment (i.e., minor assault, severe assault, neglect, psychological aggression). MST-CAN caregivers were also more likely to use non-violent discipline.

The MST-CAN approach has also been evaluated with families for whom maltreatment is related to a particular clinical challenge, including families experiencing serious parental substance misuse (i.e., Multisystemic Therapy-Building Stronger Families [MST-BSF]; Schaeffer et al. 2013) and families experiencing intimate partner violence (MST-IPV; Swenson and Schaeffer 2018). MST-CAN is now being implemented through 38 teams in the USA, Europe, and Australia.

Neighborhood Solutions and MST-CAN are helpful frameworks for how to build a large-scale ecologically based child protection system for families who are stressed and at risk of abuse but have never been reported for maltreatment as well as families who

are under the guidance of CPS. One important element of designing and implementing a multisystemic-focused child protection system is the use of working principles as a guide. First, it should be clear that every family, regardless of challenges, needs support systems to help with raising children. This support can be provided in the community as communities have the knowledge and skills to prevent abuse and neglect of their children and in most cases can do so without formal intervention. Abuse and neglect risk is increased when families experience poverty or economic instability. So, an intervention must address these factors. When families are experiencing high risk of abuse, effective prevention takes a combination of family, extended family, community, schools, and professionals working together. No matter what difficulties families are experiencing, each has strengths. When families enter into formal child protection systems, extended family, neighbors, and community are needed early in the process. Finally, within the context of Child Protective Services, the focus should be on restorative practice as children deserve a chance to grow up in their own safe and healthy family.

In addition to guiding principles, the highly specified MST analytic process (Henggeler et al. 2009; Johnides et al. 2017) provides a way to organize needs and interventions. This is especially important for families with many needs. The analytic process can be carried out by any community or child protection team. In the next section, we describe the MST analytic process and its relevance to broader child protection practice.

Broadening the Application of the MST Analytic Process to Child Protection Practice

The analytic process for a given family operates in the context of early and ongoing efforts to engage the family of concern and all relevant ecology members, and the maintenance of a strength-based stance. With families experiencing abuse and/or neglect, engagement can be challenging. The family may have low trust of anyone coming into their life, especially a formal child protection agency. There is often fear of loss of the child to the family. It is critical to keep trying to engage the family and keep the focus on restorative, rather than punitive, practices. The MST analytic process (Henggeler et al. 2009) contains six steps.

Reason for Child Maltreatment Risk

The first step in the analytic process is to attain a comprehensive understanding of why the family is at risk of maltreatment, what is being observed. If abuse has occurred, it will be important to understand the specifics of the incident. If neglect has occurred, what the parent is not providing should be understood. In addition, it is important to know the family's history with child protection or with mental health difficulties, the nature of the problems the parent and child are currently experiencing, the severity of those problems, the level of safety risk, what the community has done to try to abate risk, and the culture of the family. The family, ecology, and CPS will need to develop an initial safety plan, as safety risks are generally urgent, and repeatedly revise the plan as more information about the reasons for the incident become known.

Outcomes Desired by CPS and All Ecology Members

The next step is for the family of concern, child protection staff, school personnel, extended family members, family friends, and other concerned community members (e.g., the family's rabbi or a child's sports coach) to outline the desired outcomes each has for this process. These will become the goals that must be met for the family's case with child protection to be closed, but will also define the criteria for what sustained safety for the family will look like. The two major goals will be for child safety and the prevention of an out-of-home placement of the child. Although ecology members may disagree that maltreatment has occurred, there is usually broad support for these goals. In addition, ecology members may carry the goal of ending child protection monitoring as soon as possible. By setting the criteria for CPS ending as whether or not the ecology has met the collective goals, CPS can encourage ongoing engagement and involvement.

Assessing Fit

Once the goals are decided and a safety plan is in place, fit circles can be made. The fit circles involve taking the key problems the family is experiencing and literally writing each problem in the center of a circle. Then, an assessment is conducted of "fit" or risk factors that led to the behavior of concern. The fit/risk factors within each system in which the child is surrounded (parent, community, school, extended family, community) are determined. For example, a single dad was referred to CPS for neglect (children repeatedly left at home unattended at night). Dad is out late at night drug-seeking and comes in high from alcohol and cocaine use. He has tried to stop drinking but cannot manage the withdrawal symptoms. He has limited social supports to help him with his children as he is reluctant to accept help. He has no job and is stressed about bills. It is hard for him to maintain a job because of the drinking, and he struggles with posttraumatic stress disorder from a past abuse experience when he was a child. Thus, this comprehensive "fit" of "leaving children unattended" reveals several related risk factors: untreated PTSD; untreated substance misuse; unemployment; low social support; and financial stress. Addressing all of these will be important for securing the children's safety. Secondary fit circles can be completed on other family problems (e.g., sibling physical fighting) or to better understand the drivers of the central problem (e.g., the "fit" of dad's substance misuse).

Ideas for interventions stem directly from these fit circles. Intervention ideas will likely include links to not only traditional services, such as substance misuse treatment and job training, but also non-traditional, systemically based interventions, such as which ecology members will care for the children while dad completes detox, and who might be able to help dad with transportation to a job or with managing bills. A comprehensive assessment of fit factors is so important because child protection is not "one size fits all". A different family under evaluation for neglect will have different fit factors that will need attention.

Developing Intermediary Goals

Once the fit of key problems is understood, it is time to develop intermediary goals to move the family towards the resolution of the problems they are experiencing.

Intermediary goals will be set as to what will be accomplished for each fit factor. The intermediary goals are the step-by-step plan for how to organize interventions for families and are prioritized based on which drivers/risk factors most urgently need addressing (e.g., back payment of bills to keep electricity on), which cut across multiple family issues (e.g., parental substance misuse), and clinical parsimony (e.g., detox before starting outpatient treatment).

Intervention Development and Implementation

In the context of a multisystemic child protection system, intervention development involves determining what community or formal therapeutic services will be needed to target each fit/risk factor and how safety will be monitored. The level of intervention needed will depend on the circumstances the family is experiencing. Often that intervention involves brokered services through multiple providers (e.g., substance misuse treatment, mental health, parenting, individual child work, family therapy, couples work). Some services noted in earlier sections might also be appropriate supports for families involved with CPS after maltreatment has happened. Where mental health and substance misuse problems are involved, it is most critical to offer the family treatment that has research support to assure that they are receiving the best intervention possible. As noted earlier, the California Evidence-Based Clearinghouse rates treatments for child abuse and neglect and Blueprints for Healthy Youth Development rates a host of programs for youth to determine the level of evidence of effectiveness.

Assessment of Advances or Barriers to Progress

As the child protection team follows a family, ongoing assessment of advances and barriers to advances is conducted. Any barriers to progress towards the family's overarching goals will require some change to be made to both the intervention plan for professionals (e.g., changing a treatment appointment time to better meet the parent's work schedule) and the support plan for ecology members (e.g., more extended family members are needed to help with childcare). Slow or limited progress in the family of concern's functioning will in many cases be related to failures of the ecology to play the supportive roles they have been asked to perform and are harbingers of whether or not changes will be sustainable. Thus, barriers to the ecology meeting its goals to support the family are just as important as addressing the family's barriers. The comprehensive assessment of barriers and advances needs to focus especially on child and family safety concerns, to determine changes that might need to be made on the safety plan. Advances by the family and ecology, however small, must also be celebrated. For example, a parent's first weekend of abstinence or a grandparent's dedication to transporting to children to trauma treatment appointments need to be heavily valued by CPS and other professionals; they are the building blocks for sustainable change.

Conclusion

The purpose of this article is to consider why a rigorous multisystemic approach is necessary to achieve the ultimate aims of a child protection system. These aims include protection for children and youth in at-risk situations; positive growth and development

of children and their families; and child permanence in placement (US Department of Health and Human Services, 2019). A multisystemic approach would include a much broader array of possible activities and interventions at the family and community level. Family and community-based preventive activities are important because they can prevent child out-of-home placement.

In a multisystemic-based child protection system, the protection of the child would start at the community level through informal activities that provide support to children and parents as they manage the stress of parenting. These activities could take place at the local community center, school, or faith-based organizations. In addition, the information should be given to communities about what constitutes abuse or neglect and how communities can take preventative measures. When a concern about a child's risk of abuse is experienced by any family or community member, a local governing group could serve a family group conferencing function and bring people together from all critical systems in the child's life to work together to abate risk. Importantly, prevention should include ways to address poverty, economic instability, and housing issues.

Multisystemic therapy conceptualizes situations and makes intervention decisions via a decision-making tool known as the MST Analytic Process. This process can be much more broadly applied when working with families involved with or at risk for involvement with CPS. There are precedents for large community systems using this analytic process when providing supportive services to vulnerable children. For example, as noted earlier, the analytic process was used in the Neighborhood Solutions project by layperson leaders in one inner-city American community experiencing high levels of crime and violence, to reduce risk for juvenile offending, drug use, and community violence (Swenson et al. 2009). Similarly, as noted above, a rural West African village with significant life-threatening environmental and health conditions used the MST analytic process to improve health and nutrition and prevent child maltreatment (i.e., Project OKURASE; Swenson et al. 2018).

In addition to MST-specific strategies, another precedence has been set for community child abuse prevention. Strong Communities Together is an example of a universal community-wide approach to child abuse prevention. The goal of the program is to change community norms and facilitate informal support for families such that parents begin to view themselves and their neighbors as capable of improving their quality of life. Key features of the program are to use assets in the community to strengthen and expand supportive networks in the community to support parents. Direct assistance to families of young children is provided as needed (Kimbrough-Melton and Melton 2015).

As CPS agencies around the world work to improve their services, particularly as the USA begins to grapple with how to harness the potential of the Family First Preventive Services Act, we hope that a more informal multisystemic approach to protecting children in the communities in which they live can be incorporated into how evidence-based practices are delivered to families.

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Conflict of Interest Statement

Cynthia Cupit Swenson and Cindy Schaeffer are consultants in the development of MST-CAN and MST-BSF programs through MST Services, LLC, which has the exclusive licensing agreement through Medical University of South Carolina for the dissemination of MST technology. The Medical University of South Carolina owns intellectual property rights to the MST treatment model. As such, the university receives royalties related to the treatment implementation.

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