Statement of

Brad Thomas
Chief Executive Officer
Triple P America, Inc.

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Committee on Education and Labor
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"Strengthening Prevention and Treatment of Child Abuse and Neglect"

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Chairwoman Bonamici, Ranking Member Comer, and members of the Subcommittee, my name is Brad Thomas and for 8 years I have served as the CEO of Triple P America. I thank the Committee for the opportunity to share my experience with the Positive Parenting Program - Triple P, which has created better outcomes for children, teenagers and families at an individual, family and community level through a broad population-based approach to primary prevention.

In the four decades since the *Child Abuse Prevention and Treatment Act* (CAPTA) was first authorized, the U.S. has built a foundation of child welfare and safety based upon best practices, evidence and lessons learned. Systems can always strive to improve and we are now in a position to build upon that foundation. We have learned, however, from our work across the country that state and local systems addressing child abuse and neglect, and the workforce in those systems, are under significant stress. We believe that a large contributor to this stress is that the current system is designed more to provide intervention than focus on population-level primary prevention - the prevention of abuse and neglect *before* it occurs. Costly systems have been built to deal with the "conveyor belt" of abuse and neglect, instead of its prevention, creating reactive systems, designed to treat the symptoms of the issue but not the cause. By not focusing on

prevention, avoidable abuse and neglect of children occurs, the child welfare system is overwhelmed, and the taxpayer is faced with the resultant cost. There is a better way: primary prevention through a community-wide approach that targets the broader population.

Importance of primary prevention

We know the damage that child abuse and neglect can have on children. Notwithstanding the immediate and tragic impact of child maltreatment, it can also have long-term effects on health and wellbeing if not addressed (for example, it may manifest in substance abuse, delayed brain development, lower educational attainment, and limited employment opportunities). According to numerous studies the cumulative cost of child maltreatment is significant. For example, a study conducted by the Perryman Group[1] estimated the lifetime impact of first-time child maltreatment occurring in 2014 as costing the U.S. $5.9 trillion. The treatment of child abuse and neglect *after* it occurs is significantly more expensive than the prevention of it.

Conversely, evidence-based models for primary prevention catch parents well ahead of adverse experiences for children. They normalize parents asking questions and ensure quick, reliable and actionable information, and often times are the difference between equipping parents with the confidence to problem-solve daily stressors or allowing stressful and challenging behaviors left unchecked to escalate for both parent and child. Over 7 million children were involved in maltreatment investigations in the U.S. in 2017 - primary prevention has been demonstrated to drastically reduce abuse and neglect and can be implemented and begin to take effect quickly. More of a focus on primary prevention can remove the unnecessary trauma

[1] The Perryman Group. (2014). *Suffer the little children: An assessment of the economic cost of child maltreatment*. Retrieved from https:// www.perrymangroup.com/wp-content/uploads/ Perryman_Child_Maltreatment_Report.pdf

experienced by our children - and the long-term effects of maltreatment - while also providing significant savings to our systems and the taxpayer.

Designing effective systems

While the importance and benefits of primary prevention are understood and supported by research, the challenge is building systems that can scale and achieve reductions in child maltreatment at a county or state level.

The most impactful programs to achieve population level effects are designed to provide a range of parenting supports to the general population, tailored to the needs of the community, to work with all kinds of families and cultures. In our experience, services that are primarily focused on child abuse and neglect prevention, but that may also be tailored for both prevention and intervention, such as Triple P, achieve the most positive population level results. When creating a system, it must be built with those that it is serving in mind to be effective, and should be designed to overcome the many barriers that exist to providing quality parenting support, and in turn reducing child maltreatment:

1. Provision of support: Not all parents are alike and differ in their preferences for parenting supports. It is important to make services available for delivery in an array of settings that suit the parent e.g. in-person (individual or in a group setting) or 24 hour online supports.

2. Intensity of support: Parents should receive help according to their needs and their stated desire to receive it. The majority of parents need what we call "light-touch" low-intensity support. Some need more. A one-size fits all approach does not work for the broader population. For example, Triple P is designed to provide the level of support needed by

the parent – not too much, not too little. Importantly, our program requires the parent to take ownership of the goals for their family and trained providers give them the tools to achieve those goals.

With research indicating child maltreatment may be more than 40 times higher than official records, large scale parent engagement is essential to achieving population level reductions in child abuse and neglect. Therefore, the importance of a program's design to have community-wide reach cannot be overstated. Parents are unlikely to engage with a program that doesn't fit into their lifestyle or preferences. It is counterproductive to invest in programs that may contain good content but do not resonate with their intended audience.

Evidence-based

Another essential component for the reduction of child abuse and neglect is ensuring that programs and services that receive federal funding to achieve this goal are evidence-based. Children, parents and communities need services that have been proven to work. Available financial resources cannot be spent on programs that have not been demonstrated to work.

As an example, Triple P is the most researched parenting program in the world. There are over 150 randomized-controlled trials, 300 evaluation papers, involving more than 400 academic research/institutions worldwide. Triple P is also recognized in the Child Welfare Information Gateway as a successful primary prevention strategy. It is one of only two parenting programs identified by the World Health Organization (WHO) as being supported by the strongest evidence for a parenting program's ability to prevent child maltreatment.[2] It is because of this research and

[2] World Health Organization (2009). *Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. Series of briefings on violence prevention: The evidence*. Geneva, Switzerland: WHO

evaluation that we are able to accurately assess what is working and what is not, and implement only those services that demonstrate positive outcomes.

One such evaluation was a landmark randomized control trial funded by the Centers for Disease Control and Prevention (CDC) in 18 counties in South Carolina in 2005, which demonstrated county-wide reductions in child-maltreatment prevalence rates.[3] During the period studied, child maltreatment rates *increased* by 7.9% in the 9 control counties and *decreased* by 23.5% in the 9 counties where Triple P was implemented.[4] Similar patterns were found for out-of-home placements and hospital-treated child maltreatment injuries. Astoundingly, population-level changes were observed within two years of Triple P being implemented. To combat child maltreatment effectively, only programs and services that have the evidence to prove that they work should be employed.

Existing workforce

An important design factor that our model incorporates and that we suggest might be considered, is training a community's existing workforce to deliver parenting supports, for example, primary care providers, school guidance counsellors and social workers. This dramatically increases the speed at which a program is able to scale, and leverages existing trusted relationships between parents and providers.

[3] Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). *Population-based prevention of child maltreatment: The U.S. Triple P system population trial.* Prevention Science, 10(1), 1–12. doi: 10.1007/s11121-009-0123-3

[4] Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2016). *Addendum to "Population-based prevention of child maltreatment: The U.S. Triple P system population trial*". Prevention Science, 17, 1-7

Cost effective

To this end, systems that only provide support to the extent needed and utilize a workforce that is already in place, save considerable amounts in salaries that are often associated with "traditional programs." Independent research undertaken by the Washington State Institute for Public Policy on a range of programs supports these savings. By way of example, the research, demonstrates that for every dollar invested in the Triple P system upstream, there is a resultant $10.05 savings downstream.[5]

Scaling and CAPTA

In spite of proven outcomes, evidence-based models that align with primary prevention have been limited in their ability to scale due to a lack of available funding for prevention programs. CAPTA is the only federal legislation providing population-level primary prevention capacity building, so appropriate funding is absolutely critical. Funding to date has largely come from siloed systems designed to focus on treatment over prevention.

We applaud Congress for examining CAPTA and the prevention of child abuse and neglect generally. As noted by the Associate Commissioner of the Children's Bureau at HHS, Jerry Milner: "Tweaking what we have in place won't solve the problems....we need to change the focus of child welfare to primary prevention of maltreatment and unnecessary removal of children from their families. We can only break the cycle of family disruption and maltreatment by addressing the root causes of those situations."[6] As Congress looks to reauthorize CAPTA we encourage you to consider the following:

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[5] Washington State Institute for Public Policy. (2018). *Benefit-cost results*. Retrieved December 2018, from http://www.wsipp.wa.gov

[6] "Trump's Top Child Welfare Official Speaks" *The Chronicle of Social Change,* November 6, 2017

1. Focus on a primary prevention approach designed to reach the broad population

   Certain situations (for example, poverty and substance misuse) can increase the risk of child maltreatment; however, even well-resourced families need effective parenting support as they are not immune to stressors that can lead to maltreatment. An approach that reaches a broader section of the population is therefore needed. Limiting support to just the home setting, although effective and an important piece of the puzzle, is a barrier to providing supports to the full population because many parents are hesitant to receive services in their home, and broad parent reach cannot be achieved due to the cost of home visiting. The blended approach and flexible use of destigmatizing communications campaigns, individual support, seminars, group support, online programs, and providing services where parents interact, such as the primary care provider's office, schools and place of worship achieves extensive community reach.

2. Designate appropriate lead agencies for CB-CAP

   To ensure that the goals of this important legislation are achieved in practice, consideration should be given to legislative mechanisms that require funds to flow to lead agencies that have a core focus, understanding, and demonstrated commitment to broad community primary prevention work such as Children's Trust chapters, Prevent Child Abuse chapters, and/or Health Departments. To accomplish this, we suggest that Title II instructs the lead agency to utilize the funds in a way that focuses on evidenced-based primary prevention work at a community level.

3. Ensure funding is allocated to evidence-based primary prevention

Data supports the cost-savings that flow from investment in primary prevention. From a budgetary perspective though, the short-term challenge is how to invest in primary prevention while continuing to fund services for families in need. There is an urgent need for system reform, creating smarter systems. Funding for treatment programs that are not evidence-based or not delivering results should be diverted to evidence-based prevention. Systems need to be reformed and better coordinated. This approach may go some way to addressing the funding gap, but the data also supports that even if there is a short-term overall increase in the funding of prevention and treatment, in the medium term, costs will reduce if programs like Triple P are implemented. This is because results flow quickly and generate cost savings. The goal would be to invert and shrink the funding pyramid overtime, so that broad population primary prevention strategies are appropriately funded to substantially reduce the incidence of, and costs associated with treatment of child abuse and neglect.

I appreciate and welcome your Committee's dedication to this important endeavor and stand ready to be of assistance in any and all ways possible.