Interventions, regardless of their target populations or primary outcomes, appear to benefit from a set of “core ingredients.” These generally include:

- BUILDING ON A STRONG THEORETICAL FOUNDATION THAT LINKS INTENDED OUTCOMES TO A CLEARLY ARTICULATED THEORY OF CHANGE
- OFFERING THE PROGRAM AT A SUFFICIENT DOSAGE AND DURATION TO MAKE IT POSSIBLE TO ACHIEVE THE INTENDED OUTCOMES
- STAFFING THE PROGRAM WITH INDIVIDUALS WHO HAVE THE KNOWLEDGE AND COMPETENCIES TO WORK WITH PARTICIPANTS TO ACHIEVE THE DESIRED OUTCOMES
- OPERATING WITHIN A SYSTEM OF QUALITY ASSURANCE TO ENSURE THAT THE PROGRAM IS DELIVERED PROPERLY AND THE DESIRED OUTCOMES ARE ACHIEVED

The IOM/NRC report describes the current evidence base for many widely used and evaluated programs. It is important to note that none of the approaches has been evaluated across all communities or populations, and approaches often do not reach, engage, or retain their full target population. However, the report finds the progress in child abuse and neglect interventions to be impressive. Strategies and interventions discussed in the report include the following.

**DIFFERENTIAL RESPONSE**

Differential response systems offer multiple pathways for addressing the needs of children and families referred to child welfare services. These strategies have been shown to be effective with a range of outcomes, including improvements in child safety, fewer removals from home, increased access to services, and higher levels of family satisfaction.

**FAMILY AND PARENT ENGAGEMENT**

Child welfare systems have expanded their efforts to engage families, especially parents, more fully as part of the service planning and intervention process. Evidence suggests that family and parent engagement models contribute to reductions in child abuse and neglect.
Providing home-based services to pregnant women and caretakers of young children is one of the most widely disseminated child abuse and neglect prevention strategies. Evidence of the effectiveness of early home-visiting programs demonstrates initial and long-term improvements in parent–child attachment, access to preventive medical care, healthy child development, and parental capacity. These strategies also show consistent reductions in parental stress, depressive symptoms in children, and child abuse and neglect reports.

Increased consideration is being given to how best to use existing service delivery systems that regularly interact with families to mitigate the potential for abuse and neglect. For example, placement of child development specialists in pediatric practices has demonstrated impacts on child health, child development, school readiness, and positive parenting practices. In addition, training programs for health professionals have demonstrated improvements in pediatricians’ levels of comfort and perceived competence in screening for and addressing child abuse and neglect.

Many factors should be considered to ensure that strategies and interventions are replicated in ways that are faithful to both the structure and intent of the original model. These factors include:

- Implementing with the population the intervention was designed to help
- Staff skills and training
- Supervision
- Caseloads

Consideration of organizational culture and climate is also critical to quality service delivery and to the implementation of evidence-based programs. Attention to these factors is necessary both in the initial planning process and throughout implementation.

Additional information and resources, including the Report, Questions to Guide Research, Video, and Infographic are available at:

WWW.IOM.EDU/CHILDMALTREATMENT