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Charting the waves of prevention: two steps forward, one step back

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Abstract

Background: Over the past 30 years, the political response to child maltreatment and its prevention in the US has experienced periods of frantic activity, often followed by long periods of benign neglect. In reflecting on this history, Dick Krugman has referred to this uneven level of attention as a series of “waves” in which apparent progress is often minimized by an inability to sustain political commitment to a given reform or course of action. To an extent, this pattern reflects deep differences among child welfare advocates, researchers, and practitioners on how best to proceed. While most everyone agrees that “it shouldn’t hurt to be a child,” how to prevent this hurt and at what cost is less clear.

Method: To address this dilemma, prevention advocates, researchers, and practitioners have struggled with a variety of conceptual frameworks and programmatic reforms. This article summarizes the relative gains and limitation of three such efforts and outlines the lessons these efforts offer those formulating future prevention policies and programs.

Results: Specifically, the authors suggest that future prevention efforts will need to take care in avoiding some of the most common mistakes experienced by earlier efforts.

Conclusions: These mistakes or pitfalls include oversimplifying the problem of child abuse; overstating preventions’ potential and appropriate target populations; failing to establish a significant partnership with child protective services; compromising depth or quality in an effort to maximize breadth or coverage; and failing to fully engage the public. © 2002 Elsevier Science Ltd. All rights reserved.

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Introduction

Over the past 30 years, the political response to child maltreatment in the US has experienced periods of frantic activity, often followed by long periods of benign neglect. In reflecting on this history, Dick Krugman referred to this uneven level of attention as a series of “waves” in which apparent progress is often minimized by an inability to sustain political commitment to a given reform or course of action (Krugman, 1999). To an extent, this pattern reflects deep differences among child welfare advocates, researchers, and practitioners on how best to proceed. Such differences have confounded efforts to provide policy-makers with well-argued position statements and a coordinated plan of attack. The result, as Dr. Krugman notes, has been a failed child welfare system, one that has neither the resources nor focus necessary to protect children.

Child abuse prevention efforts in the US share this history of political ambivalence. While most everyone agrees that “it shouldn’t hurt to be a child,” how to prevent this hurt and at what cost is less clear. To address this dilemma, prevention advocates, researchers, and practitioners have struggled with a variety of conceptual frameworks and programmatic reforms. Like child protection, the prevention field has experienced a series of “waves,” each of which offered great promise and, unfortunately, much disappointment. We discuss three distinct waves of prevention promise we have seen in our careers, talk about how each wave improved the lives of children, and recognize each wave’s limitations. We conclude by suggesting the lessons these efforts offer those formulating future prevention policies and programs.

Wave 1: the prevention concept (1974–1980)

While Henry Kempe’s 1962 article is often cited as the beginning of the modern response to child abuse and neglect (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962), public and political recognition of the issue was solidified with the passage of the Child Abuse Treatment and Prevention Act in 1974 (Nelson, 1984; Steiner, 1976). With its specific focus on prevention, this legislation generated certain optimism about the potential to protect children from abuse and neglect. By this time, all states had implemented formal reporting laws and had expanded their child welfare service systems. In many places across the country, professionals were testing various ways to reach at-risk families through such diverse efforts as home visitation, parenting education, parent self-help groups, and crisis intervention (Cohn, 1979; Helfer, 1982a; Kempe, 1976a). The Kempe Center’s perinatal assessment project was particularly useful in documenting the impact careful observations of newborns and their mothers could have in reducing serious injury because of parental abuse (Gray, Cutler, Dean, & Kempe, 1979).

To an extent, people believed that effective prevention hinged on dramatically increasing public awareness and acceptance of the problem. Indeed, one early study showed that fewer than 10% of the American public were aware of the child abuse problem during this period (Cohn, 1987). In response to this finding, the National Committee to Prevent Child Abuse (NCPCA) and other national public and private entities undertook efforts to raise the public’s

level of awareness. These efforts, primarily public service announcements on TV and radio, were supplemented by extensive news coverage of particularly atrocious cases. By the early 1980s, a national public opinion survey showed that over 90% of the public were not only aware of the problem but also understood that there were different types of child maltreatment, that the causes of maltreatment were rooted in a variety of individual and societal conditions, and that they needed to take action if the problem was to be resolved (Daro & Gelles, 1992). During this period, reports to public agencies of suspected child abuse rose dramatically, increasing from fewer than 100,000 in 1976 to over one million in the early 1980s (McCurdy & Daro, 1993). Many of these reports came from the general public. Whether a primary cause or an additive one, deliberate use of the media to make the public aware of child abuse had a substantial impact on awareness, knowledge, and behavior.

Home visitation was a featured component of this early prevention service system. During his presentation at the first National Conference on Child Abuse and Neglect in Atlanta, Georgia, Kempe outlined a voluntary home visitation system he considered compatible with the scope of the problem and the level of available resources. Under Kempe's plan, home visits would be delivered by a system of some 60,000 lay visitors who would provide preliminary support to the then estimated 3.2 million births per year. Undaunted by the scope of his plan, Kempe suggested that the system could be functioning within 5 years, largely because the pool of potential lay visitors was plentiful. These visitors, he noted, could be trained in a few days. "They will be learning a few facts grafted on the important foundation they already have: they are successful mothers and they have a great knowledge of the community they serve" (Kempe, 1976b, p. 73).

In contrast to this optimism, others believed prevention efforts needed to move beyond the parent-child dyad and look to the context in which parents rear their children. Under the title "Controlling child abuse in America: An effort doomed to failure," Edward Zigler cautioned against putting too much faith in simple, legislative initiatives or single service models. "Social change," he wrote, "is produced not by the stroke of a pen but by intensive and persistent efforts to change the human ecology in which the social target is embedded" (Zigler, 1976, p. 35). Among the issues he and others saw missing in the child abuse prevention discussion of the times were poverty and the stress it generates in families; inadequate child care; easily available family planning services to reduce unwanted pregnancies; single parenthood; and the continued use and approval of corporal punishment in schools and in homes (Gil, 1970; Pelton, 1981; Polansky, Borgman, & De Saix, 1972; Zigler, 1976).

These limitations reflected not only omissions in the prevention field but also in the causal and theoretical models used at the time to explain child abuse and neglect. Disappointment with these single factor theories led to the adoption of more complex, ecological frameworks in child abuse practice and policy debates (Belsky, 1980; Bronfenbrenner, 1979; Cicchetti & Rizley, 1981; Garbarino, 1977). Increasingly, the field came to recognize that the roots of maltreatment lie partly in individual parental and familial characteristics and partly in the context or environment in which families live. This expanded framework, coupled with the rapid realization that the problem was perhaps more widespread and numerous than first thought, gave rise to the second prevention wave.

Wave 2: the prevention continuum (1980–1990)

This period represented tremendous growth in public recognition of the problem, the range and diversity of prevention services, and the development of strong, grassroots efforts to engage local communities in a more coordinated effort to support families and protect children. It became clear that for prevention efforts to be effective they should focus on: increasing a parent's knowledge of child development, the demands of parenting, and home and child management; enhance parent-child bonding, emotional ties, and communication; increase a parent's skill in coping with the stresses of infant and childcare, as well as the care of children with special needs; increase peer support and reduce family isolation; increase access to social and health services, including substance abuse treatment; increase access to jobs, adequate housing and safe neighborhoods, and reduce the long-term consequences of poor parenting (Cohn, 1983; Helfer, 1982b). Discrete prevention programs were developed to respond to these areas, and a comprehensive approach to preventing child abuse was delineated that included a wide range of programs that varied in coverage, duration, and intensity (Cohn, 1983). This period also marked the development of specific legislation to provide funding for child abuse prevention (Children's Trust and Prevention Funds), an effort to place prevention on a more equal footing, at least in a political and thus funding sense, with treatment services (Daro, 1988).

Prevention efforts also moved beyond the rather narrow set of behaviors that constituted physical abuse and neglect to include all forms of sexual abuse and sexual exploitation, as well as emotional maltreatment (Daro & Cohn, 2002). In this sense, responses began to catch up to the laws that had been on the books for years. This broader definition base resulted in the prevention program basket expanding to include universal strategies to prevent child sexual abuse, strategies that not only engaged public education and day care institutions, but also drew in advocates of other forms of familial violence (Finkelhor & Daro, 1997). Preventing child sexual abuse did not begin with new parents to help them get off to a good start, but rather focused on efforts to equip potential victims—the children—with tools to protect themselves from becoming victimized. The sexual abuse prevention continuum went on to include ways to address potential perpetrators, educating them about ways to reach out for help in advance of an episode (Daro, 1994).

In the absence of clear empirical guidance and in response to the belief that child abuse did indeed have many and varied causal roots, the prevention response was to "let a thousand flowers bloom." Dozens of programs sprang up in communities across the country, each claiming to address a specific portion or segment of the child abuse problem. This strategy not only offered families a diverse array of options to choose from but also facilitated the development of broad-based coalitions. Everyone could have a program, and everyone had a role to play. No program was more effective than any other. All programs were allowed to coexist and to work collectively in weaving a strong safety net for fragile children and families. The best example of this positive, strength-based approach was the National Committee to Prevent Child Abuse's goal to "Reduce child abuse 20% by 1990" (Cohn, 1987; Garbarino 1986). This goal not only challenged practitioners to reduce child abuse, it challenged researchers to measure this reduction. While it is virtually impossible to provide a definitive answer to the question posed by this challenge, the documentation that was

undertaken as part of this effort suggested that this prevention wave produced rather remarkably changes in public attitudes, legislative initiatives, and the availability of formal and informal supports (Daro, 2000; Daro & Gelles, 1992).

Despite these impressive gains, many families and communities did not benefit from this plethora of prevention services. The same data sources that suggested the prevention promise had been realized included evidence that, once again, prevention efforts had missed the mark. While fewer parents were engaging in various forms of corporal punishment, the same percent reported hitting their children with objects (8–10% annually) or disciplining them so severely that they caused injury or bruising (1–2% annually) (Daro & Gelles, 1992). While the public was clearly more aware of the problem, there was no evidence that more people felt compelled to volunteer their time to support other parents or to offer protection to children. While more services were developed in communities, many of these services were not sustained over time. And, most telling, the period did not see a significant reduction in the number of child abuse reports or, most tragically, child abuse fatalities. The youngest children, those that were most vulnerable, were paying a heavy price for the inability of prevention services to successfully reach their parents. Every year during this period, over 1000 children were documented as fatal victims of child maltreatment. Eighty percent of these children were under the age of 5 years; 50% were under the age of 1 year (McCurdy & Daro, 1993).

The prevention continuum had done a good job in creating a market of services from which some parents were able to find the supports they needed to provide better care for their children. It was far less successful in creating a system that would attract and retain families who did not know they needed assistance or, if they recognized their shortcomings, did not know how to access help (Daro, 1993). Reaching these families would require not just more services but services that were better integrated. Prevention efforts needed to respond not only to the multiple causes of child abuse but also address the additional challenges families faced when these various factors interact with one another. Realizing this need for integration and system building led to the third and current wave of prevention services.

Wave 3: the prevention system (1990–present)

The current wave returned to the scientific and empirical roots that influenced the first wave of policy development. Dramatic advances in brain research and the capacity to understand more fully the way in which early childhood experiences shape subsequent physical and emotional development galvanized public policy interest in the 0 to 3 population (Shonkoff & Phillips, 2000). At the same time, clinical trials and sophisticated quasi-experimental designs were providing increased confidence in the efficacy of early intervention services in altering parental behavior and preventing child abuse (Barnett, 1985; Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Seitz, Rosenbaum, & Apfel, 1985). Particular confidence was emerging around the concept of home visitation among not only private foundations and advocates (Carnegie Task Force on Meeting the Needs of Young Children, 1994; Cohn-Donnelly, 1997; Gomby, Larson, Lewit, & Behrman, 1993) but also among public bodies (GAO, 1990; US DHHS, 1990, 1991, 1993). For the first time since the rapid

expansion of child abuse reporting legislation, there was a remarkable fit between what research indicated was needed and what the field was poised to deliver.

For the prevention field, this shift was both conceptual and programmatic. Rather than considering the array of prevention services as a continuum, the prevention paradigm has shifted from the horizontal to the vertical (Daro, 2000). Rather than continuing to advocate a broad array of services that may or may not be conceptually or programmatically linked, efforts are now focused on creating a strong, widely available prevention system that begins at the time a woman is pregnant or gives birth and then builds additional services on top of this foundation. The objective is to raise prevention systems much the way we raise children—one developmental stage at a time.

Within this new paradigm, home visitation programs again play a central and important role. The strategy serves both as an intervention with its own mission and service portfolio, as well as a gatekeeper to other resources. These other resources include not only the health services Kempe identified in the 1970s, but also the therapeutic and concrete services necessary to insure parents' ability to provide a safe and nurturing environment for their children. Within this conceptualization, home visitation holds great promise. It can offer more directed and personalized services to the troubled, disorganized families that are unable or unwilling to manage a service market. It offers the ability to tailor a given curriculum to a family's most pressing needs and cultural values, thereby increasing the potential that services will be viewed as a useful investment of a parent's time and energy. As a relationship-based program, the strategy also models how to engage in a positive relationship and to use that relationship to address individual needs.

As with the two prior waves, the current wave has accomplished much to improve child well-being and parental capacity. If one considers only the six major national models providing home visitation services, almost 600,000 infants and their families are touched every year, many receiving considerable service dosages (Gomby, Culross, & Behrman, 1999). Programs not only have a better theoretical orientation, they also operate within the context of clearly articulated theories of change. While one might question the assumptions governing some of these logic models, prevention program managers are more cognizant of the importance of linking expectations to service capacity and reach.

In terms of specific outcomes, however, the research findings are ambiguous. Many program evaluations have found that when home visitation services are offered in a consistent, intensive high-quality manner by well trained and well supervised staff, participants are less likely to engage in serious abuse or neglect, more likely to access a greater and more appropriate array of services, and more likely to report positive parent-child interactions (Baker, Piotrkowski, & Brooks-Gunn, 1999; Daro & Harding, 1999; Guterman, 1997; Infant Health & Development Program, 1990; Karoly, Greenwood, Everingham et al., 1998; Olds, Henderson, Kitzman et al., 1999; Ramey & Ramey, 1998; Wagner & Clayton, 1999). When these efforts include a comprehensive child development assessment, children receive remedial services sooner and in more appropriate dosages. In many cases, parents enrolled in these services not only improve their parenting skills but also develop more positive and responsible personal habits. They are less likely to remain on welfare and more likely to further their education and obtain stable employment. If they are teenagers, they are more

likely than their unserved peers to have fewer subsequent births or to better space their children.

It is not clear, however, that programs are achieving sustained change with the majority of families they serve (Chalk & King, 1998; Gomby, Culross, & Behrman, 1999). Little evidence exists that home visitation services are effective in addressing the needs of families at risk because of substance abuse, domestic violence, or serious mental health problems. And, while the rhetoric of these programs imply that the strategies offer an effective conduit to other community resources and community capacity building, scant evidence exists to suggest these broader goals are being realized (Daro & Harding, 1999; Guterman, 2001).

Perhaps most disappointing is the sizable number of families who are not retained in these programs (McCurdy, Hurvis, & Clark, 1996). Despite extended efforts and a clear, strength-based approach to service delivery, the majority of families reached by prevention programs will leave before reaching their service goals or achieving the service levels articulated in the program's model. Whether this represents a failure to engage families for a sufficient period of time or a mismatch between the service levels providers want to give and the service levels families can effectively incorporate into their lives is an empirical question currently receiving substantial attention (McCurdy & Daro, 2001). At a minimum, this pattern and the absence of solid outcomes among many of the families served suggest that the full promise of prevention has yet to be realized.

What have been the field's common mistakes?

Looking over the three waves, we see six common shortcomings that offer a cautionary note to those seeking to enhance prevention efforts. First, each time prevention proponents have oversimplified things. The key to successfully preventing child abuse was always stated in simple and direct terms. Just raise public awareness and recognition of the problem. Just establish a wide range of prevention services in your community. Just be sure you intervene early. While advocates as well as researchers have given lip service to the importance of an ecological framework, they have consistently promoted singular solutions.

Second, proponents have repeatedly overstated prevention's potential, allowing rhetoric to outpace research and empirical support. Again, many researchers and advocates have privately admitted their limitations and often qualified their statements in their published work. However, in the heat of a political battle and in the desire to secure additional resources or legislative action, qualifiers are often dropped and expectations raised. Prevention efforts are framed as offering the potential for success in all cases, an impossible standard to achieve. No strategy works with all families, and not all child abuse is preventable. By setting the bar too high in some cases, the field has made it impossible to take pride in modest, but significant, accomplishments. For example, this thinking leads to disappointment when families stay in weekly home visitation programs only 6 months to 9 months, rather than the 2 years to 3 years called for in a given model. What this disappointment misses is the fact that two decades ago prevention service providers were delighted if parents regularly attended 6 weeks of parenting classes or sporadically attended monthly parent support groups.

Third, prevention advocates continue to misrepresent the pool of families they can successfully attract and retain in voluntary prevention services. They have yet to come to terms with the fact that not all parents will respond to prevention efforts even if they are of high quality and are offered in a positive, strength-based manner. While prevention efforts have been and can be more effective with families that carry many of the demographic and emotional markers that suggest a high potential for abuse and poor parenting skills, it is not clear that these interventions will ever be appropriate for parents who suffer from severe mental illness, actively abuse drugs or alcohol, or who are enmeshed in a culture of interpersonal violence or abuse. Indeed, part of the over-promise of prevention comes from a belief that if prevention is simply made more available, it can meet the needs of parents with these types of problems.

Fourth, each time, prevention advocates failed to establish a significant partnership with their local child protective service agencies. Rather than work together, child welfare reformers and prevention advocates have tried to position themselves as an alternative to the other. In seeking to increase their political value, child welfare reform advocates promise to offer more preventive services, and prevention advocates promise to reach deeper into the at-risk population. The absence of an effective partnership is not because of a lack of opportunity. Both prevention and child welfare planners share a commitment, at least in their reform language, to provide more appropriate and comprehensive assessments and to use these data to develop more individualized service plans that encompass a broad array of options. At present, however, the vast majority of public and social investment in addressing the problem of child abuse is focused on tertiary care. In the absence of an effective partnership, prevention will continue to be marginalized and, therefore, unable to garner the resources necessary to impact the lives of those most likely to arrive at the CPS doorstep.

Fifth, the prevention field continues to struggle with what it means to go to scale. Going to scale can mean either a greater number of services or deeper, stronger connections among existing services. One can establish breadth or focus on depth. Prevention efforts have sadly focused far too much attention on the former at the expense of the latter. At each stage of its development, prevention has shifted to increasing the number of program sites before it fully understood what it would take to make these programs sustainable and effective. Specifically, too little attention has been paid to insure that programs have adequate staff, sufficient partnerships with other key service providers, a fully aware and supportive local population that understands what it takes to create a supportive environment for children, and a service engagement process that potential participants find sufficiently attractive to accept and remain in services.

And finally, the field has failed to establish the public will and the political clout to bring to fruition the policies and programmatic reforms needed to prevent child abuse. As Krugman noted in his political commentary: "For political action to be effective, there are several critical ingredients: a professional constituency or lobby that has a coherent agenda; an informed media that has the ability to focus public opinion on the issue and raise its level of importance; leadership in the executive or legislative branches of government; and a bipartisan coalition to support any legislative action" (Krugman, 1999, p. 964). The field has never assembled all these key ingredients at the same time. And, more importantly, child abuse prevention has not captured the imagination or sustained attention of the general

public. In the absence of this type of general commitment, it remains unclear if child abuse prevention, even if well researched and well argued, can command the level of political attention necessary to realize meaningful legislative reforms.

Reasons for hope

Prevention as a concept and as a field has come a long way since 1974. Prevention practitioners, advocates, and researchers have a greater appreciation for the complexity of the problem and are slightly more resistant to overstating their case. Prevention efforts have established stronger, more diversified partnerships that are engaging more people and institutions. Prevention research is more rigorous in terms of methods and measures and is more frequently cited in the articulation of specific program and policy decisions. Program evaluations are documenting more consistent and robust outcomes. As a field, we are less competitive and are learning how to work together across service models and problem areas. State and county governments across the country are finding ways to pool their resources and think beyond their own agency or bureaucratic boundaries. All of these trends suggest society can expect more from its future investments in prevention.

Most importantly, the promotion of child abuse prevention and early intervention efforts are proving useful vehicles for developing a shared vision and sense of common purpose. The next wave of child abuse prevention may finally focus less on what it wants to avoid and more on what it wants to accomplish for children. Rather than defining their goal as the absence of abuse, prevention advocates will seek partners to maximize the potential of all children. For many, this shared vision will be one where normative standards encourage parents to seek and receive the support they need to care for their children. It will be a vision where parents will understand that their child's ability to develop to his or her full potential depends not only on their actions as parents but also the supportive efforts of others such as school teachers, coaches, ministers, youth leaders, and the parents of their children's peers. To take prevention "to scale" is more than simply replicating a single strategy or promising reform. It is infusing the society with this vision of responsibility and mutual reciprocity. Over a decade ago, the US Advisory Board on Child Abuse and Neglect, under the leadership of Dick Krugman, suggested such a vision for improving the response to child abuse and neglect (US DHHS, 1991). We believe the prevention field is poised to provide the leadership, empirical evidence, and political will to implement this vision. Making good on this promise, however, will require more rigorous research and a willingness to use the results in a self-critical manner. Whether the field can exercise this type of self-discipline is yet to be seen.

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Résumé

Durant les trente dernières années aux États Unis, la réaction politique à la question de l'enfance maltraitée et sa prévention a connu des périodes d'activité frénétique, souvent suivies de périodes d'aimable indifférence. Dick Krugman, réfléchissant sur l'historique du mouvement, parle de "vagues" d'activités, où le progrès a souvent été miné par un manque d'engagement politique vers des réformes ou des pistes nouvelles. Dans une certaine mesure, ces tendances indiquent des différences profondes parmi les défenseurs du bien-être des enfants, les chercheurs et les praticiens à savoir comment prévenir et quelles démarches entreprendre. Bien que tous ou presque sont d'avis que l'enfance ne doit pas être une période de souffrance, comment prévenir cette douleur et à quel prix demeure imprécis. Pour répondre à ce dilemme, les défenseurs, les chercheurs et les praticiens ont élaboré bon nombre de schèmes conceptuels et de réformes. Cet article résume les gains et les limites de ces efforts et précise les leçons apprises pour ceux qui devront formuler de nouvelles politiques et program. Plus précisément, les auteurs proposent que la prévention devra, à l'avenir, éviter les erreurs les plus communes commises à ce jour. Pour les éviter, il s'agira de ne pas sur-simplifier la question; ne pas surestimer les possibilités de la prévention, ne pas cibler les mauvaises populations; ne pas ignorer l'importance des partenariats avec les services de protection de l'enfance; ne pas sacrifier le poids ni la qualité de l'effort au profit d'une approche trop vaste; et ne pas omettre d'inviter la participation du public.

Resumen

Durante los últimos 30 años en E.U.A., la respuesta política al maltrato infantil y a su prevención ha sufrido períodos de agitada actividad, seguidos muchas veces por largos períodos de negligencia benigna. Al reflexionar sobre esta historia, Dick Krugman se refiere a este desequilibrio en la atención como una serie de "olas" en las que el progreso aparente es muchas veces minimizado por una incapacidad para sostener el compromiso político de una reforma o línea de acción dada. Hasta cierto punto, este patrón refleja profundas diferencias entre los defensores de los niños, los investigadores, y los profesionales acerca del mejor procedimiento. Aunque la mayoría de las personas están de acuerdo en que "ser un niño no debe doler," no está tan claro cómo prevenir ese dolor y cuánto costaría. Para responder a ese dilema, los defensores de la prevención, los investigadores y los profesionales han luchado con una variedad de marcos conceptuales y reformas programáticas. Este trabajo resume los avances relativos y la limitación de tres de estos esfuerzos y diagrama las lecciones que estos esfuerzos ofrecen a los que formulan políticas y programas de prevención. Específicamente, los autores sugieren que futuros esfuerzos de prevención necesitarán cuidarse de evitar algunos de los errores más comunes vividos por esfuerzos anteriores. Estos errores o precipicios incluyen sobreplicar el problema del abuso a los niños, destacar demasiado el potencial de la prevención y las poblaciones blanco adecuadas, no establecer una asociación importante con los servicios de protección infantil, comprometer la profundidad y la calidad en un esfuerzo por maximizar cobertura o amplitud; y no lograr hacer contacto con el público.