AND HOW ARE THE CHILDREN OF HINDS COUNTY?

A community-driven

exploration and commitment

to reducing

child abuse and neglect

in Hinds County, Mississippi

SHARED
Strategy Group, LLC

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This plan document is respectfully entitled "…And How Are the Children of Hinds County?" Among the Masai tribe, the traditional greeting is not "how are you?" Instead, the greeting is, "And how are the children?" or "Are the children well?" demonstrating the high value the tribe places on ensuring the well-being of the next generation.

ABOUT THIS PUBLICATION

This document is designed to provide foundational information for a responsible and strategic approach to preventing and responding to child abuse and neglect in targeted communities in Hinds County, Mississippi. The intent of this document is to support action planning and implementation among stakeholders as opposed to only increasing awareness or for educational purposes. In reading this publication, it is important to understand that participating community members are viewed as experts in the experiences of impacted populations.

Note on Citing Sources: Because this is a planning document as opposed to peer reviewed research, we included a hyperlink to data sources within the body of the document where possible. This provides the end user with access to additional information on source data.

CHILD WELL-BEING IN MISSISSIPPI

Mississippi is a place of strong connections to the stories of pride passed down for generations. Whether these are the stories of southern heritage or civil rights, Mississippians hold fast to an identity rooted in place. Unfortunately, there is another that is even more telling on how policies and practices over generations have left many of Mississippi's children near the bottom. According to the 2022 Kids County Data Profile published by Annie E. Casey Foundation and the Children's Foundation, Mississippi ranks 48th in overall well-being for children and 50th when it comes to children's health as well as for indicators measuring family and community well-being. More than one in four (28%) of children in Mississippi live in households experiencing poverty which reflects a racial disparity of 45% black children living in power as compared to 13% of white children.[1]

Figure 1. Sample Key Indicators of Child Well-Being in Mississippi

Children in poverty

Children whose parents lack secure employment

Young children (ages 3 and 4) not in school

Fourth graders not proficient in reading

Eighth graders not proficient in Math

Children living in high-poverty areas
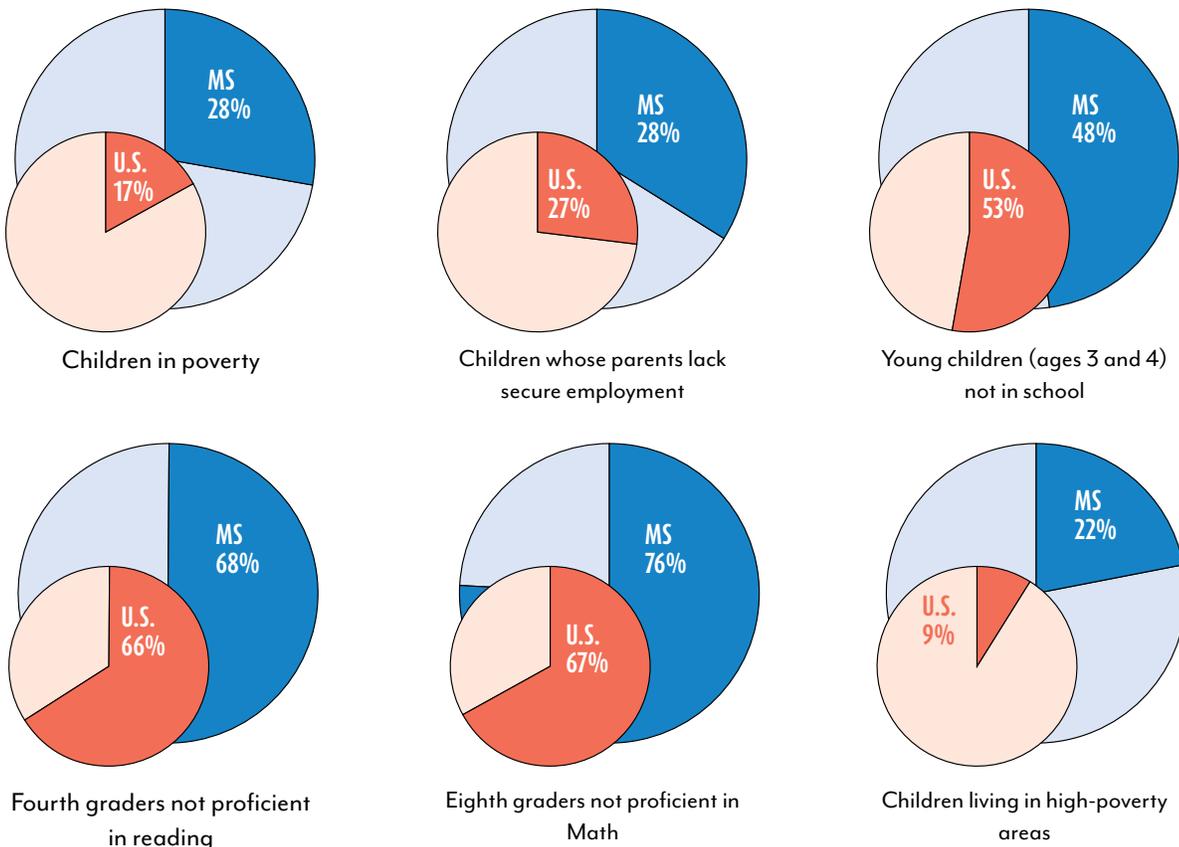
Source: 2022 Kids Count Data Book, State Trends in Child Well-Being

1   2022KCDB-profile-MS.pdf (aecf.org)

HINDS COUNTY, MISSISSIPPI

Hinds County is centrally located in the state of Mississippi and is home of the state's capital. The county is made up of both rural and urban areas with approximately 66% of the county's population located in the City of Jackson base on population estimates for 2023. The county has experienced a gradual decline in population over the past five years from 229,499 in 2019 to 222,480 in 2023.[2] According to the 2022 U.S. Census estimates, the racial/ethnic makeup of the county reflects 73.5% Black, 24.7% White and 1.6% Hispanic.[3]
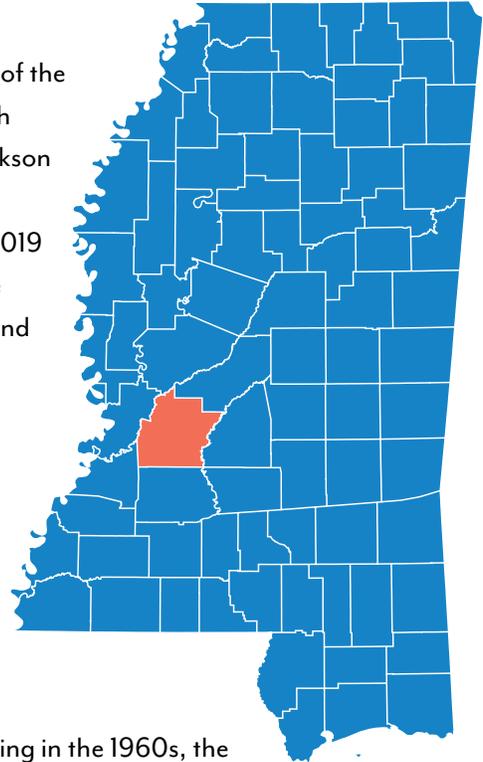
HINDS COUNTY POPULATION TREND

2019	|	229,499	2022	|	224,234
2020	|	227,742	2023	|	222,480
2021	|	225,988			

POPULATION SHIFTS IN THE CAPITAL CITY

Similar to the population shifts experienced in many major cities beginning in the 1960s, the population of the City of Jackson was 64% White and 36% Black. As desegregation of public facilities increased during the 1970s, population demographics showed the evidence of a pattern in population shift often called "white flight'. By the time of the 1980 U.S. Census reporting, the white population of Jackson decreased from 64% to 52%. In 2020, the population of Jackson declined overall and there was a dramatic shift in the racial makeup of the city with blacks representing over 80% of the population and whites making up only 17% of the total.

Figure 2.
Jackson, MS | Five Decade Population Trend
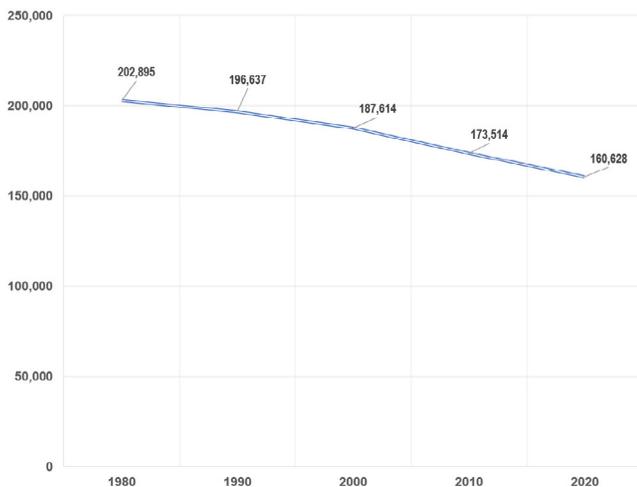
Source: U.S. Census Data; PolicyLink. Jackson, MS Equity Profile

Figure 3.
Jackson, MS | Five Decade Population Trends by Race (%)
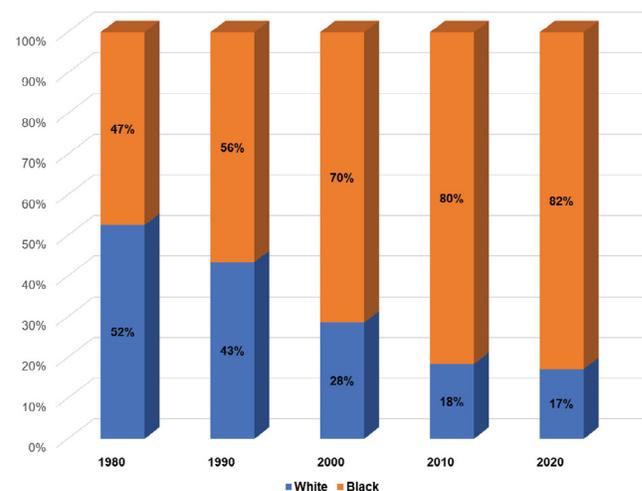
Source: U.S. Census Data; PolicyLink. Jackson, MS Equity Profile

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2   Hinds County, Mississippi Population 2023 (worldpopulationreview.com)
3   U.S. Census Bureau QuickFacts: Hinds County, Mississippi

INCOME AND ECONOMIC INDICATORS

Figure 4. Hinds County, MS | Income and Economic Indicators

24.59%
Overall
Poverty Rate

9.79%
White

29.24%
Black

29.24%
Multiple
Races

25.2%
People living
in poverty

$45,380
Median
Household Income

$25,524
Per capita income
in the past 12 months
(in 2021 dollars)

Households experiencing a housing burden
15% in Hinds County | **12%** in Mississippi

9.3%
Unemployment
Rate

21.79%
Unemployment
Rate for those
with some college

35.3%
Overall marriage rate

NEVER MARRIED
27% White/Non Hispanic
48.8% Black | 46.2% Hispanic

Source: U.S. Census 2020 ACS 5-Year Survey
Hinds County, Mississippi Population 2023 (worldpopulationreview.com)

EDUCATION ATTAINMENT

Education Attained	Count	Percentage
Less Than 9th Grade	5,455	3.57%
9th to 12th Grade	12,635	8.27%
High School Graduate	36,321	23.79%
Some College	36,475	23.89%
Associates Degree	15,681	10.27%
Bachelors Degree	26,350	17.26%
Graduate Degree	19,785	12.96%

3.57%
8.27%
12.96%
17.26%
10.27%
23.89%
23.79%

*Figure 5.
Hinds County
Educational Attainment
Over 25*
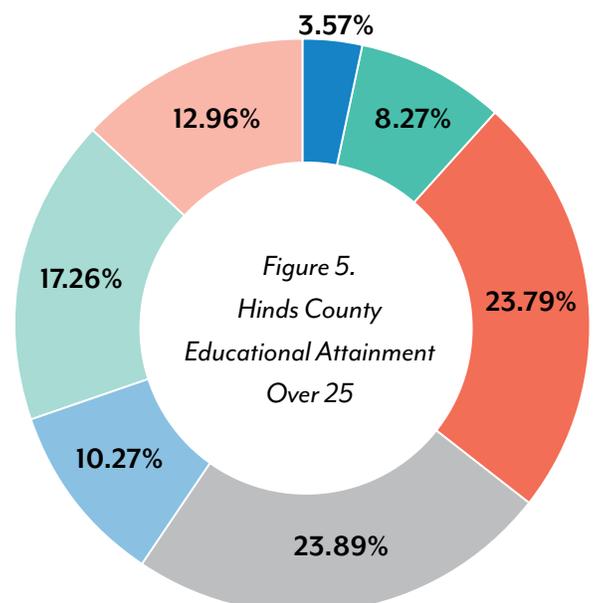
Source: worldpopulationreview.com/us-counties/ms/hinds-county-population

DISCONNECTED YOUTH

Disconnected Youth represents the percentage of youth in a county who are between the ages of 16 and 19, who are not enrolled in school and who are unemployed or not in the labor force.[4] Using the rate among the population of Jackson, Mississippi as a sample of Hinds County, rate of disconnected youth is 8.3%.

*Table 1. Disconnected Youth*

	Metro area	Estimated number of disconnected 16-19 year olds	Share of 16-19 year olds who are disconnected
1	Boston, MA	4.122	1.6%
2	Minneapolis, MN	3,536	2.0%
3	Provo, UT	835	2.1%
4	San Jose, CA	1,903	2.1%
5	Worcester, MA	1,222	2.3%
6	Hartford, CT	1,562	2.3%
7	Grand Rapids, MI	1,194	2.3%
8	Pittsburgh, PA	2,872	2.5%
9	Omaha, NE	1,357	2.6%
10	San Francisco, CA	5,272	2.6%
91	Winston-Salem, NC	2,297	6.7%
92	Springfield, MA	2,373	6.9%
93	Chattanooga, TN-GA	1,820	6.9%
94	Fresno, CA	4,024	7.1%
95	Bakersfield, CA	3,824	7.1%
96	Augusta, GA	2,146	7.2%
97	Knoxville, TN	3,512	7.2%
98	Memphis, TN	5,367	7.7%
99	Jackson, MS	3,038	8.3%
100	McAllen, TX	7,791	8.7%
	U.S. Total	**784,008**	**4.6%**

Figure 5. County Level Data on Disconnected Youth
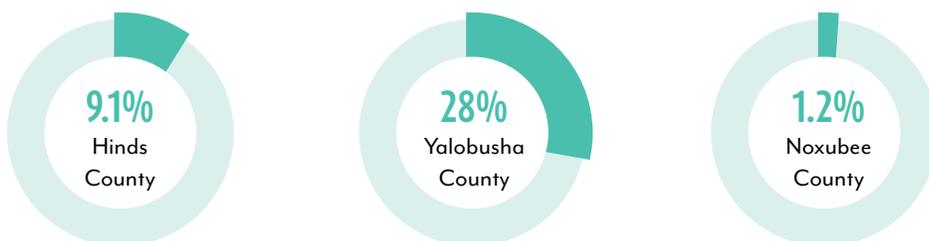
9.1%
Hinds County

28%
Yalobusha County

1.2%
Noxubee County

FAMILY INDICATORS

Of the total households in Hinds County, 34% were Female Householder, 7% Male Householder, 40% Married Couples, and 19% were non-family households.

Figure 6. Households

91,607
number of households
Mississippi: 1,129,611
United States: 127,544,730

2.4
persons per household
about 90 percent of the figure in Mississippi: 2.5
about 90 percent of the figure in United States: 2.5

■ Female householder ■ Male householder ■ Married couples ■ Non-family
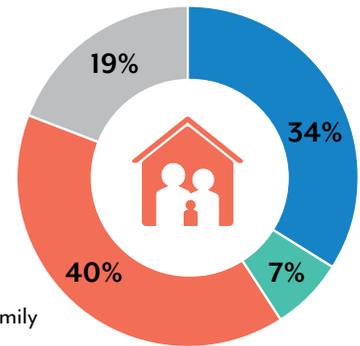
UNDERSTANDING CURRENT REPORTING AND DISPENSATION OF CHILD ABUSE AND NEGLECT CASES IN HINDS COUNTY

The National Child Abuse and Neglect Data System (NCANDS) is a federally sponsored data system used to collect and analyze data on child abuse and neglect allegations known to child protective agencies in the United States annually. Data is available at the county level and provides information on the source of the reported allegation and the outcome or disposition of the case. Child protective agencies receive reports of alleged abuse or neglect through identified or anonymous sources. Data on the reporting party for this analysis is categorized based on the following sources – education, legal, medical, family/friends, others, anonymous, and unknown. According to 2020 NCANDS data for Hinds County, the most frequent source of reporting of child abuse and neglect allegations was from anonymous sources at 36%. In further examining the data to identify the outcome or disposition, NCANDS data shows that 76% of all allegations in Hinds County were determined to be unsubstantiated meaning there was no evidence to corroborate the allegation following investigation. The high percentage of unsubstantiated cases is a significant driving factor in this exploratory effort to identify opportunities to help improve the accuracy of reporting, ensure that efforts are directed towards children and families who are truly in need, and ultimately to reduce instances of abuse and neglect in Hinds County. In 2019 the percentage of unsubstantiated cases was also similarly as high with 80% of cases in that year. In both years, overwhelming majority of allegations were reported by family/friends, others, or anonymous. In 2020 these sources represented 70% of all reporting. Examining just those reporting sources, approximately 90% of reports made by family/friends, others, or anonymous were investigated and determined to be unsubstantiated or no finding. Figure 7. is a process flow illustrating the reporting source and disposition of allegations. The process flow illustration was adapted from summary reporting provided by Casey Family Programs.

Figure 7. NCANDS 2020 Hinds County Reporting and Disposition

Reporting Sources	Disposition
5% | Education	22% Substantiated
9% | Legal	76% Unsubstantiated
17% Medical	9% No finding
26% Family/Friends	
18% Other	
36% Anonymous	
0% | Unknown	
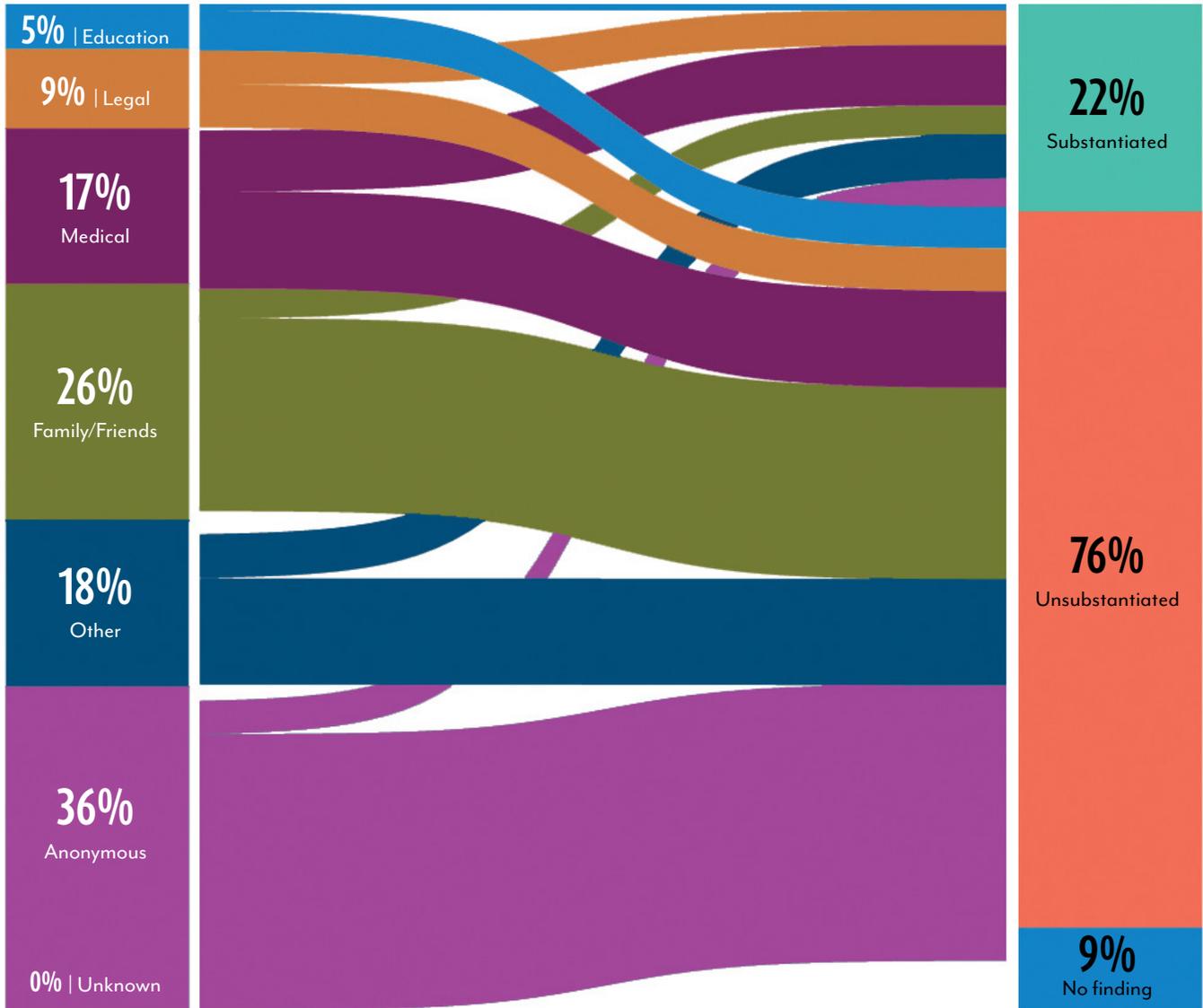
Process flow illustration courtesy of Casey Family Programs

Reporting Sources

- Education includes school personnel and child care providers
- Legal includes law enforcement and criminal justice
- Medical includes medical and mental health personnel
- Family/Friends includes parents, neighbor, other relatives
- Others includes alleged victim, social services personnel, substitute care providers

In Hinds County, 99 children were removed from the home and placed in out-of-home care. Of that total 73% were due to a reason of neglect of which 29% was as a result of parent substance abuse. The following chart illustrates all reasons for removal. Note, more than one reason can be identified for removal therefore totals will not add up to 100%. From 2019 to 2020 there was a significant increase in the percentage of children removed from the home due

to parent drug or alcohol use with less than 10% of removals in 2019 to over 30% of removals in 2020. The percentage slightly decreased in 2021 to 28%. See Figure #B for this year-to-year comparison.

Figure 8. NCANDS 2021 Data on Child Removals

Mississippi		Hinds	
Neglect	74%	Neglect	73%
Parent Substance Abuse	47%	Parent Substance Abuse	29%
Inability to Cope	20%	Inability to Cope	10%
Physical Abuse	9%	Physical Abuse	4%
Inadequate Housing	22%	Inadequate Housing	18%
Child Behavior	3%	Child Behavior	4%
Parent Incarceration	8%	Parent Incarceration	1%
Abandonment	6%	Abandonment	10%
Sexual Abuse	4%	Sexual Abuse	1%
Child Substance Abuse	3%	Child Substance Abuse	2%
Child Disability	1%	Child Disability	1%
Parent Death	2%	Parent Death	1%
Relinquishment	0%	Relinquishment	0%

*Figure 9. Percentage of all children (< age 18) entering care with parental substance abuse as a removal reason in Hinds County*

■ Parent drug abuse ■ Parent alcohol abuse ■ Parent drug & alcohol abuse
(Note: below Y axis have variable ranges--use caution in interpretation)
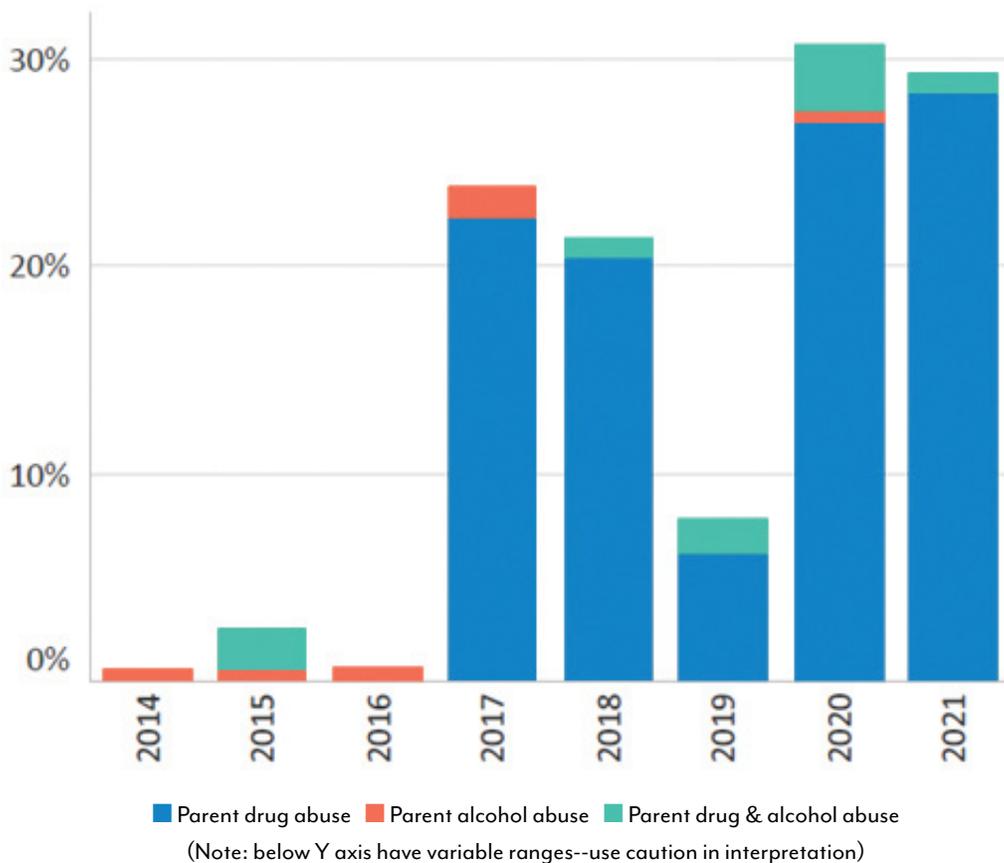
METHODOLOGY

The methodology for this report is based on the intended end use which is as a planning document to inform a community-driven, multi-sector strategy for reducing instances of child abuse and neglect as well as to reduce the prevalence of unsubstantiated reporting in Hinds County, Mississippi. The methodology includes: 1) primary data collection through a targeted community survey; 2) community conversations hosted at housing communities supported by Springboard to Opportunities; 3) focus group discussions with mandated reporters, and 4) strategy sessions with a multi-sector stakeholder group. During this phase of the project, engagement of residents and community partners was the primary focus. The Mississippi Department of Human Services, Child Protective Services was a valuable resource partner. A separate focus group conversation was held with their leadership team to provide the deeper context in current agency practices and infrastructure. Because the methodology included data collection through the engagement of human subjects, IRB approval was secured through Casey Family Programs prior to implementation of any activities associated with the project. Documentation of sign-in sheets, approved survey instruments, consent forms, and focus group questions are included as part of institutional research documents.

COMMUNITY ENGAGEMENT SURVEY

The target population for this study was adult residents in the following housing communities/neighborhoods: Commonwealth Village, Lincoln Gardens, The Village, Madonna Manor and Northwood Village. The neighborhoods are located in four zip codes in Hinds County (Jackson, MS). The data collected included both quantitative and qualitative analysis. The research team invited residents from the five housing communities to participate in a confidential survey and received 239 responses which was well over the target number which was 200 at the start of the project. The survey was administered electronically as well as paper-based for families with limited access to email. Springboard staff assisted elderly and low literacy families with completion upon request. The survey included questions to measure resident perceptions of the availability of resources or protective factors in their communities. It is important to note as a limitation of the study that the community members engaged in the process were majority women. The majority of residents in the five housing communities are women and children. This is due to policies and programs designed to penalize families, particularly families of low-wealth and black families that have a father or male head of household. In the next phase of the work to define more detailed action plans, project leads can discuss ways to expand engagement efforts to include black men in the targeted zip codes. .

FOCUS GROUP CONVERSATIONS

Five focus group sessions were conducted on-site at the identified housing communities and one session with mandated reporters at the offices of Springboard to Opportunities. Questions were designed to identify how participants defined abuse or neglect, conditions they observed that may lead to reporting, barriers or challenges to ensuring child wellness, resources available to communities and mandated reporters, confidence level in initiating reporting, and perceptions of CPS. A total of 79 stakeholders participated in the five (5) one-hour focus sessions exceeding the target number of ten participants per session, or 50 participants total Sessions were facilitated with a separate notetaker using a customized template for documenting discussions. Audio recording devices and dictation tools provided backup tools for accuracy.

WORKGROUP SESSIONS

Six workgroup session were held with volunteers representing a cross-sector of mandated reporters, community partners, and residents. Workgroup sessions were held following the completion of the survey and focus group discussions. Workgroup participants were provided with a high-level summary of the results from the data collection. Participants were engaged in a facilitated conversation to gain additional insight on observations, interpretation of community conditions and systems, and finally recommendations on priorities to support the well-being and safety of children.

COMMUNITY LEVEL DATA PROFILE

As mentioned in the methodology, survey data collection and focus group discussions centered around the engagement of residents in Commonwealth Village, Lincoln Gardens, The Village, Madonna Manor and Northwood Village. Staff member of Springboard to Opportunities conducted the outreach to invite residents to participate throughout the engagement process. As a trusted organization, their relationship capital was critical to the response rate. The five participating housing residences are located in Jackson, Mississippi and represent a sample of the impacted population for the research efforts. Figure X below provides community level data based on the zip codes of the participating housing communities. Each of these properties is an affordable housing development. Madonna Manor is affordable housing designated for seniors.

Table 2: Participating Housing Communities in Hinds County

Community	Address	City	State	Zip
Commonwealth	3930 Skyview Drive	Jackson	MS	39213
Lincoln Gardens	4125 Sunset Drive	Jackson	MS	39213
Madonna Manor	550 Houston Avenue	Jackson	MS	39209
Northwood Village	4850 Watkins Drive	Jackson	MS	39206
The Village	386 Raymond Road	Jackson	MS	39204

Figure 10: Participating Housing Communities Data Profiles

MS | 39213

25.40%	% of people living in poverty
49.90%	% of single parent households
$60,823	Median income level
$31	Local living wage
$1,340	Monthly cost
94.10%	% of people with high school diploma or equivalent
76.50%	Graduation rate for the area high school
4.5 out of 10	Rating for the public elementary school in that zip code or if rating is district level*

MS | 39209

12.60%	% of people living in poverty
50.00%	% of single parent households
$38,888	Median income level
$31	Local living wage
$1,000	Monthly cost
86.40%	% of people with high school diploma or equivalent
78.80%	Graduation rate for the area high school
2.7 out of 10	Rating for the public elementary school in that zip code or if rating is district level*

MS | 39206

25.40%	% of people living in poverty
12.15%	% of single parent households
$39,948	Median income level
$31	Local living wage
$1,136	Monthly cost
86.40%	% of people with high school diploma or equivalent
72.50%	Graduation rate for the area high school
3.75 out of 10	Rating for the public elementary school in that zip code or if rating is district level*

MS | 39204

25.40%	% of people living in poverty
45.00%	% of single parent households
$28,900	Median income level
$31	Local living wage
$1,090	Monthly cost
86.40%	% of people with high school diploma or equivalent
74.00%	Graduation rate for the area high school
3 out of 10	Rating for the public elementary school in that zip code or if rating is district level*

RESULTS FROM COMMUNITY ENGAGEMENT

Residents in the five participating housing communities were invited to participate in the web-based survey with the option to complete the survey via paper for those without email access and elderly resident of Madonna Manor. A total of 239 residents responded to the survey. The residents of these housing communities had a strong comfort level in participating in opportunities to provide input and leadership. The Springboard to Opportunities model of being "Radically Resident Driven" means that the organization engages residents as partners and leaders as opposed to solely engaging them as beneficiaries of services. The consistency in the demonstration of this value by Springboard provided an ideal environment for meaningful engagement without the time typically necessary for trust building by the research team. The survey was designed to include questions organized in three categories: defining neighborhood characteristics, observations, and their experiences. Figures 12, 13, and 14 highlight the residents' responses in each of these primary categories.

> *"Young people are losing family and community history because our communities are not the same anymore."*
>
> –Community Focus Group Participant

Figure 11: Respondent Demographics

Responses by Housing Community

33% **The Village**
24% **Commonwealth**
13% **Lincoln Gardens**
23% **Madonna Manor**
5% **Northwood Village**
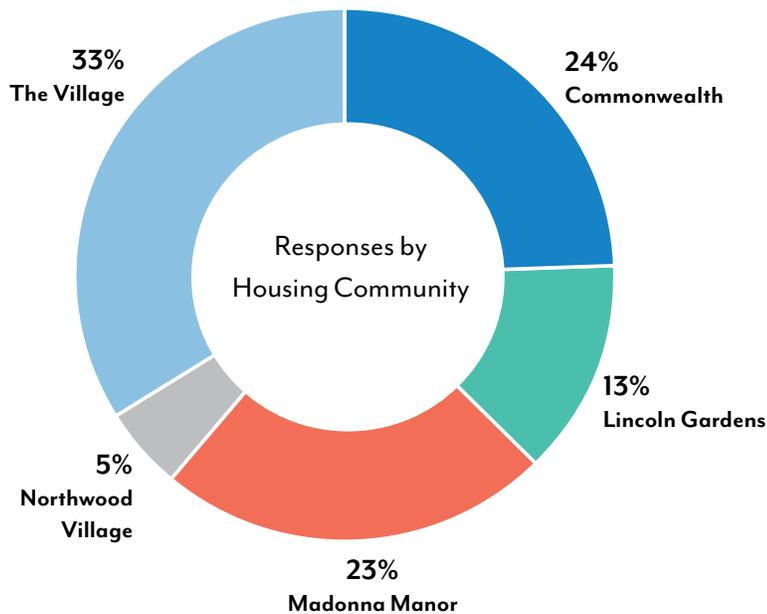
91% of Respondents were African American

55% were between the ages of 25 – 44

86% were single parent households

84% were women

64% have children under the age of 18

Figure 12. Summary of Responses Related to Residents' Experiences

14% of respondents report experiencing intimate partner (interpersonal) abuse

7% of respondents shared that they filed a report on someone for child abuse or neglect

9% of respondents have had someone report them to Child Protective Services (CPS)

86% 85.59% of respondents shared that they have never observed abuse or neglect and did not report it.

For the 24 respondents that had observed abuse but did NOT report it the reasons given were:
- Not confident in the child protective services system
- Didn't want the child to be taken away
- Afraid of retaliation
- "Snitching"
- Nobody's business
- Did not want police involvement

The following graphic provides the aggregate reporting on resident perceptions related to key characteristics of protective communities or communities that support child well-being. In reviewing data, the tendency is look at the highest or lowest percentage responses. For the questions below, it is important to examine the response percentages where "No Support is Available-Still Have Need" is selected. In looking at the characteristics where 60 respondents or greater selected "No Support Available and Still Have Need", the category of Policing Activity had the highest number characteristics identified as not available. This aligns with the common theme from residents that violence/crime was a key issue or priority that needed to be addressed their community. Characteristics with more that 60 responses are highlighted.

Data Note: N for each question varied noting some respondents chose not to respond

Figure 13. Responses Based on Residents' Perceptions on Characteristics that Exist in Their Neighborhood

■ Never ■ Once in a while ■ Regularly ■ All the time

Social Connections

Community Events/ Adult Social Activities

| (39) 17.18% | (52) 22.91% | (92) 40.53% | (43) 18.94% |

Children's Activities/ Events

| (38) 17.19% | (38) 21.72% | (93) 42.08% | (41) 18.55% |

Youth Activities/ Events (12+)

| (40) 18.18% | (45) 20.45% | (86) 39.09% | (48) 21.82% |

Social Emotional Competence of Children

Tutoring/Homework Help

| (46) 20.63% | (34) 15.25% | (81) 36.32% | (61) 27.35% |

After School Programs

| (37) 16.74% | (37) 16.74% | (85) 38.46% | (61) 27.60% |

Summer Programs

| (35) 15.77% | (46) 20.72% | (84) 37.84% | (56) 25.23% |

Policing Activity

Positive police presence to prevent crime and support safety

| (20) 8.73% | (50) 21.83% | (100) 43.67% | (58) 25.33% |
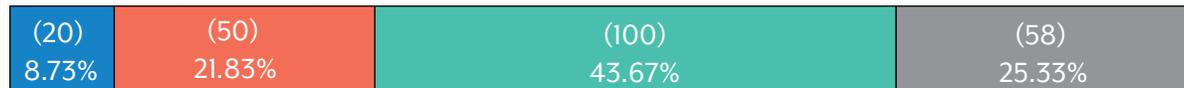
Police partnering with the community in a respectful way to lead safety efforts

| (18) 7.93% | (20) 20.26% | (85) 37.89% | (76) 33.48% |

Investment in alternatives to policing that help the community feel safe

| (26) 11.45% | (44) 19.38% | (89) 39.21% | (76) 29.52% |
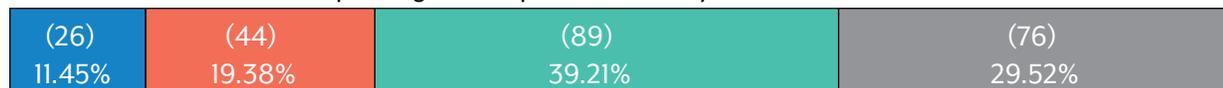
Community members working together to reduce violence and crime

| (20) 8.81% | (46) 20.26% | (89) 39.21% | (71) 31.28% |
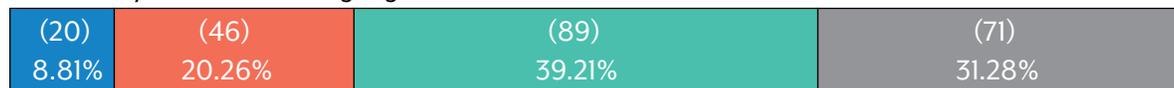
Community Resources/ Built Environment

Safe, clean, quality school environments that support learning

(28) 11.97%	(56) 22.93%	(121) 51.71%	(28) 11.97%

Churches that are open to community members and actively working to be a community resource

(25) 11.06%	(56) 24.78%	(112) 49.56%	(32) 14.16%

Safe, clean, quality parks and recreation facilities that are free to the community

(24) 10.67%	(52) 23.11%	(94) 41.78%	(54) 24.00%

This section of the survey was designed to identify observations of behaviors or experiences prevalent in the community. In analyzing responses, those behaviors or experiences where greater than 70 respondents selected a frequency those were highlighted identifying opportunities for condition changes that would influence positive behaviors or experiences.

Figure 14. Summary of Responses Based on Residents' Observations

■ Never ■ Once in a while ■ Regularly ■ All the time

Children have positive peer networks and friends

(40) 17.17%	(92) 39.48%	(66) 28.33%	(34) 14.59%

Children who have caring adults outside the family who serve as mentors/role models

(33) 14.10%	(77) 32.91%	(73) 31.20%	(50) 21.37%

Families where the parent/guardians can meet the basic needs of food, shelter, and health services for children

(25) 10.59%	(51) 21.61%	(91) 38.56%	(68) 28.81%

Families where the parent/guardians have steady employment (or business income)

(22) 9.44%	(54) 23.18%	(97) 41.63%	(59) 25.32%
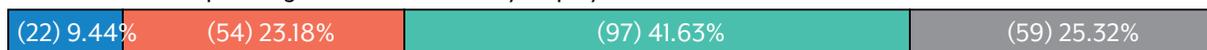
Families where caregivers engage in parental)monitoring, supervision, and discipline to support positive behavior

(34) 14.47%	(71) 30.21%	(82) 34.89%	(47) 20.00%

Families that engage in fun, positive activities together

(26) 8.16%	(79) 33.91%	(70) 30.04%	(57) 24.46%

Children who do well in school

(15) 6.41%	(55) 23.50%	(101) 43.16%	(62) 26.50%

Neighbors suffering from mental illness

(64) 27.35%	(71) 30.34%	(54) 23.08%	(44) 18.80%

Neighbors suffering from social isolation

(69) 29.49%	(74) 31.62%	(51) 21.79%	(39) 16.67%

Neighbors have unstable housing and residents move frequently

(70) 30.30%	(59) 25.54%	(63) 27.27%	(38) 16.45%

Neighbors dealing with financial stress

(42) 17.87%	(58) 24.68%	(65) 27.66%	(69) 29.36%

Families that have high conflict and use negative communication styles (use angry aggressive language)

(64) 27.35%	(58) 24.79%	(63) 26.92%	(48) 20.51%

Neighbors or community members experience food insecurity

(50) 21.28%	(78) 33.19%	(62) 26.38%	(44) 18.72%

Communities with easy access to tobacco, drugs and alcohol

(59) 25.43%	(52) 22.41%	(52) 22.41%	(68) 29.31%

SYSTEMS LEVEL CONTEXT IN ADDRESSING CHILD ABUSE AND NEGLECT

The methodology for this project leans heavily towards a community-driven approach beginning with the engagement of members of impacted communities as experts of their experiences. This approach honors the value of "radically resident-driven" which was described at the onset of the project as the approach to Springboard to Opportunities' body of work. Additionally, this approach allowed community residents the ability to demonstrate leadership, choice, analysis, and problem-solving which is reflective of a respectful, trauma-sensitive, participatory process. Lastly, by engaging residents of the impacted population as the first stakeholder group, it allowed the research team to develop more relevant discussion questions for the conversation with mandated reporters and state child protective agency leaders. The Mississippi CPS is a primary partner in the planning, strategy, and implementation phases of this effort. A separate key informant session was conducted with leaders from the agency which helped

EXISTING CAPACITY THROUGH CHILD ADVOCACY CENTERS

Children's Advocacy Centers of Mississippi is an affiliate of the National Children's Alliance. This independent nonprofit organization was established in 2009 and currently has 12 member child advocacy centers to provide services in all 82 counties in the state. The organization offers trainings and educational resources (brochures and flyers) for mandated reporters, parents, law enforcement, faith based organizations. Children's Advocacy Centers provide the advocacy, counseling or interviewing,referrals, and support for children as they navigate through the experience.

to provide the necessary context related to public policies, agency infrastructure, and procedures. The session was conducted as a small group interview. Discussion questions were provided to the leadership team in advance. Additionally, one focus group session was conducted with individuals representing mandated reporters. Participants included social workers, elementary school teachers, community health clinicians, and social services providers. These discussions provided systems context related to resources and barriers as seen through the lens of frontline practitioners working directly with children and families. Summaries from these systems level discussions are included below.

Workforce Training or Professional Resources

Currently, Mississippi state statute defines mandated reporters and the obligation to report suspected incidents of child abuse. However, it does not define any requirement or guidance on workforce training to support accurate detection and resources for response. At the start of the project, research was conducted to identify if there was an existing state training widely available to multi-sector stakeholders. The research identified only one video training posted to YouTube which was approximately seven minutes in length developed by a previous agency staff person. This is not a state developed or formally endorsed training by Mississippi CPS therefore for the purposes of this research and based on the focus group session with Mississippi CPS, there is no state developed and disseminated training currently.   In the recommendations at the end of the project the research team has provided specific content suggestions for the development of a standardized workforce training curriculum. In the conversation with Mississippi CPS, researchers asked what standardized training or professional development resources were available to mandated reporters that equips them to identify incidences of abuse and understand the process of reporting. Officials shared that the team does receive special requests to conduct ad hoc trainings or to participate in conferences at which time the designated agency lead will develop their own training context based on agency policies and practices. However, Mississippi does not have a specific standardized training or "endorsed" training available. There is internal training content through the platform the agency uses (Corner Stone) but this was not something that is disseminated or external facing. Employers and professional associations typically develop their own training as part of orientation or credentialling requirements. During the mandated reporter session, we asked participants to raise their hands if they received focused training on child abuse and neglect or had to complete a required training on the subject. In the mandated reporter session, only one participant raised their hand. In further discussion, it was identified that the individual was a social worker and training on child abuse and neglect was part of the content required for maintaining licensure. Other participants expressed that they received no in-depth training and that it was only a footnote or mentioned generally related to state statute. Focus group facilitators noted that participants expressed they would feel more confident in their role as mandated reporters if they received more comprehensive training.

Family Resource Referrals

With both the mandated reporters and the Mississippi CPS team, researchers posed a question regarding processes, particularly how resource referrals factored into standard practices when investigating allegations. When asked what is the agency's practice in instances where an allegation is not deemed to be abuse or neglect but there is a need for the parent and/or child to access supportive resources, Mississippi CPS participants shared that all cases go through the investigative protocols from reporting to disposition. In considering abuse or neglect, there is not a maltreatment type for poverty, nor is

> "*Families afraid to share the whole story. Parents feel like if they ask for help it opens them up to problems.*
> *So, we have to help parents feel supportive and not targeted.*"
> – Community Focus Group Participant

there a general "rubric" to identify poverty neglect so there are dimensions to circumstances. The agency does have the opportunity to assist with resources and there is judicial discretion that can be applied if there is judicial involvement. Referrals or connections to resources is not a defined protocol and is based on the discretion or judgement of individuals involved.   As a child protective agency, Mississippi CPS's primary partners were Youth Villages, Canopy Children's Solutions, Catholic Charities, and Health Connect America. For mandated reporters, we asked if they felt they had access to the resources to support children and families where poverty is thought to be the primary factor. Social workers in the group shared that they felt more equipped to connect families to resources and had access to networks of resource providers. Teachers expressed that they felt limited in their ability to help provide resources to children and families. As teachers, they didn't have quick access to information to share and their role really does not lend itself to the process of making a direct connection to resources for their parents. Participating healthcare workers felt they had the ability to connect families to resources through their clinic social workers. These of course were healthcare workers or clinicians in community health clinics where resource networks were part of their network infrastructure. Participating teachers expressed the desire to be more of a resource and wished their schools had a more clearly defined practice where teachers would know what resources were available and the process to follow in connecting families to resources.

Enhancing Agency Capacity

As a closing discussion, researchers asked Mississippi CPS leaders to share what changes they would recommend to support agency efforts. Officials shared that there were opportunities to strengthen their reach at the county level through improved data collection capacity, additional services, identity, and staffing. Related to data, CPS officials shared that through grant funding received in approximately 2015 – 2017 the agency was able to collect neighborhood level data. This was done through access to a previous case management system. The current system does not

> "*A lot of what we see and what we are talking about is responding to child abuse not preventing it. There is a need for more focus on prevention.*"
> – Mandated Reporter (Healthcare) Focus Group Participant

support data management at the community level which would allow the agency to develop more targeted strategies specific to neighborhood needs such as access to food and transportation. This led to the second recommendation on the overall structure of agency programs. Child protective services is administered at the county level however, there are inadequate programs or services that are county based. The example given was in the case of a

family needing parent resources in Holmes County. This may require travel 30 to 40 miles to reach the town of Lexington where resources are located. For Hinds County, this is also a concern. For example, Utica, MS is 42 miles from Jackson, MS and is a rural community with significantly less family supportive resources. Expanding county-based services would also strengthen CPS' identity as a community resource as opposed to a policing agency. This identity as a penalizing agency was highlighted in several of the community conversations as residents expressed how "calling CPS" was often used as a threat or weapon against individuals with children whether there was an actual cause or not. The final recommendation was related to staff capacity. Mississippi CPS officials expressed the need to identify ways to recruit and retain qualified staff. This is not uncommon in state agencies where compensation may not be viewed as competitive and the stress of social service work can lead to occupational burnout.

RECOMMENDATIONS FROM THE MULTI-STAKEHOLDER WORKGROUP

The workgroup participants represented a cross-section of stakeholders from community based-organizations, faith-based organizations, educators, healthcare professionals, parents, and community leaders. Through a series of facilitated workgroup sessions, stakeholders were engaged in open discussions designed to use the data collected from the survey and focus groups to inform workgroup strategy. The facilitation methodology focused on observations, reflections, interpretations, and finally recommendations. The research team analyzed qualitative data captured across all workgroup sessions then assigned a category under which comments that represented a direct recommendations. Below are the recommendations captured from workgroup members. The comments below reflect the actual language used by and was not changed to represent the authentic voice of participants.

What Programs Are Needed?

- There should be a Child Protective Service Program (CPS) program that focuses on conflict resolution.
- Programs are needed that focus on the mental and the emotional health of family members.
- Programs that mitigate the negative stigma associated with abuse and neglect as well as programs that reduce the negative attitudes towards mental illness are needed, especially in communities of color.
- Programs that prioritize the needs of children are critically important.
- Programs that serve to unravel or interpret data for families so that there is universal recognition (make the data plain so that improvements can be made).
- Programs are needed that create clear definitions of abuse.
- Programs to involve seniors living in the community to support other families and providing childcare and supports for single parents.
- Increase the number of programs that focus on increased physical exercise and meditation to reduce stress.

What Policy Changes Are Needed?

- There needs to be a formalized intervention plan devised.
- The standardized plan should include a step before formal registration/action or involvement of Child Protective Services takes place.
- There should not be a one-size fits all approach to providing services. The responses to the issue should be tailored for each case individually.
- Metal health programs and supports should be easier to access.

What Changes Are Needed in the Delivery of Services and Systems?

- Parents and families should be made aware of the process.
- There needs to be classes offered to both parents and caregivers.
- Agencies and organizations must collaborate more and work together based on their unique strengths.
- Develop directories of all free services should be made widely available.

- There should be a point of contact at each school to receive claims and address incidents of abuse and neglect.
- There should be licensed master's level social workers assigned to every early childhood program (private or public).
- Additional supports should be offered to families/parents/caregivers before the child is born.
- There should be a hot line that offers real-time and immediate support to families in crisis.
- Expand access to childcare in apartment complexes (adjusted based on rental agreements to provide child care and other supports after hours and on weekends.
- Considerations should be made so that families will not have to travel a great distance to receive support.
- There should be an increase in the number of programs that focus on SEL (social, emotional, learning) opportunities for children.
- Compile, publish and distribute a standard resource manuals so parents can feel empowered.

What Supports Should Be Provided to Individuals or Families?

- Parents need to be able to enroll in classes to teach them exactly what the role of Child Protective Services is in communities and how it functions.
- Resource areas should be available at each school.
- Laundry equipment should be made available at schools for free community access.
- Add in-school food and clothing pantries.
- Involve parents more in the decision making process regarding creation of programs and policies.

What Types of Improvements Can Be Made to the Communities?

- Financial resources should be leveraged to reduce the occurrences of child abuse and neglect issues.
- There is a need for more funding.
- Churches could be more involved in the fund-raising efforts.
- There need to be more programs to safeguard child abuse once children are placed in the care of child protective services. The "safety net" should be improved.
- Create opportunities for daycare centers to operate within housing complexes during normal work hours.

Climate and Culture Considerations

- Programs that are developed should be more supportive and less punitive because the entire process seems weaponized.
- Intervention needs to be family based, strength based, and also culturally relevant.
- More people needed to be dispatched to help especially since there are so many communities in crisis.
- Increase the number of adult educational programs that provide avenues to increase income by advancing the educational levels of the parents.
- Increase the number of clinicians of color who have training in trauma-informed interventions.

FINAL MODEL FOR SUPPORTING THE WELL-BEING OF CHILDREN AND FAMILIES IN HINDS COUNTY

Final recommendations were developed based on the Centers for Disease Control and Prevention, Risk and Protective Factors model. [5] Using a socio-ecological model, recommendations from stakeholders engaged through this process are organized to reflect changes that can be made at the Individual/ Family Level, Community Level, and Systems Level that are specific to a place-based strategy for Hinds County. Figure 15 illustrates the over model for strengthening the protective factors for children in Hinds County while Figure 16 provides the specific recommendations based on this research effort.

Figure 15. Strengthening the Protective Factors for Children in Hinds County, Mississippi


Systems — Improving policies, practices, stakeholder relationships, and allocation of resources

Community — Housing, early childcare, K-12 schools, enrichment activities, safety, economic opportunities

Family — Promoting positive family culture, access to resources to support family basic needs, and consistent livable wage/income

Individual — Building parenting skills, supporting parent/guardian emotional well-being, supporting positive interpersonal relationships, positive goal setting and achievement

In the protective model for Hinds County, Mississippi, stakeholders identified the need to depict an additional protective layer to capture those system level factors that have the ability impact the well-being of children.

Figure 16. Stakeholder Recommendations for Greater Effectiveness in Addressing Child Abuse and Neglect

Individual Level

■ Develop programs that provide counseling, coaching, and activities that reinforce healthy relationships between co-parenting couples.

■ Increase access to adult mentors or life coaches to support goal setting and achievement.

■ Provide peer support and mental wellness resources to manage social stressors.

Family Level

■ Expand afterschool, weekend, and summer programs available for K-12 grade children and youth that are centered where families live.

■ Increase the availability of after-hours and weekend childcare particularly for parents who work 12-hour shifts or work outside of normal business hours.

5   Risk and Protective Factors | Child Abuse and Neglect | Violence Prevention | Injury Center | CDC

- Provide free mental health first aid training on-site in community residences to build coping skills.
- Establish family coaches and mentorship programs that support families in setting goals, removing barriers to achievement that will help to reduce social stressors.

Community Level

- Develop and reinforce training for early childcare providers and kin care providers to mitigate instances of abuse when children are in the care of others.
- Ensure enforcement and follow up with early childcare providers when reports of instances occur.
- Partner with faith-based institutions, mental health providers, and social service providers to establish parent support circles that reinforce a sense of community connectedness while helping parents/guardians manage social stressors.
- Increase opportunities to engage parents as leaders in advocacy to improve community condition and promote positive approaches to community safety.
- Implement family support models that train and engage active seniors and pre-seniors as parenting mentors and programs similar to "foster grandparent" programs.

Community
Protective Factors

Systems Level

CPS

Healthcare

Systems Level

K-12
Education
and Service
Providers
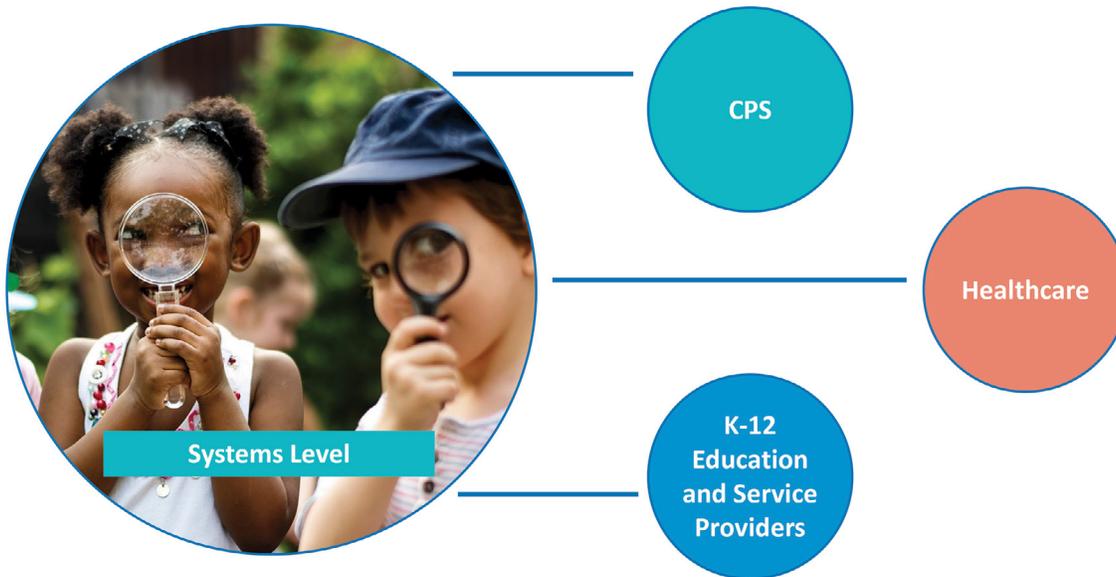
Child-Facing Education and Service Providers

- Develop a comprehensive training on preventing, identifying, and responding to child abuse and neglect with modules based on sectors.
- Ensure all schools and providers have protocols in place and direct referral relationships to expedite access to resources for parents/guardians where suspected child neglect is due to poverty, income, or barriers to accessing resources

- Work with schools, faith-based institutions, and service providers to maximize funding that will increase access to resources. Additionally, work in partnership with community anchor institutions to begin building more positive relationships than can be leveraged.

Healthcare

- Develop a comprehensive training on preventing, identifying, and responding to child abuse and neglect with modules based on sectors

- Ensure all schools and providers have protocols in place and direct referral relationships to expedite access to resources for parents/guardians where suspected child neglect is due to poverty, income, or barriers to accessing resources.

- Work with schools, faith-based institutions, and service providers to maximize funding that will increase access to resources. Additionally, work in partnership with community anchor institutions to begin building more positive relationships than can be leveraged.

Child Protection Services

- Develop a comprehensive engagement strategy that promotes an expanded narrative of partnership v. policing.

- Strengthen community relations - create a community liaison leadership position.

- Embed resource referrals as part of the standard protocols for allegations where abuse is not found but, barriers due to poverty could be removed.

- Develop a comprehensive training on preventing, identifying, and responding to child abuse and neglect with modules based on sectors.

- Partner with early childcare stakeholders to develop and standardize workforce training.

- Build the operational capacity and platforms for neighborhood level data collection.

- Maximize the resources of child advocacy centers to develop trainings, education materials, public campaigns, and to secure funding for expanded resources.

- Reinforce education on the impact and penalties for false reporting.

- Implement practices where calls of alleged abuse identified as driven by lack of basic needs triggers an expedited process for parents/guardians to access benefits or resources immediately.

- Allow responsible relatives to receive foster care supportive payments to care for children removed from their home which allows for family continuity.

Deeper Dive on Recommendations to Improve Workforce Training

- Comprehensive standardized training with guidelines on elements that must be included in any customized trainings developed by organizations, industries, or employers.

- Regulatory policies that require completion of trainings that meet developed guidelines by all mandated reporters.

- Documentation of completion of training required to be retained by the employer

- Modules specific to the varying sector roles (educators, healthcare providers, early childcare providers, parents, first responders)

- Supplement the definition of child abuse and neglect with scenarios or real-world examples that will increase the confidence of the workforce in identifying and reporting.

- Illustrate the process from report to disposition and where the opportunity for supportive services or resources from partners can support children and families that are navigating the process.

- Deeper understanding of culture, norms, or practices when encountering children and families of different backgrounds from yours as a mandated reporter.

- Deeper understanding of how bias and experiences can impact perceptions of abuse or neglect.

- Understanding of poverty and characteristics or behaviors that may be driven from lack of resources that do not constitute maltreatment (not penalizing poverty).

- Skill building in motivational interviewing and respectful engagement of parents / guardians.

- Deeper understanding of the systems and resources available to ensure parents can provide basic needs, how to access them, and proper way for an effective referral.

- Impact of false reports and penalty for false reporting.

- A synchronist training of modules that include brief testing.

- Training designed for in-person delivery.

- Translated in English and Spanish with any video to include ASL.