Working Across the Prevention Continuum to Strengthen Families



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Every family goes through times of stress and distress, and all families need support from people they trust. Recognizing and normalizing this universal condition reduce the stigma of reaching out for help before problems escalate. A comprehensive child and family well-being system aims to strengthen all families, connecting them to the resources and support they need within their own community—support that can prevent crisis, mitigate risks, and prevent child abuse and neglect.

Understanding the Levels of the Prevention Continuum

To prevent child abuse and neglect, strategies must address families' complex needs within the broader context of neighborhoods, communities, and the larger population. To promote healthy child development, families need ready access to economic supports, quality child care, and early education, and communities need to encourage positive parenting skills (Fortson et al., 2016). A comprehensive child and family well-being system coordinates resources to support and strengthen all families across a three-tiered prevention continuum:

- ◆ Primary or universal services available to all families
- Secondary services targeted at families with one or more risk factors that make them more vulnerable for child maltreatment
- ◆ Tertiary services for families where maltreatment has occurred, with the goal of preventing recurrence of maltreatment

Read this if:

You want to establish a common understanding among community partners, legislators, child welfare agency staff, caregivers, youth, and other stakeholders of what an integrated, comprehensive, prevention-focused approach looks like along a three-tiered prevention continuum.

Learn more about:

- Definitions of the levels along the prevention continuum.
- Key partners who need to be actively involved in collaboration at each level.
- What it means to be aligned across prevention levels to offer seamless services.
- Jurisdictional examples of services across primary, secondary, and tertiary levels of the prevention continuum.

It is important to remember that the continuum is fluid. An organization may administer and deliver a program that spans across prevention levels. In a parent support group, for example, there may be a family who can use some extra support but does not necessarily have an identified risk factor. The same support group may have a parent who was incarcerated at some point, is recovering from an addiction, or has a child with disabilities.

Exhibit 1. Prevention Continuum At-a-Glance provides characteristics and strategies for each level of the prevention continuum. Appendix A includes examples of prevention strategies that jurisdictions are using across the prevention continuum to strengthen families and keep children safe. Appendix B shows how one jurisdiction collaborates to maximize resources across the prevention continuum.

Resources and supports to strengthen families span the continuum.

Primary

Services for the **general population** to:

- Strengthen all families and communities
- Build protective factors and mitigate risk factors
- Raise awareness of the public, service providers, and decision makers of the scope and problems associated with child maltreatment
- Connect families to concrete resources and help them develop protective factors to avert crisis
- Prevent maltreatment before it occurs and prevent the need for involvement by the child welfare agency

Secondary

Services for individuals or families with **one or more risk factors** to:

- Strengthen specific populations, communities, or neighborhoods
- Build protective factors and mitigate risk factors
- Connect families to concrete resources and help them develop protective factors to avert crisis
- Prevent maltreatment before it occurs and prevent the need for initial or deeper involvement with the child welfare agency

Tertiary

Services for families where child maltreatment has occurred to:

- Strengthen families with indicated or substantiated child abuse or neglect cases
- Build protective factors and mitigate risk factors
- Prevent family separation, reunite families, and help families and children heal from trauma
- Prevent recurrence of maltreatment and reentry into the child welfare system

Examples of Strategies¹

- Public service campaigns and announcements that encourage positive parenting and promote resources like parent education, informational websites, or "warm" lines
- Communitywide parent education programs and support groups that focus on child development, ageappropriate expectations, and the roles and responsibilities of parenting
- ◆ Family support and family strengthening programs that focus on how to build protective factors, how to mitigate risks, education related to adverse childhood experiences (ACES), brain science and child development, and community resources and concrete supports
- Networks and collaborations that build connections and impact policies by working with policymakers, practitioners, and communities to improve services and systems, e.g., by forming Parent Advisory Councils, holding community cafes, and advocating before legislators

- Parent education programs for teen parents in high schools
- Substance use treatment programs for mothers and families with young children
- Fatherhood programs
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes
- Respite care for families that have children with special needs
- Family resource centers that offer information and referral services to families living in lowincome neighborhoods
- Colocation of child welfare staff in schools, community centers, health clinics, domestic violence shelters, etc.
- Collaborative planning and participation in collective impact initiatives

- Intensive family preservation services with trained mental health counselors
- Parent mentor programs
 through which parents with lived child welfare experience provide support to families in crisis
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes
- Mental health services for children and families affected by maltreatment to improve family communication and functioning
- Parent and youth advisory boards to help support child welfare agency and provider continuous quality improvement efforts

¹ Look for expanded strategy examples in appendices.

The Power of Collective Impact

What is the role of a child welfare agency in developing a prevention continuum beyond tertiary strategies? Agencies are more likely to achieve positive outcomes for children and families when they partner with key stakeholders to strengthen families and prevent maltreatment and the unnecessary removal of children from their families. This includes developing strong, active partnerships with other agencies, private foundations, community organizations, families, and youth. Partners can rely on each other's expertise to identify and fill service gaps, maximize funding streams, and provide seamless service delivery for families.

Working together, leaders and staff within these organizations can implement solutions across the continuum, including services that support child and family well-being and mitigate risks for maltreatment, such as public and mental health, substance use treatment, domestic violence, financial assistance, housing, and parent education. Collaborating in this way, child welfare agencies can move from a traditionally siloed system, focused on crisis intervention, to a more integrated system that empowers and strengthens all families. (See IM-18-05, Strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation.)

As a first step in establishing and supporting an integrated system, partners should work together to create a shared vision and common goals. As the system develops, child welfare agencies can look for these markers of a truly integrated system that is accessible to families and children receiving services:

- Shared language and values
- ◆ Codesigned family support and prevention systems based on family and youth input
- Established methods for effective cross-system communication
- ◆ Standardized processes for connecting families to resources
- Blended funding streams that include public and private sources (See <u>Understanding Roles of Funding and</u>
 Decision Points)
- ◆ Defined policy that aligns with the shared vision
- Established community collaboratives addressing common goals and outcomes
- Shared tracking and accountability for outcomes
- Leveraged Federal policies like the Family First Prevention Services Act across systems to maximize opportunities for partnerships

Over time, partners can have a collective impact to build communities where children are safe and families feel empowered and are connected to help and support that they need.

The Child Welfare Agency Role

Primary

- Actively partner to educate the community (e.g., protective factor framework, safe sleep initiatives)
- Refer families to communitybased services
- Promote family and parent support as well as child-focused support

Secondary

- Actively collaborate in planning and visioning
- Explore blended or braided funding
- Assess and refer families to community-based services

Tertiary

- Lead and invite active collaboration from partners and stakeholders in service array visioning, planning, and delivery
- Provide services
- Refer families to communitybased services

Appendix A:Jurisdictional Examples

The following selected examples illustrate the wide variety of primary, secondary, and tertiary prevention strategies implemented at local, State, and national levels. Inclusion of these examples is intended for informational purposes only and does not indicate endorsement by the Children's Bureau or the National Child Welfare Center for Innovation and Advancement (NCWCIA). Child welfare agencies should consider their specific program needs when deciding whether to implement similar strategies.

Closer to Home

As you read the examples, consider the work in your own jurisdiction:

- ◆ Are you aware of similar projects in your area?
- What new ideas or strategies could you replicate?
- How could you engage family and youth representatives and system partners in this work?
- What can you do to build trust within communities?

Primary Prevention Examples

Public Awareness Campaigns

▶ Alaska: Children's Trust, in partnership with the Alaska Child Welfare Academy and Office of Children's Services, created three Public Safety Announcements (PSAs) to reach youth and families. The first PSA focuses on empowering youth to report and advocate when they know someone is in a high-risk situation, including themselves. The other two PSAs focus on parents—one highlights the importance of concrete supports and the other social connections. Both encourage caregivers to ask for help and prioritize well-being.

Family and Child Support

- California: California's Family Hui peer-led parenting support groups, delivered by Lead4Tomorrow, discuss positive parenting principles that empower parents and caregivers while promoting healthy child development. Family Hui addresses ACEs and is resilience focused. In addition to enhancing protective factors through training and education using the Strengthening Families Framework, parents build long-lasting support and community.
- West Virginia: The West Virginia Department of Health and Human Resources funds and supports three child abuse prevention programs that use a combination of Community-Based Child Abuse Prevention (CBCAP) funds, State appropriations, and private funds. These programs are considered an integral part of the child welfare continuum in that they all work toward increasing the nationally recognized protective factors that enable parents and families to nurture and parent appropriately, thereby keeping families together and out of the child welfare system. The three program areas are the following:
 - Starting Points Family Resource Centers (SPFRC)
 - ◆ In-Home Family Education Programs
 - Partners in Prevention

SPFRC programs aid families and communities based upon their community's needs and gaps in service. The SPFRC staff participate in many community organizations to be fully integrated with other prevention program services and events, and centers maintain a comprehensive list of resources and contact people for referrals and assistance. Each SPFRC may provide **child care**, **support groups**, **parenting education**, **and other services based on community needs**. The SPFRCs offer services to any family with children from prenatal through 18 years of age.

Parent Education

◆ **North Carolina:** North Carolina families with young children and adolescents can participate in free online parenting support programs. The <u>Positive Parenting Program (Triple P)</u> offers advice and ideas to help parents

create a positive home environment for their children. This resource is now accessible to North Carolina parents through the program's Triple P Online and Teen Triple P Online courses.

- ◆ In 2013, North Carolina began its first cohort of 5 counties offering inperson Triple P parenting courses, which was expanded to 46 counties in 2016. At that time, North Carolina launched Triple P Online, making free access available for more than 35,000 North Carolina parents and caregivers on a first-come, first-served basis.
- ◆ The availability of Triple P Online and Teen Triple P Online in English, Spanish, and Arabic extends these services to families who didn't live in the pilot counties or who might not be able to participate in person due to lack of transportation or scheduling conflicts.
- ◆ By 2018, North Carolina had expanded in-person Triple P services to all 100 counties. Even with statewide coverage, some families continued to prefer the online format. The online codes have been particularly useful for parents and caregivers during the COVID-19 pandemic.

In North Carolina,
public-private
investments are being
made to build out the
prevention infrastructure
and the implementation
supports for the full
continuum of prevention
services—primary,
secondary, and tertiary.

- ◆ Funding for the online programs totals \$1.7 million using a combination of grant money from the U.S. Health Resources and Services Administration's Maternal and Child Health Block Grant and State funding through the North Carolina Department of Health and Human Services' Division of Public Health and Division of Social Services.
- Massachusetts: For over 30 years, the Children's Trust has worked with parents across Massachusetts by providing parenting support and coaching.
 - ◆ Healthy Families Massachusetts is an in-home parent coaching program established in 1998. Extensive evaluation conducted by Tufts University, including a randomized controlled trial and longitudinal study, has shown this evidence-based approach has positive impacts for moms, dads, and their children.
 - ◆ The Fatherhood Initiative has several components: Father and Family Network, which provides training and technical assistance in seven regions of the State for those wishing to engage dads; implementation of the Nurturing Fathers program in Houses of Correction; and focus in all funded programs on the importance of fathers.
 - ◆ In 2020, the Children's Trust, in collaboration with the Legislative Task Force on the Prevention of Child Sexual Abuse, launched the website <u>Safe Kids Thrive</u>. This resource provides child- and youth-serving organizations with policies and procedures that keep children safe from pedophiles.
- ◆ **South Dakota:** The South Dakota Department of Social Services has identified the Division of Child Protection Services as the State Lead Agency to implement and monitor the specific activities and goals of **primary prevention and secondary prevention programs and strategies** supported through CBCAP funding.
 - ◆ Parent education classes, open to all parents and those families with risk factors, are posted to the State website. The communities have access to locations, dates, and times when the classes will be offered in different areas. If there is a need to have a class in an area not listed on the website, the Parenting Education Program will work with the Parenting Education Partners to meet the request.
 - ◆ The <u>Common Sense Parenting</u> "Learn-at-Home" Program, which includes a workbook and DVD, increases the availability of parenting classes for parents that cannot attend the regular Common Sense Parenting classes. The curriculum is self-taught under the guidance and oversight of a Common Sense Parenting Trainer. The Learn-at-Home Program is designed to help parents with skills for effective parenting. Completion of the session requires self-discipline, time management, and personal responsibility.

Secondary Prevention Examples

- ◆ Alabama: Created by the Alabama Department of Child Abuse and Neglect Prevention in partnership with the Alabama Department of Human Resources, Alabama's Fatherhood programs work with fathers referred by the courts, the Department of Human Resources Child Support Office, noncustodial fathers, and some incarcerated fathers to provide job and family life skills training and support (Adler-Baeder et al., 2019):
 - ◆ The agencies recognized the joint goal of family strengthening, particularly for more vulnerable fathers and families, and pooled resources using Temporary Assistance for Needy Families funds to support the programs.
 - ◆ Auburn University evaluated Alabama's Fatherhood programs and found improvements in many areas assessed that are considered important deterrents to child maltreatment: social connections, parent and family resilience, concrete support in times of need, knowledge of parenting and child development, and children's social and emotional competence.
 - ◆ The evaluation results provide validation that fathers served by fatherhood programs in a variety of settings experienced changes sustained for up to 1 year in many target areas related to family strengthening and protection of children from maltreatment.
- ◆ **Arkansas:** Arkansas Department of Human Services, Division of Children and Family Services' Baby and Me is a joint project between the Arkansas Children's Trust Fund and the Arkansas Department of Health. The program was developed partly in response to the lack of newborn home visiting services in several counties.
 - ◆ The program provides **parenting education and support to new parents** in areas of low resources or special populations in the State, placing parent support mentors in 17 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics in 14 different counties across the State.
 - ◆ The parent mentors provide one-on-one monthly sessions with mothers beginning prenatally and through the first 6 months of the baby's life. Each session includes a brief educational lesson and a check of developmental milestones followed by activities to promote parent-child interaction.
 - Parents are also connected to community services and supports as needed.
- ◆ **Colorado:** Boulder County invested significant resources in **cross-programmatic supports** using a two-generation, wraparound services approach to housing support. This approach helps keep families and children within the school districts and out of homelessness by helping cover housing costs and providing intensive case management supports (Boulder County, n.d.):
 - ◆ The county's Early Intervention Program arranges supports for families with children ages 0–5 who are screened out following a child protection referral. Early intervention offers prevention and stabilization services to families in various voluntary programs that promote the strengths of the family and community.
 - Supports provided in this context include eviction prevention, rapid rehousing, and family reunification program vouchers for families at risk of homelessness to help them stabilize and avoid further child protection involvement
- ◆ Indiana: Indiana's Department of Child Services is the State's child welfare agency and also leads child abuse and neglect prevention efforts through a variety of collaborations and partnerships:
 - ◆ Secondary prevention activities are primarily delivered by Community Partners for Child Safety (CPCS) and Healthy Families Indiana. Both are voluntary, home-based programs and are available in every county in the State. Services focus on increasing protective factors, which strengthen and improve family functioning, thus reducing substantiated cases of child abuse and neglect. CBCAP funding supports CPCS secondary prevention activities on a regional level.
 - ◆ The Department of Child Services currently contracts with five agencies to provide these services in each of the 18 regions statewide. Each agency will collaborate with other partners, both private nonprofits and public sector services, in local communities and will build and maintain resources to ensure there is a coordinated prevention network throughout each region.

In Indiana, secondary child abuse prevention efforts are provided by combining and leveraging funding from CBCAP, Child Welfare Services, Social Services Block Grant, Temporary Assistance to Needy Families, and Maternal Infant Early Childhood Home Visiting.

- CPCS has service standard requirements, with additional funding at the regional level used to tailor the approach to meet the specific needs of each region. Providers are required to engage and encourage parents to help guide service delivery and governance.
- Parents can also be hired as Parent Partners (see <u>CPCS standards</u>). The CPCS program is required to identify an advisory group for each region that will focus on community development and participates in community events and outreach to build and maintain relationships that support local prevention efforts, including the involvement of parents. CPCS will support and connect families to a continuum of services and resources needed to strengthen the family to prevent child abuse and neglect.
- ◆ **New Mexico:** The New Mexico Children, Youth and Families Department's Protective Services Division coordinates prevention services in every county of the State to provide individual, one-on-one support to improve parent-child interaction, healthy child development, and parents' and caregivers' knowledge to meet their children's developmental needs.
 - Services are provided through contracts with community-based agencies located throughout the State. These contracts include both CBCAP and Promoting Safe and Stable Families funding.
 - ◆ These agencies provide direct services to families with children ages 0–5 as long as they do not have an open protective services investigation, with the exception of children with a Plan of Safe Care created at birth due to prenatal substance exposure.
 - Families complete a comprehensive assessment to identify their strengths, areas of need, and existing connections to formal and informal resources and supports in order to determine the tiered level of service provision. If family circumstances change, providers adjust services and reassign the families to a different service model.
 - ◆ Families can receive the secondary prevention services for 6 to 9 months to increase their caregiving capacity.

In New Mexico, in lieu of a single statewide child abuse awareness campaign, each service provider partners with their local Protective Services County Field Office to hold an activity or event during Child Abuse Prevention month. Since each community is unique, this allows for the flexibility to develop an activity or event that will be most effective to increase awareness about child abuse and neglect and the effects of child maltreatment in their own community.

Tertiary Prevention Examples

Washington: Washington State's Parents for Parents Program through the <u>Children's Home Society of Washington</u> connects parents new to the child welfare system with **parent mentors** who have successfully navigated system:

- ◆ The parent mentors provide support to parents new to the system and help them understand what they must do to reunite with their children. The parents receive support at dependency court hearings, ongoing mentoring throughout their case, and encouragement to participate in a 2-hour educational class as well as ongoing support classes.
- ◆ Parents who participated were more successful reunifying with their children and were less likely to have their parental rights terminated compared to nonparticipants. The Outcome Evaluation Report is available at Family Preservation Children's Home Society of Washington.
- ◆ Kentucky: Kentucky's <u>Voices of the Commonwealth</u> is a group of foster care youth and alumni aged 16-23 that advocates for positive changes for youth in care and those who have aged out of the system.
 - ◆ The group works with foster and adoptive parents, outof-home-care staff, community partners, Department for Community Based Services staff, judges, court-appointed special advocate staff, State officials, private child care agencies, and educators and advises them on the issues and needs of youth in care (Kentucky Resources for Independence, Success & Empowerment, 2018).

In Kentucky, youth working with Voices of the Commonwealth share their stories and expertise and help to develop policies and practices that will support youth in care.

Voices of the Commonwealth also works with current and former foster youth to educate them about their rights, responsibilities, and available resources to help them succeed.

- ◆ Florida: The Florida Department of Children and Families, the Office of the Attorney General, local certified domestic violence centers, community-based care agencies, and other child welfare professionals collaborate to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. The Safe and Together Model is used statewide as a strategy to enhance family safety, create permanency for children, reduce removals of children from nonoffending parents, and hold batterers accountable (Florida Department of Children and Families, n.d.). The program offers several benefits (Safe and Together Institute, 2018):
 - ◆ Colocated advocates help child protective investigators and case managers **partner with domestic violence survivors** and work toward keeping children safe and together with the nonoffending parent.
 - ◆ Training is supported with technical assistance and follow-up support and coaching for advocates and child protective services staff.

Appendix B: Putting It Together

Although all jurisdictions must find solutions according to their unique needs and resources, the following example illustrates how to put the various strategies into practice. This example can provide a template for other jurisdictions to follow in their quest to implement strategies in their own system across the prevention continuum.

In 2013, North Carolina was one of five States awarded Centers for Disease Control and Prevention (CDC) funding to support the implementation of a child maltreatment prevention collective impact project. The grant was part of the CDC's Essentials for Childhood, a framework to create the conditions for children to thrive in safe, stable, nurturing relationships and environments. North Carolina's Essentials for Childhood (NCE4C) initiative used both the Strengthening Families Protective Factors Framework and the CDC Essentials for Childhood Framework to align Division of Social Services (DSS) and Division of Public Health approaches to prevent maltreatment along a continuum. DSS is the lead child welfare agency in North Carolina and administers the CBCAP program and the North Carolina Children's Trust Fund. The following graphic illustrates key steps in NCE4C implementation.

Why? Who? How? Lessons Learned 1 Establish a Leadership Team

North Carolina, like other States, is home to multiple public and private entities responsible for child maltreatment prevention. Establishing a leadership team was an opportunity to build both structure and accountability into Public health, child welfare, mental health, private foundations, child maltreatment prevention, and early childhood representatives were invited to participate in the NCE4C leadership The NCE4C leadership team met on a regular basis, facilitated by the Division of Public Health.
The team created a work plan, established benchmarks, and committed to working together for the term of the project.

The NCE4C leadership team opted not to draft formal agreements outlining roles, expectations, and commitments. Some type of documentation could have increased buy-in and accountability for project goals.

2 Convene a Task Force

The NCE4C leadership team recognized that successful implementation would require the commitment of State leaders and multiple public and private funding streams. A public task force with credibility was a strategy to build buy-in.

The task force was staffed by the North Carolina Institute of Medicine (NCIOM). Task force membership included families, public agency leaders, legislators, advocates, academics, business leaders, nonprofit leaders, and funders.

The NCIOM established a task force steering committee that included members of the NCE4C leadership team. The steering committee, in collaboration with task force cochairs, planned 10 monthly task force meetings. Meeting agendas focused on learning from experts, full and small group discussion, and activities to prioritize and identify a concrete set of recommendations.

The task force schedule was not always accommodating to youth and family schedules and needs. While compensation was provided, meetings were held during work and school hours, limiting some members' ability to participate.

3 Take Action

Recognizing that implementation requires structure and attention, NCE4C designated the NCIOM as the backbone agency, responsible for serving as a neutral convener of cross-sector partners working toward common goals.

The plan's recommendations identify lead agencies, including DSS, responsible for moving recommendations to action. NCIOM, as the backbone, convened members to create implementation plans.

The following workgroups met on a regular basis to advance priority recommendations:

- Evidence-based programs workgroup
- Trauma-informed practices workgroup
- Data workgroup

Collective impact at the State level requires attention and commitment from State leadership. That was sometimes difficult to garner from busy leaders facing multiple priorities. In 2018, the CDC awarded North Carolina another 5-year E4C grant for 2018–2023 to implement public health and collective impact strategies to prevent child abuse and neglect. NCE4C successfully moved the needle on a number of different primary, secondary, and tertiary prevention initiatives. The graphic below illustrates some key approaches resulting from cross-sector collaborative efforts.

Primary Prevention

- Social norms survey and campaign: Connections Matter
- Family-friendly workplace campaign focused on policies such as paid family leave

In 2019, North Carolina's governor issued an executive order extending paid parental leave to State employees.

Secondary Prevention

- Medicaid funding pilot for home visiting programs
- ◆ Implementation support for evidence-based parenting programs funded through CBCAP, the North Carolina Children's Trust Fund, and other public and private funders

Families across more than half of North Carolina can access evidence-based group- or home-based family strengthening programs in their community at no cost.

Tertiary Prevention

◆ Eastern North Carolina replication of the Child First home-based treatment program with an enhanced Medicaid reimbursement rate, reaching families involved with child welfare through county DSS referrals

In 2019, more than 700 families received home visits from a Child First team made up of a clinician and family resource coordinator.



Spotlight: Triple P

DSS received a \$1,975,000 recurring allocation to support the implementation of Triple P in North Carolina. DSS is working in partnership with the Division of Public Health and The Duke Endowment, braiding funds to scale up the Triple P system of interventions statewide. A collaborative team made up of those partners as well as other state agencies, implementing agencies, and families has developed specific strategies and timelines for scaling up. In 2019, DSS contracted to hire dedicated staff to oversee Triple P initiatives.

Triple P is a multilevel continuum of strategies and supports that, when saturated in a community, demonstrates positive effects on (1) child abuse and neglect, (2) out-of-home foster care placements, and (3) emergency department visits indicating child injury. The graphic below includes examples of Triple P implementation across primary, secondary, and tertiary prevention.

- Stay Positive communications campaign
- Universal access to online parenting programs
- Targeted online parenting programs
- Targeted group-based parenting programs
- ◆ Higher level parenting programs delivered to child welfare involved families

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