Building Protective Systems: A Public Health Approach to Preventing Child Maltreatment

The system level of the social-ecological model explores the community and jurisdictional settings within which parenting occurs. Prevention strategies at the system level impact the social and physical environment and require collaboration among multiple organizations.

Increasingly, jurisdictions are embracing a public health approach to collaborations aimed at preventing child abuse and neglect. A public health approach focuses on the health, safety, and well-being of entire populations rather than on individuals. In a public health approach to child maltreatment, system partners work collectively to coordinate their family support efforts and resources, with the goal of ensuring the greatest benefit for the largest number of people.
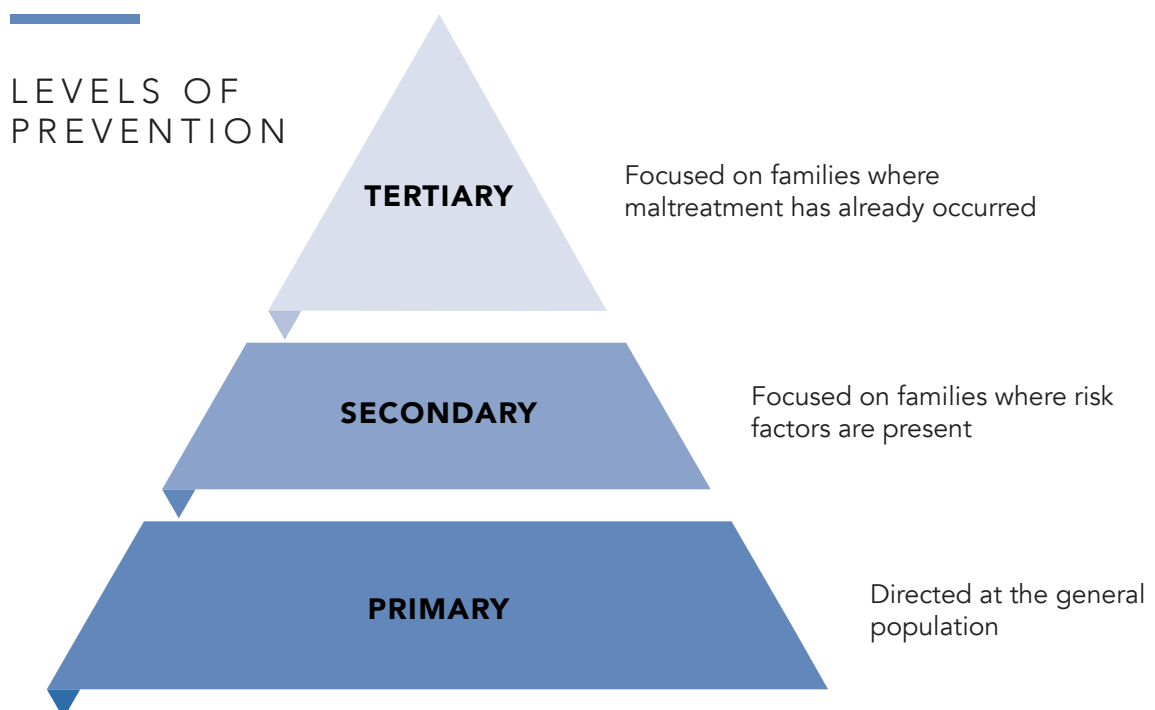
IN THIS CHAPTER:

- Federal Focus: Supporting Community Collaborations for Child Abuse Prevention

- Using Community Data to Prevent Child Abuse and Neglect

- Taking a Collective Impact Approach to Family Support

- Implementing Communitywide Primary Prevention Strategies

Public health is a multidisciplinary, scientific approach that draws from many fields, including medicine, epidemiology, sociology, psychology, and economics. It is grounded in the **analysis of multiple sources of data** to identify the underlying strengths and needs of the local community: Which groups of people are most affected by the problem? Which specific needs are most prevalent? Where are the areas of greatest need in the community, and how are community assets and resources positioned relative to these areas of greatest need?

Comprehensive data analysis facilitates public and private stakeholders' ability to work together to identify and implement strategies that effectively address the community's unique strengths and needs. Stakeholders should extend an invitation to participate to anyone who has an interest in helping families thrive, including government and nonprofit agencies, businesses, foundations, grassroots organizers, and persons with lived experience. Working together in a coordinated way across sectors has proven more effective than isolated efforts by individual organizations for generating large-scale social change.

Such a coordinated effort by many partners requires a strong sense of collective responsibility and commitment to a common goal. Some communities employ a framework of **collective impact**, a structured form of collaboration that brings together stakeholders committed to solving a specific social problem. These communities seek to optimize the health and well-being of children and families by implementing mutually reinforcing activities across multiple agencies.

The other hallmark of a public health approach to child maltreatment prevention is the use of **primary prevention strategies** to promote the skills, strengths, and supports that all parents need to keep their children safe and thriving. These efforts are available to support all families and prevent harm before it occurs. They include strategies such as voluntary home visiting and family resource centers, which are embedded in the community and offer parents and caregivers a variety of formal and informal supports. Primary prevention strategies are generally less expensive and less intrusive in the lives of families than child welfare system involvement and foster care placement. Building family strengths in this way results in increased safety, improved health, stronger communities, and lasting self-sufficiency.

LEVELS OF PREVENTION

TERTIARY
Focused on families where maltreatment has already occurred

SECONDARY
Focused on families where risk factors are present

PRIMARY
Directed at the general population

FEDERAL FOCUS: SUPPORTING COMMUNITY COLLABORATIONS FOR CHILD ABUSE PREVENTION

Many Federal agencies have an interest in ensuring that children grow up in nurturing and safe communities, free from violence. The following recent Federal grant programs support multidisciplinary, community-level efforts to prevent child abuse and neglect.

Community Collaborations to Strengthen and Preserve Families Grants

In fiscal year 2018, the Children's Bureau funded the Community Collaborations to Strengthen and Preserve Families grants to support further development, implementation, and evaluation of community-based primary prevention strategies to strengthen families, prevent maltreatment, and reduce entries into the child welfare system. Applicants were asked to consider how their projects would support a continuum of integrated family support and prevention services and enhance the capacity of communities to address the well-being needs of families before more formal interventions were needed.

One grantee, the Nebraska Children and Families Foundation, developed the *Community Collaborative Toolkit* to help communities assess readiness for change, plan, build capacity, implement and evaluate prevention strategies, develop sustainability plans, and identify policy goals to improve the impact and long-term outcomes for children, youth, and families. Based on the Institute of Medicine's 2003 Framework for Collaborative Community Action on Health, the toolkit provides numerous turnkey tools and processes to assist in the development of a priority plan for community well-being.

Child Safety Forward Initiative

The U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC) is funding a 3-year demonstration initiative in five jurisdictions to develop strategies and responses to address serious or near-death injuries as a result of child abuse or neglect and to reduce the number of child fatalities. Grantees will take a public health approach, based on recommendations from the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). CECANF's recommended approach to child safety engages a broad spectrum of community agencies and systems to identify, test, and evaluate strategies to prevent harm to children. CECANF also emphasized the importance of strong leadership, data-driven decision-making, and multidisciplinary support for families.

Each of the five funded sites is implementing CECANF's vision of reducing serious injuries and preventing fatalities in its own way. Technical assistance for grantees is coordinated by the Within Our Reach office at the Alliance for Strong Families and Communities and provided by a team of national experts in data collection and analysis, safety science and safety culture, collective impact, engagement of persons with lived experience, communication and framing science, and developmental evaluation.

More information can be found on the Alliance for Strong Families and Communities website.

**South Carolina
Children's Trust**

In 2018, following an environmental scan and feedback from key stakeholders, **Children's Trust of South Carolina**, the State's CBCAP lead agency, designed a cross-sector framework for local communities that focuses on supporting child well-being and preventing ACEs. The Empower Action Model merges important frameworks within public health and community psychology—the social-ecological model, protective factors, the life course perspective, and race equity and inclusion—with actionable items to prevent child maltreatment, build resilience for all families, and address determinants of equity.
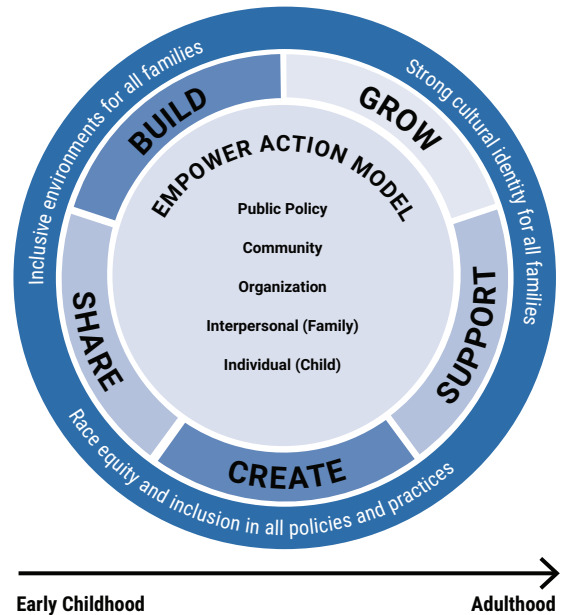
Image courtesy of South Carolina Children's Trust

The model is focused on the principles of understanding, support, resilience, inclusion, connection, and growth at each level of the social-ecological framework. It provides concrete examples of how to apply each of these principles in a checklist format. This model can help communities assess their needs and readiness for change, build partnerships and collaborations, identify areas of opportunity for growth and development, and create a plan.

Local partner coalitions apply the Empower Action Model to develop action plans to increase family support and build parental protective factors within their respective populations. Children's Trust provides facilitation support and technical assistance and measures the process and outcomes.

South Carolina is currently working with three communities to implement the Empower Action Model. One of these efforts, Resilient Midlands, is a countywide initiative to prevent and mitigate the effects of childhood trauma. Resilient Midlands includes a communitywide awareness campaign that highlights the social and economic impacts of ACEs through a series of training opportunities for community members. The Resilient Midlands coalition includes more than 40 area organizations.

Find more information about the Empower Action Model on the Children's Trust of South Carolina website.

USING COMMUNITY DATA TO PREVENT CHILD ABUSE AND NEGLECT

Data are the foundation of a public health approach. Robust, integrated, multisystemic data help communities understand the nature and extent of family risk and protective factors, map community assets, effectively direct prevention resources, and monitor the progress and impact of chosen interventions.

The following are a few of the many ways to enhance the use of community-level data in child abuse prevention efforts:

- **Support and expand the practice of data sharing among organizations serving children, youth, and families,** including the courts, child welfare services, law enforcement, mental health and substance use disorder services, and other systems, to better identify and serve families in need of support *before* a crisis occurs. Data-sharing efforts should consider issues of confidentiality, common data elements, the integration of different information systems, and other factors.

- **Review and present data with a racial equity lens.** According to Racial Equity Tools, using an equity lens requires consistently disaggregating data by race and ethnicity. When disparity or disproportionality is revealed, explore structural causes to avoid perpetuating group stereotypes.

- **Explore ethical uses of predictive analytics,** which is the use of past data to predict what will happen in the future. Such approaches may improve the accuracy of decision-making and help ensure scarce resources reach those who need them most. Many experts agree that predictive analytics are most useful when data supports (rather than supplants) human judgment and when systems are implemented with community transparency and input.

- **Use data mapping,** which uses geographic information systems to visualize specific demographic information along geographic boundaries. For example, researchers can look at the correlation between poverty rates or other demographic data and reports of child abuse in neighborhoods to begin to understand where additional resources may be needed or why certain areas have higher rates of foster care.

- **Track the well-being of children and families over time.** Data can help monitor the progress of individual prevention strategies, assess how well they are working, and inform where changes are needed to improve outcomes. Some communities are exploring the development of community-level safety and well-being indicators to provide similar information about the success of their collaborative efforts.

Predict Align Prevent: Data Mapping to Support Child Abuse Prevention

Funding for child maltreatment prevention and related social services is limited. To benefit the greatest number of children and families, it is critical for communities to know two things:

5. What is the most effective combination of child maltreatment prevention services?

6. Where should those services be located?

Predict Align Prevent attempts to answer those questions by using data mapping to predict where future child maltreatment will occur *before it occurs* and to determine which protective factors will be most helpful in preventing it in each unique community. At a national level, Predict Align Prevent hopes to eventually identify the combinations of programs, services, and infrastructure that reliably prevent child maltreatment and related risks across jurisdictions.

Predict Align Prevent undertakes a three-step process in partnership with existing community leaders, stakeholders, community members, and coalitions:

- **Predict:** Machine learning (a form of artificial intelligence) predicts where child maltreatment is likely to occur in the future by identifying the places where children have historically been at greatest risk of maltreatment in the community and how that correlates to other risk factors. It does this geographically, without profiling individuals.

- **Align:** Communities identify where prevention services and other critical supports are offered and how those locations match up with the highest risk areas for maltreatment. These data support community partners in developing and executing a data-driven strategic plan for prevention.

- **Prevent:** Over time, the effectiveness of prevention efforts is evaluated using objective, population-level measures of child health and safety. This quality improvement cycle is intended to uncover, strengthen, and replicate effective prevention initiatives.

Predict Align Prevent's machine-learning tools are open-source and available to all communities. For more information, visit the [Predict Align Prevent website](#).

STATE CBCAP EXAMPLE

Arkansas Children's Trust Fund

The Arkansas Children's Trust Fund within the State's Division of Children and Family Services (DCFS) worked with Predict Align Prevent to complete an analysis of child maltreatment risk in Little Rock, the State's most populous city. The project mapped past maltreatment, child and adult deaths, crime, and other risk factors associated with maltreatment, as well as protective factors such as child care centers, churches, and home visiting programs. The resulting maps clearly demonstrate that child abuse and neglect cooccur geographically with other poor outcomes, providing a powerful visualization of community needs.

The next step will be to align resources where they can do the most good. For example, one of the most significant findings is the discovery that 53 percent of all preventable child deaths in Little Rock occurred in the 15 percent of the city where child maltreatment risk is highest. Furthermore, almost all child maltreatment fatalities occurred in the two highest risk areas of the city. These insights can help the city more precisely target primary prevention programs.

DCFS convened an advisory board of State and local stakeholders to review the data. Members of this group represent a cross section of organizations related to children and family services: early childhood education programs, the Little Rock school district, City of Little Rock employees, domestic violence shelters, homeless shelters, the local children's hospital, substance use treatment providers, and many more. Predict Align Prevent also invited input from local faith leaders and worked with a team at the University of Arkansas to conduct focus groups with community members of high-risk areas. The advisory board assisted DCFS in conducting an environmental scan to identify the programs already serving children and families in high-need areas and pinpoint any gaps.

Once the analysis and environmental scans are completed, the advisory board will recommend evidence-based strategies to address identified risk factors and promote more protective factors for families. These recommendations will serve as a blueprint for securing and deploying new resources as they become available.

TAKING A COLLECTIVE IMPACT APPROACH TO FAMILY SUPPORT

Collective impact is one strategy that communities have found useful when organizing diverse, multidisciplinary teams in pursuit of a common goal, such as preventing child maltreatment and increasing protective factors within families. Collective impact differs from collaboration in that it involves structured, systemic attention to the relationships between organizations and how they work together. Agencies focused on child abuse prevention may find that their goals are consistent with a community group that is already employing a collective impact approach. If not, they might consider starting a collective impact group.

Effective collective impact initiatives include meaningful engagement and leadership of youth, caregivers, and others with lived experiences from the communities they serve. Without intentional community engagement and involvement, proposed solutions may not be appropriate, acceptable, or compatible with community needs, and changes may reinforce existing inequitable power structures.

The following are essential principles of collective impact practice:

- Design and implement the initiative with a priority on equity.
- Include community members in the collaborative.
- Recruit and cocreate with cross-sector partners.
- Use data to continuously learn, adapt, and improve.
- Cultivate leaders with unique system leadership skills.
- Focus on programs and system strategies.
- Build a culture that fosters relationships, trust, and respect across participants.
- Customize for local context.

Find more information, visit the Collective Impact Forum.

Collective impact is commonly identified by five essential conditions:

- **Common agenda,** including a shared vision for child and family well-being, a common understanding of the problem of child maltreatment, and a joint approach to preventing maltreatment or increasing protective factors within families
- **Shared measurement systems,** with agreement on how child abuse prevention and family well-being will be measured and reported for accountability
- **Mutually reinforcing activities** undertaken by participants in ways that support and coordinate with other partners within an overarching plan
- **Continuous communication** among partners to develop trust and a common vocabulary
- **Backbone support** provided by a separate organization and staff with specific skills in facilitation, technology, communications, data collection and reporting, and logistics

90by30: Using Collective Impact to Build a Prevention Partnership

90by30 is a community-campus primary prevention partnership in Lane County, OR, housed in the University of Oregon's Center for the Prevention of Abuse and Neglect. It is rooted in local concerns and needs and incorporates a collective impact framework focused on the protective factors. Members of 90by30's Regional Leadership Teams represent faith-based communities, education systems, child protection agencies, businesses, service groups, governments, legal communities, and survivors of abuse and neglect.

In 2013, 90by30 launched a countywide telephone survey to achieve a baseline understanding of community norms related to child maltreatment prevention. The survey found that the vast majority of Lane County adults believed that everyone has a role in preventing child abuse and neglect (85 percent) and that keeping children safe is one of the most important responsibilities of adulthood (98 percent). By contrast, nearly half (43 percent) of survey respondents were not sure what they could do personally to solve the problem.

The county was divided into seven geographic regions. Each regional team, led by local residents volunteering their time,

developed its own prevention plan with a unique blend of research-informed strategies and resources mapped to protective factors. For example, several of the county's rural regions selected the Welcome Baby Bundle as a key strategy to decrease parental isolation. This program offers all new parents both concrete support and social connections in the form of a gift box stocked with essential infant care items and information about community resources. Numerous community organizations and groups are involved in creating and donating the contents.

90by30 has a vigorous research agenda, including a prevalence study, which was piloted recently in Lane County Schools, that will track rates of abuse and neglect in Lane County and Oregon over time. The regional plans are also complemented by an overarching countywide strategy: the K(no)w More media campaign, which emphasizes that once we *know more* about child abuse and how to prevent it, we can say *no more* to anything that harms children and families. It emphasizes the idea that every person in the community has a role to play in ending child abuse. The K(no)w More website launched in April 2019 and was bolstered by radio public service announcements and a social media presence.

"We want to give people the tools to 'play their part' in keeping kids safe and healthy. If we can change the mindset that child abuse is someone else's problem—a problem to be solved by the police or child protective services or schools—we can shift the social norms that keep us from coming together as a 'village' to raise a child."

—90by30 website

IMPLEMENTING COMMUNITYWIDE PRIMARY PREVENTION STRATEGIES

No family raises their children completely alone or without support. All parents benefit from a temporary "boost"—someone to listen and offer advice; a place to go for respite and social connection; or help with rent, child care, or transportation. These supports, whether formal or informal, are primary prevention strategies that strengthen the environment within which all families—regardless of race, income, or creed—raise their children.

"Primary prevention addresses one simple question: How can we be more proactive in helping to strengthen the protective capacities of families and keep them safe and healthy? The goal of primary prevention is to help all families thrive."

—Deborah Daro, Ph.D., senior research fellow, Chapin Hall at the University of Chicago

Promising and successful primary prevention programs include services and resources that have the following characteristics:

- Available to anyone who lives in the community, not just to families deemed to be at risk

- Offered on a voluntary basis

- Place-based and centrally located within the communities where families live, ensuring easy accessibility

- Aligned with community values, norms, and culture

- Offered by public, nonprofit, faith-based, or private providers that are independent of the government

- Focused on enhancing parental protective factors

- Inclusive of concrete supports (e.g., limited financial assistance, food assistance, housing assistance, legal services, respite or child care), clinical services, and peer mentoring

- Provided through braided funding that may include Federal, State, county, city, and private dollars[4]

Many of these things serve to support positive community norms (see page 7) around help-seeking. They create an environment where the need to ask for help is not viewed as a threat to the family's integrity. In this context, participating in services to prevent problems from arising or becoming worse is viewed as a strength rather than a weakness.

Universal Home Visiting Builds Family Protective Factors

Home visiting is a service-delivery model employed in many communities to offer support to parents. When it is offered to all families in the service area, regardless of socioeconomic status or risk factors, it is considered a "universal" program and a primary prevention strategy.

Home visiting programs can target a wide variety of family health and well-being outcomes, including reduced child maltreatment, increased protective factors, better prenatal and postnatal health for mothers and babies, increased use of positive parenting strategies, and enhanced connection of families to other supports and services in the community.

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4 U.S. Department of Health and Human Services, Children's Bureau. (2018). *Strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation (ACYF-CB-IM-18-05)*.

A number of evidence-based home visiting models have been developed. Many of these models provide specialized support to parents and children in high-priority families, such as families with low incomes or young parents, or to individuals serving in the military. However, others take a universal, primary prevention approach. Examples of these programs include the following:

- Family Connects, developed in Durham, NC
- Welcome Baby, Los Angeles, CA
- Hello Baby, Allegheny County, PA
- First Born, New Mexico

In these models, nurse visitors or parent coaches work with all families who accept a visit to identify what support they want and need. If further support is desired, home visitors provide an individualized, stigma-free entry point into the community's system of care through referrals to other, more intensive home visiting programs, income and housing support, and health and social services.

For example, Family Connects is an evidence-based program (EBP) that connects all parents of newborns in the service area, regardless of socioeconomic status, to the community resources they need through postpartum nurse home visits. The model was first piloted in Durham, NC, in 2008. It is now the country's most widely implemented universal home visiting model.

Randomized controlled trials have shown that Family Connects strengthens protective factors, such as the following:

- Parental resilience: Mothers were less likely to report postpartum depression or anxiety.
- Knowledge of parenting and child development: Mothers reported significantly more positive parenting behaviors, such as hugging, comforting and reading to their infants.
- Nurturing and attachment: Mothers expressed increased responsivity to, and acceptance of, their infants.
- Concrete supports: Home environments were improved, with homes being safer and having more learning materials to support infant development.
- Social connections: Community connections increased.

In one trial, families who participated had lower rates of investigation for suspected child abuse and neglect through the second year of life.

Questions to Consider

SUMMARY OF CHAPTER 3

The following are questions to consider as you build more supportive systems for children and families:

For Staff Working Directly With Families:

- What types of data, if any, does my agency provide me about the strengths and needs of families in the community I serve? How can those data be used to support the families I serve?
- What community-level collaborations am I aware of? Is there an opportunity to start or be more engaged in a collaboration to support families?
- Where do the families I serve already seek and receive support in their community? How can I connect the families I work with to additional voluntary supports, if they identify a need?

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For Agency Leaders and Community Collaboratives:

- What are the **sources of data** that could help us understand families' strengths and needs at a population level?

  - What prevents or impedes data sharing in our community? Who could help us address these barriers?
  - Are we consistently viewing our organizational- and community-level data with an equity lens?
  - How might our community benefit from the use of predictive analytics or data mapping? (Check out Casey Family Programs' free, interactive [Community Opportunity Map](#).)

- What **collaborations** already exist in our community to help families and children thrive? How can we contribute? Consider lending your voice and skills to an existing collaboration before starting a new one, if possible. Places to look for collaborators with similar goals include the fields of public health, early childhood education, and violence prevention.

  - What sectors are currently represented in our collaborative groups? Which are missing or underrepresented? Have we reached out to philanthropic partners, the business community, and faith communities?
  - How are we engaging or inviting the voices and leadership of community members and persons with lived experience in our efforts?
  - If we are not currently using collective impact, how could that model provide a helpful structure for our efforts?
  - If our collaboration does not have a backbone organization, what organization(s) have the capacity to provide that kind of support to further and sustain collaborative efforts?

- What are the **primary prevention** strategies in our community? How can we strengthen those supports to help all families thrive?

  - What evidence-based or evidence-supported child maltreatment prevention strategies are currently available to all families in our community? Which could be expanded? Where are the gaps?
  - How could our community normalize seeking and receiving support by families? Which families are more likely to engage in family support and prevention services and why? What steps do we need to take to ensure a more universal approach to engaging all families in prevention services?

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