Introduction

The Children's Bureau is committed to two overarching goals. The first goal is to strengthen families and communities through primary prevention to reduce child maltreatment and the need for formal intervention by the child welfare system. The second goal is to dramatically improve the foster care experience for children, youth, and their parents when a child's removal from home is necessary. To promote its vision to reduce the need for unnecessary family disruption, the Children's Bureau funded four 5-year Community Collaborations to Strengthen and Preserve Families (Community Collaborations) discretionary grantees in fiscal year (FY) 2018. It funded another round of nine grantees in FY 2019.

This Grantee Lessons Learned brief highlights common themes and unique examples gathered by grantees during Children's Bureau-led site visits to other jurisdictions with promising approaches to community-based primary prevention. While this brief was written to inform the work of child welfare agencies and directors of community-based organizations, other professionals focused on improving health and well-being outcomes of families and communities may also find it valuable.
Defining and Understanding Primary Prevention

For some, the concept of primary prevention brings to mind public service announcements and outreach efforts to raise awareness and educate the public on preventing child maltreatment. More recently, however, the child welfare field has begun to evolve to include a more proactive approach to primary prevention through the development of more integrated, community-based supports and a recognition of the value of leveraging local insights, skills, and resources. This comprehensive continuum of services is intended to build the resilience and capacity of families, improve overall well-being, and reduce the risk of child maltreatment and formal child welfare involvement. Many of these primary prevention programs are provided voluntarily to anyone who lives in the community; are place based and centrally located to ensure accessibility; and align with community values, norms, and cultures. Services are also commonly offered by a public, nonprofit, faith-based, or private provider that may partner and/or receive funding from the State or county child welfare agency but operate independently of the government.

Successful primary prevention approaches require a strong network of partners and a shared vision. No single agency can do this work alone. In addition to the State or county child welfare agency, partners may also include other public agencies; community-based service providers; the courts and legal professionals; youth and parents with lived experience; and other partners such as schools, churches and faith-based organizations, hospitals and medical clinics, housing providers, businesses, and others. This kind of cross-sector collaboration around the expressed needs of families can lay a strong foundation for broad improvements in key indicators of family and community well-being. To learn more about the Children’s Bureau’s vision for primary prevention, including promising approaches and examples of key partnerships, read Information Memorandum ACYF-CB-IM-18-05.

Community Collaborations Grantees

The FY 2018 Community Collaborations funding opportunity announcement (FOA) funded the development, implementation, and evaluation of community-based primary prevention strategies and activities for strengthening families, preventing maltreatment, and reducing entry into the child welfare system. Applicants were asked to consider how their projects would support a continuum of integrated prevention services, with a focus on primary prevention, and enhance the capacity of communities to address the well-being needs of families before more formal interventions were necessary. This FOA included the following three goals for projects:

1. Reduce new referrals and entries into foster care by strengthening families and mobilizing communities. This could include implementing a continuum of prevention services or activities, with a focus on primary prevention, informed by the relevant literature and the identified needs of the communities to be served.

2. Support child and family well-being and strengthen protective factors to prevent child maltreatment. This could include developing integrated family support systems across the public and private community groups, agencies, courts, and other relevant entities in the communities to be served.

3. Evaluate efforts to provide substantial information about the effectiveness of the strategies or activities implemented in reducing referrals to the public child welfare agency with support from the designated evaluation technical assistance provider.
Site Visits to Jurisdictions With a Promising Primary Prevention Approach

Four grantees were funded under the FY 2018 Community Collaborations FOA, which included a unique strategy being tested by the Children’s Bureau to support peer-to-peer learning and collaboration. Each grantee was required to complete three site visits to agencies or jurisdictions with promising approaches or strategies to community-based primary prevention within the first 8 months of its award. Grantees selected the programs they would visit from a list compiled and informed by Children’s Bureau leadership and its Office on Child Abuse and Neglect as well as Child Welfare Information Gateway. While the Children’s Bureau recognizes there are many effective primary prevention programs operating across the country, these sites were selected because they illustrated a variety of strategies and approaches, agreed to host onsite visits, and represented comparable strategies within similar populations as the Children’s Bureau’s grantees. The following table provides more information about each grantee and the programs they visited.

Table 1. List of Grantees and the Programs Visited

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<tr>
<th>FY 2018 Community Collaboration Grantee</th>
<th>Programs Visited</th>
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<tr>
<td>Cook Inlet Tribal Council, Inc. (AK)</td>
<td>- Partnership for Strong Families (Gainesville, FL)</td>
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<td>- Safe &amp; Sound (San Francisco, CA)</td>
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<td>- Live Well San Diego (San Diego, CA)</td>
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<td>El Paso Center for Children, Inc. (TX)</td>
<td>- Bester Community of Hope (Hagerstown, MD)</td>
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<td>- Family Enrichment Centers (New York, NY)</td>
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<td>- Live Well San Diego (San Diego, CA)</td>
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<td>Nebraska Children and Families Foundation (NE)</td>
<td>- Partnership for Strong Families (Gainesville, FL)</td>
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<td>- Family Support Services of North Florida, Inc. (Jacksonville, FL)</td>
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<td>- Boulder County Housing and Human Services (Boulder, CO)</td>
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<td>New Hampshire Department of Health and Human Services (NH)</td>
<td>- Partnership for Strong Families (Gainesville, FL)</td>
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<td></td>
<td>- Center for Family Life (Brooklyn, NY)</td>
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<td></td>
<td>- Boulder County Housing and Human Services (Boulder, CO)</td>
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Promising Approaches to Primary Prevention

While each program visited was distinct and reflected the unique strengths and needs of the community, there were some common themes and practices that stood out as promising approaches to community-based primary prevention. These included universal and centralized services, a community-driven approach, the use of a protective factors framework, an integrated service array, purposeful staff selection and development, and flexible funding.

Universal and Centralized Services

Primary prevention is generally understood to be widely accessible supports and services that exist to serve the general public and are available on a voluntary, as-needed basis without regard to individual risk factors. This means that anyone in the community can access and benefit from these services if they elect to. At its core is a foundational understanding that all families will need help or support at some point and that this kind of universality helps to reduce the stigma of seeking help and builds strong, trusting relationships.
In many of the programs grantees visited, services and supports were offered out of physical spaces that are open to the public, welcoming, and centrally located. This allows families to meet and interact with one another and reduce social isolation. Frequently, families need to visit multiple service providers that are located throughout the community. By offering a single, accessible location for services, communities can help reduce the travel and time burden on families who would otherwise need to visit multiple service providers in different regions. Additionally, if the location is nongovernmental and used by other members of the community (e.g., a community center), it may help destigmatize the receipt of services. Several programs visited by grantees used this open-access and centralized approach to universal services.

In Gainesville, FL, Partnership for Strong Families implemented a growing initiative, a network of family resource centers including the Library Partnership, which utilizes the openness and accessibility of the local library to build relationships with individuals and families while offering a variety of services and supports, such as a clothing closet, adult and child tutoring, support with finding employment, and community activities. Members of the community who access services are referred to as "patrons" instead of "clients" or "recipients." Partnership operates two additional stand-alone sites, including the Southwest Advocacy Group (SWAG) Family Resource Center, in partnership with local, grassroots organizations. All sites are strategically located in communities with historically high rates of child maltreatment and limited access to services. Patrons sign in using a kiosk, providing basic demographic information and identifying the reason for their visit (e.g., faxing, clothing, job search).

Similarly, the Center for Family Life is a neighborhood-based social services agency that has served the Sunset Park neighborhood of Brooklyn, NY, for over 40 years and provides a single and accessible location for community members to access public benefits support, family counseling, and employment and business development services. The Center for Family Life also offers afterschool programming at elementary, middle, and high schools within walking distance of the agency. As a result, the entire family unit can be served by the Center, which is rooted and trusted in the neighborhood, without ever stepping into a more formal social services agency or benefits office.

In 2018, the New York City Administration for Children's Services' (ACS) Division of Child and Family Well-Being opened three family enrichment centers (FECs) in different neighborhoods throughout the city. Each FEC is designed to look and feel like a home environment—a stark contrast from a child welfare agency. The FECs are outfitted with comfortable couches and chairs, toys and games for children, and a full kitchen for sharing meals. They also have stocked pantries and freezers where community members can pick up food and supplies as needed. There are no forms to fill out and no lines to stand in. If community members need access to a computer and printer to fill out their children’s school forms or apply for a job, those are also available. Being able to access resources in a relaxed environment helps to encourage community engagement and reduce stigma or fear of asking for help.

Other communities may refer to FECs as family resource centers, family support centers, or parenting centers. Regardless of what they are called, each follows the same principles of strengthening families, promoting protective factors, and mitigating risk factors to prevent child maltreatment. For more information, see the National Family Support Center Network.

**Community-Driven Approach**

Rather than using a one-size-fits-all approach to programming, where services are predetermined or an evidence-based practice (EBP) is selected indiscriminately, the programs grantees visited were tailored and informed by community members who are often active participants in determining what supports and services their community needs and how they should be delivered. Although EBPs can and should be used when appropriate, programs should be careful not to overrely on EBPs that are not targeted to their community’s needs and may serve a much smaller population. Several programs discussed the broader reframing and community-level convening that is necessary to ensure local efforts are sustainable and programs can scale up to serve larger geographic areas. This approach leads to service offerings that are often quite different from traditional child welfare practice but match the cultural and support needs of the community and help keep families engaged and connected.
For example, in Hagerstown, MD, Bester Community of Hope, an initiative of San Mar Family & Community Services, focuses on strengthening the capacity of government agencies, nonprofits, community partners, and local businesses to support children and families in the South End neighborhoods through collective impact. The spheres of work at Bester focus on in-home family services, integrated services at school including afterschool programming, and neighborhood capacity building. When a community member was concerned about the high rates of school absenteeism in the area, the Bester Community of Hope staff supported that individual and recruited volunteers from the community to host a "walking school bus initiative." This effort to safely walk children to school has helped increase student attendance, safety, and health as well as social connections among children and adults.

In New York City, FECs are located in distinct communities throughout the city and are uniquely reflective of the neighborhood in which they are located. The programs and resources offered are identified by the individuals and families that live in the area and are culturally appropriate and consistent with each community’s values. At one FEC, a grandfather who had recently received custody of his grandchildren was struggling to keep up with monitoring their online activity. In response, the FEC started a community club for seniors as well as other community members of all ages to improve their tech-savviness. Including programming for all generations at the same location can help promote community connection for individuals with limited family or friends in the area. Community members are also encouraged to participate in the evaluation process of FECs. A year after opening the first FEC, ACS wanted to gather feedback on the progress of the program and its impact on the community. In a unique approach, community members, ACS administrators, and FEC staff were randomly assigned to interview each other, thereby eliminating the power differential and ensuring everyone had ownership of the process.

**Protective Factors Framework**

Many child welfare agencies are considering how the conditions that lead to a child’s removal from home can often be traced back to a breakdown in protective factors at the parent, family, or community levels. Protective factors are conditions or attributes of people, families, communities, or society that decrease or eliminate risk and promote the healthy development and well-being of children and families (U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau; Child Welfare Information Gateway; & FRIENDS National Center for Community-Based Child Abuse Prevention, 2019).

There are a variety of protective factors frameworks being used by agencies across the country. In general, they include a focus on similar concepts, such as access to concrete supports and strengthening parent capacities and resiliency. Protective factors have become a strong foundation for many primary prevention programs, in part because they provide a common framework for developing partnerships and establishing shared goals between child welfare agencies and community service providers. Many of the programs visited utilized protective factors to identify and organize their service array, linking each support or service to one or more protective factor, and as a framework for tracking outcomes and understanding the elements that support community resilience.

Two critical protective factors that programs highlighted were concrete supports and creating social connections. Concrete support services varied from community to community, but examples included access to emergency housing, a clothing closet, a food bank, access to a fax machine, and one-on-one help applying for benefits. Program staff shared that families often first come to their agency while in crisis; by meeting a family’s immediate needs in a tangible way, programs can build relationships with families and credibility within the community. When trust and credibility are established, families are more likely to return and access other kinds of supports, such as in-home services, individual counseling, or parent support groups, and to share their positive experience with others.
To help create social connections and reduce stress and isolation for families, programs instituted community dinners, volunteer opportunities, afterschool programs, and Parent Cafés. One of the pillars of Safe & Sound’s program model is its 24-hour TALK Line, through which parents of children in the San Francisco Bay Area can connect with trained volunteers to receive free, anonymous support regarding different life stages or parenting challenges. Staff shared that there are some parents who have been talking with the same TALK Line volunteer for years to support their family as their children grow up. This is also the most common way parents learn about other services that Safe & Sound offers, such as their drop-in center, counseling, and educational workshops.

Partnership for Strong Families shared examples of other services they offer that are tied to different protective factors, including opportunities for caregivers to build upon family functioning and resiliency through financial literacy programs, employability workshops, and referrals to other social services agencies; promoting knowledge of parenting and child development through parenting classes; and building social emotional competence through afterschool and summer programs for children and youth.

For more information about implementing the protective factors framework, see the 2019/2020 Prevention Resource Guide and Protective Factors Approaches in Child Welfare.

### Other Important Frameworks Used

While the protective factors are being utilized by most of the programs grantees visited, there were a few additional frameworks mentioned as being foundational to establishing a network of community-based primary prevention programs.

- **Social determinants of health (SDOH):** SDOH are the conditions in the places where people live, work, and go to school that impact overall health outcomes (e.g., access to health care, safe housing, quality education). Live Well San Diego considers SDOH as a foundational platform of their primary prevention efforts across the county, which can be seen in their initiative to measure the top 10 indicators of well-being across the lifespan of all its residents.

- **Two generational:** This approach supports holistic family well-being through intentional, complementary services for both children and their parents or other caregivers. Since having a space to spend quality time with their child and be fully present is both a luxury and a necessity for many parents, Safe & Sound drop-in centers provide opportunities and activities for parents to spend time with their child and reinforce parent-child bonding and attachment.

- **Appreciative inquiry:** This approach identifies and builds upon the strengths and possibilities within a community. From the beginning, ACS utilized appreciative inquiry when developing its FECs, which involved engaging individual community members, asking questions, collectively identifying community strengths and opportunities, and finding solutions for challenges families face and implementing them together.
**Integrated Service Array**

The programs grantees visited support the belief that families in their community need an integrated safety net rather than isolated services. By building a culture of collaboration and coordination among government and community service providers, services can be more seamlessly referred to and accessed by families. This approach goes hand in hand with universal and centralized services strategies, which call for providers to be in a single location to ease client burden and allow for additional collaboration. For many programs, this integrated service array meant community members could enter the social services system through any agency or related venue—often including one or more place-based centers, such as the Library Partnership or the Center for Family Life—and be easily connected to other applicable agencies. Boulder County leadership recognized that its staff spent up to 60 percent of its time filling out paperwork and calling other agencies.

To develop a more integrated service array, Boulder County recategorized certain positions to allow them to focus on upstream services (i.e., those that focused on strengthening families and building community capacity); established a Family Resource Network leveraging the expertise of trusted community partner organizations; created a coordinated entry for homeless and housing services; instituted a coordinated and integrated case management system between county and partner providers; and built an interactive data system, Boulder County Connect, with interoperability that helped staff connect community members with available services in real time.

For Live Well San Diego, community partners have offices in the same building as the child welfare agency, regularly participate in quarterly meetings with the county’s executive leadership around data and funding opportunities, and are involved in family team meetings. Programs approached primary prevention by identifying partners in their community, assessing the resources and services already available, establishing coordination among existing services, and building upon or creating new services where needed.

The change from compliance-driven service siloes to holistic and integrated services and strategies co-designed with the community requires agency leaders and community stakeholders to establish deep, long-standing relationships. Programs encouraged grantees to build on the expertise of individual organizations, use data points (e.g., gaps in achievement levels, chronic homelessness, uninsured rates, or reading levels) that community partners can agree upon, and focus on "low-hanging fruit" that will lead to easy wins and help build momentum and trust for building more integrated services. Each program emphasized the importance of having an intimate knowledge of the community and respecting the time it takes to build authentic relationships with families, community members, and partners as an integral part of their success.

**Purposeful Staff Selection and Development**

Programs demonstrated that a focus on hiring the right staff and volunteers—those who are passionate about the program’s vision of primary prevention and who understand the community they will work in—was instrumental to building an effective community-based primary prevention program. When Bester Community of Hope leadership decided to move away from its previous work as an orphanage and discontinue operation of the residential foster care program, they knew they would first have to convince their staff that primary prevention was a better approach. This transition would require staff who bought-in to the idea and were trained in a new way of supporting children and families in their community. When interviewing for new staff positions, programs focus on identifying an individual’s core values to determine if they are a good match for the work. As part of their staff development, Bester incorporates "community integration hours," which is time for staff to take part in community activities, such as spaghetti dinners, where staff and community members can get to know each other and build new or stronger relationships.
As another example, many of the staff in the ACS FECs are from the neighborhoods where the FEC is located. This is an intentional approach to ensure staff understand the unique characteristics, values, and concerns of that community and can develop credibility and trust. ACS learned early on that the staff roles at each FEC would have to be dynamic. Staff would need to have the social skills to engage with the community, the administrative background to run the center and develop partnerships, and the ability to understand and apply the foundational frameworks that underscore much of ACS’ primary prevention efforts: collective impact, two-generational programming, and equity. As a result, ACS increased staff pay compared to other community-based positions so it could hire appropriate, skilled staff. Additionally, community members who regularly visit the FEC often adopt roles as “community or parent leaders” and, as volunteers, play an integral part in making decisions for the FEC as well as inviting friends and neighbors to visit.

Similarly, Partnership for Strong Families recruits volunteers from within the community to act in a variety of roles, both serving and advising. One of the best examples, involves a community matriarch who volunteers at the front desk of one of the sites. She ensures every patron, including the children, receives a warm greeting, acts as a mentor for many patrons, and provides guidance for staff and other volunteers when it comes to culturally sensitive matters. Staff and volunteers are also provided with on-going staff development opportunities, such as the protective factors framework, trauma-informed care, and family engagement techniques.

**Flexible Funding**

While public child welfare agencies are a necessary and important partner in community-based primary prevention, nongovernment agencies and organizations are leading the efforts in many communities. Partnering with nonprofit or other agencies allows more flexible funding to be available for family services or supports that may not fall into traditional child welfare categories, such as parenting classes. When programs identified gaps in the service continuum, they leveraged their community partnerships to help identify new or creative funding options to accomplish their shared goals, including grants, in-kind donations, or philanthropic sources.

Bester Community of Hope recognizes that its success has been the result of a large variety of community partners and stakeholders coming together with a shared vision for children and families. Bester’s funding sources include philanthropies, local foundations, State and Federal agencies, grant funding, and other community partners who provide services to families. Establishing multiple funding sources and developing a discretionary fund creates more flexibility in providing services because programs may not be tied to narrow funding requirements. When funding is available to pay for whatever services are needed, programs can better respond to community needs. For example, Bester Community of Hope used flexible funding to advocate for new neighborhood traffic signals, provide tattoo removal prior to a job interview, and support a mother’s dream of obtaining her college degree—all of which would be difficult to do using solely public child welfare funding.

Programs emphasized that it takes time to establish trust and buy-in with funders and it is important to manage funders’ expectations about prevention outcomes and processes. For example, as noted by Boulder County Housing and Human Services, prevention services may be costlier and take longer to come to fruition than traditional child welfare services and measuring prevention can be challenging. Funders like to see results (and see them quickly), so prevention efforts may not have the same appeal as other work. It is important to have honest conversations with partners and funders about realistic prevention goals that everyone can agree on. The patience and flexibility of funders to commit to a generational change process is critical in times when the pendulum will inevitably shift to a crisis response of the moment. Consistent and committed leadership who can champion this kind of message has been imperative for the successes seen in Boulder County.
Unique Innovations

While many of the promising approaches were seen across multiple programs, there were a few unique strategies seen within specific sites that are worth highlighting.

Marketing and Strategic Communication

From the very beginning, Partnership for Strong Families was proactive and intentional about the message it wanted to share with the community. Partnership, which is contracted through the Florida Department of Children and Families as a community-based care agency, has a staff member dedicated to community relations who has established consistent and positive messaging for their program, including a unique logo that distinguishes them from direct association with the child welfare agency, which often has a negative connotation in communities. The director of community relations shared how she responds to media inquiries in a way that allows her to shape the story and educate the community about what the program does, how it uses protective factors, and the services it provides to support families. She relayed how she is careful to ensure a welcoming message, no matter the platform, because a patron, or a potential patron, may be listening. For example, child abuse prevention language is not typically part of their community communication platform so they can protect their reputation as a nonstigmatizing and welcoming place. In the beginning, the agency received a lot of questions about the intent behind their services (e.g., Were they just giving "hand-outs?"). However, the community better understood the program once it received consistent messaging about how concrete supports were provided to build ongoing, trusting relationships so the program could provide additional support to families, such as counseling and parent support groups. After, the community was supportive and wanted to know how they could help.

Benefits Navigator Pilot

The concrete supports provided through public assistance programs, such as food assistance and health insurance, are what many families need to stabilize and stay together. Boulder County leadership shared how the pilot for its benefits navigator program—which uses an intake screener to identify comprehensive whole-family needs, increases service referral and linkages, promotes a 1-stop service delivery, reduces systems recidivism and reduces costs—has allowed them to innovate within one of the most regulated and structured parts of their county system. The premise of the program model is that individuals and families cannot benefit from programs they do not know about or cannot access. Staff for the pilot were carefully selected and trained in motivational interviewing, methods for improving the customer experience, and ways to make the first visit count.

For the pilot, each meeting with a client included a standardized assessment and an indepth interview. Navigators would then authorize all benefits that an individual or family was eligible to receive (e.g., food assistance, Medicaid, cash programs). During a family’s first visit, navigator staff aimed to make referrals for as many county-provided benefits and supports as possible, and after they would call community providers or accompany a family to another agency for any additional service needs. Using Boulder County Connect, staff can also sign families up for a service, such as child care, and monitor whether services have been provided or if additional follow up is needed. Navigators involved in the pilot emphasized that having food and snacks available during the first meeting with a family was a fundamental part of their practice model and became an opportunity for them to meet a basic need, reduce anxiety, and help families and young children get through a lengthy interview process.
Cooperative Businesses

For over 100 years, the Center for Family Life has served the Sunset Park community in Brooklyn, NY, by providing neighborhood-based family and social services. To support the economic health of community members, many of whom are immigrants and/or low-income workers, the Center incubates and supports cooperative businesses (co-ops). Through co-ops, community members can own their own business while receiving administrative and marketing support from the Center. The Center focuses on industries with demonstrated success, such as home and business cleaning, catering, and child care. Co-op members have reported earning rates higher than the norm in the area for the same services. Additionally, co-op members have said that being able to determine their own schedules, service offerings, and the prices they charge has improved their overall well-being. Since 2006, the Center has helped to launch over 15 co-ops in the Sunset Park neighborhood.

Conclusion

Developing integrated, community-based primary prevention programs that lead to improved outcomes for children and families is still a work in progress across the country. The programs shared some key promising approaches, and the grantee site visits offered everyone an opportunity to share knowledge and strategize ways to improve their own services and supports. There are also common challenges and questions that remain. For example, many agencies are still working on establishing the most effective way to collect individual-level data so they can understand their program’s impact on child welfare outcomes while maintaining an environment where families can drop in as needed without being burdened by data collection requests. Grantees have recently begun implementing their own projects and addressing some of these questions, and undoubtedly, they will have their own lessons learned in the coming years.

Many child welfare agencies, community-based organizations, and stakeholders around the country are energized and ready to respond to a new and more proactive approach to preventing child maltreatment, one that is collaborative and driven by the expressed needs of families in their communities. If governments and service providers can genuinely listen and respond with flexibility and creativity, the future looks bright for a stronger safety net for children and families.

Reference