How can Strong Communities transform community norms and structures to promote children's safety and well-being?

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Upbring
THE NEW LUTHERAN SOCIAL SERVICES OF THE SOUTH

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Executive Summary

In the early 1990s, the U.S. Advisory Board on Child Abuse & Neglect cited the failure of a reporting-investigation approach to prevent child maltreatment and called for the development of a neighborhood-based child protection system.

The Board maintained that if child protection were embedded in the social fabric of neighborhoods and communities in such a way that assisting families with young children and keeping children safe from harm was a social norm, communities would be strong, families would be supported, and children would be safer. Strong Communities for Children (Strong Communities) sought to implement the Advisory Board's recommendation, and initial findings were promising. To help Upbring, the new Lutheran Social Services of the South, in its effort to build the protective factors in communities needed to successfully bring up all Texas children, this white paper details the theoretical framework, model, and strategies that guided Strong Communities. It also provides approaches for measuring effectiveness and adaptations that have been made in replication efforts.

Accomplishments of Strong Communities

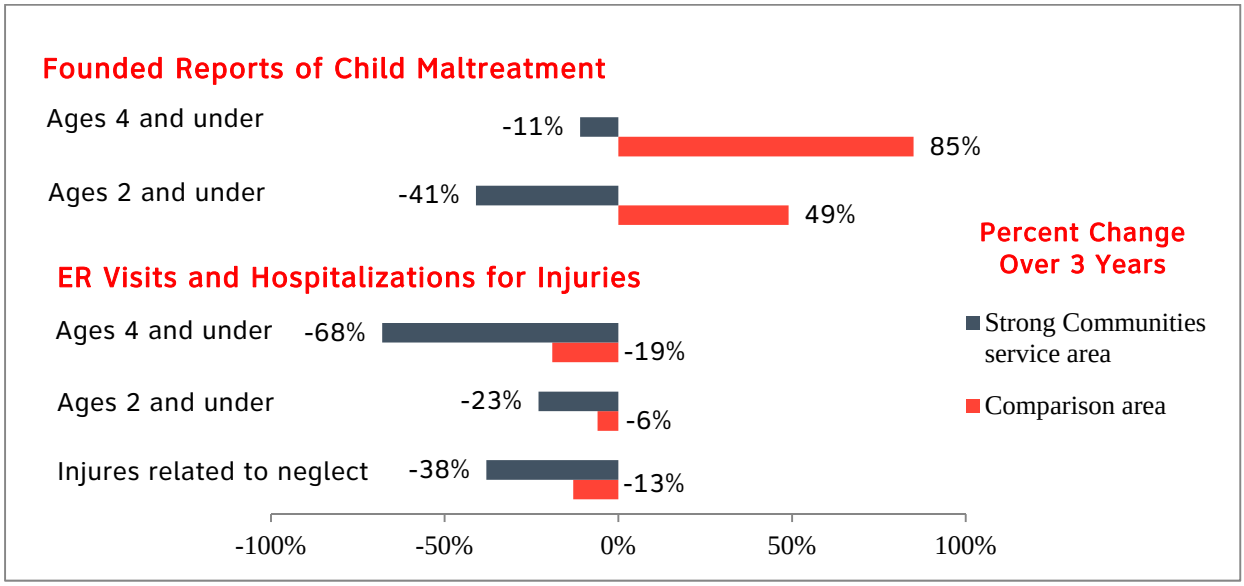
In an area with a population of about 125,000 at the time and over the period of approximately seven years, **hundreds of organizations**—e.g., churches, fire and police departments, civic organizations, neighborhood associations, businesses, and schools—**and thousands of volunteers contributed more than 70,000 hours of volunteer service** (probably a very conservative estimate of actual service generated by the initiative).

Volunteers created new Family Activity Centers within existing community facilities (e.g., churches; schools; fire stations), with universally available parents' nights out, play groups, family activities, financial counseling, and chats with family advocates.

- **In the first year of Family Activity Centers development, about 3,000 families enrolled; many thousands more participated.**
- **In the first two years of Family Activity Centers development, there were at least 1,300 activities, with 25,000 instances of participation.**

Over a period of three years and in comparison with matched communities, the communities in the Strong Communities service area built **stronger families** and achieved **greater safety for children,** including:

- **Fewer founded reports of child maltreatment**
  - For children aged 2 and under, 11 percent decrease in the service area; 85 percent increase in comparison communities
  - For children aged 4 and under, 41 percent decrease in the service area; 49 percent increase in the comparison communities
- **Fewer emergency room visits and hospitalizations for injuries to children**
  - For injuries related to neglect, 68 percent decrease in the service area; 19 percent decrease in the comparison communities
  - For maltreatment-related injuries of children aged 2 and under, 23 percent decrease in the service area; 6 percent decrease in the comparison communities
  - For maltreatment-related injuries of children aged 4 and under, 38 percent decrease in the service area; 13 percent decrease in the comparison communities
- **Teachers, parents, and children in elementary schools reported:**
  - Greater safety at school and en route to and from school
  - More welcoming responses to parents at the schools
- **Parents in the service area reported:**
  - Less parental stress, greater social support, and more frequent help from others
  - Greater sense of parental and collective efficacy
  - More frequent positive parental behavior and more frequent use of household safety devices (e.g., baby gates)
  - Less frequent disengaged (inattentive) parenting and less frequent neglect



Introduction

The aim of this white paper is to describe the approach taken by Strong Communities for Children (Strong Communities) to achieve these accomplishments and to explain why this particular approach to enhancing children's safety was undertaken. It provides an overview of how Strong Communities came to be, how it unfolded, how progress was measured, and key points related to replication.

Theoretical Framework

The U.S. Advisory Board on Child Abuse and Neglect (Advisory Board) reported in 1990 that every aspect of the child protection system was in such a state of crisis that the safety of children could not be assured (Advisory Board, 1991, p. vii). The Advisory Board found that as a result of the sheer number of child maltreatment cases, reduced resources, increasing complexities in family structures, and the collapse of social support mechanisms, little could be done within the existing system to keep kids safe. Thus, rather than attempting to revamp a failed institution, the Advisory Board called for a new, universal system grounded in communities.

Indeed, there are signs that the Zeitgeist is moving in this direction. As stated by Daro and Dodge (2009):

> *...attention has shifted from directly improving the skills of parents to creating environments that facilitate a parent's ability to do the right thing. It is increasingly recognized that environmental forces can overwhelm even well-intended parents, communities can support parents in their role, and public expenditures might be most cost-beneficial if directed toward community strategies. (p. 68)*

Despite the increased attention, however, few efforts have been launched to address the environmental forces that inhibit parents' abilities to care properly for their children. An exception is Strong Communities, an initiative that seeks to keep kids safe by building systems of support for families of young children. A full implementation effort was undertaken in parts of two counties in South Carolina with support from The Duke Endowment, and partial replication efforts are currently underway in communities in Colorado and Israel.

The design and implementation of Strong Communities differs from conventional child maltreatment prevention interventions in four fundamental ways.

First. Strong Communities is truly *preventive* in nature. Thus, the message focuses on keeping kids safe rather than helping children after abuse or neglect has already occurred.

Second. Strong Communities takes a universal approach in recognition that *all* caregivers need support and have support to offer.

Third. Strong Communities contends that, to be effective, child protection must be a part of everyday life. Thus, assistance must occur "naturally" in the institutions of everyday life (e.g., civic clubs, businesses, fire departments, neighborhood associations, pediatric and family health clinics, faith communities).

Fourth. Strong Communities is not just an administrative reform designed to facilitate *coordination* of services. It is a *movement* that requires altering the way people relate to one another in their everyday lives.

The Strong Communities Model

Underlying these traits is the basic principle that people should be able to get help where they are, when they need it, with ease and without stigma. Although the message is simple, the type of cultural change required necessitates a comprehensive and multifaceted strategy. Thus, a four-phase model was devised to guide the effort. Phase 1 involves spreading the word among community leaders and community residents. This phase focuses primarily on helping the public understand that the majority of child maltreatment reports are for neglect (and most of these cases do not involve willful neglect) and not physical abuse. It is critical that community members understand that most parents in the child protection system are not "sick" or "bad" people. Instead, they are commonly people who have a range of complex social, economic, and psychological problems (Nadan, Spilsbury, & Korbin, 2015; Pelton, 2015; Thompson; 2015). Many of these caregivers also live in deteriorating communities, which only intensifies the challenges they face.

Another factor contributing to child maltreatment is the growing disconnection among people – especially young families. Research has shown that trust is diminishing (Putnam, 2000; Schwadel & Stout, 2012), social isolation is increasing (McPherson, Smith-Lovin, & Brashears, 2006), and people are increasingly feeling overwhelmed and anxious (Twenge, 2012). Families of young children are especially likely to be subject to stress. Complicating the situation is the fact that young families are increasingly disadvantaged economically and socially, as the average age of economic independence continues to rise (Pew Research Center, 2012). Further, young families are more likely to be geographically mobile and therefore to lack support from family and friends.

Once community members begin to understand the factors contributing to child maltreatment, efforts to mobilize the community (Phase 2) can commence. This phase involves increasing community discussion and action and building structures to facilitate "natural" helping. The first several years of the initiative in South Carolina sought to build a solid foundation for neighbor-to-neighbor involvement by establishing neighborhood associations and community watch groups and by staging block parties and other neighborhood events.

Phase 3 entails building on the mobilization and structure-building efforts to make resources available for families. In addition to resources such as social and instrumental support, efforts should also be undertaken to improve the safety and aesthetics of the physical environment.

The final phase focuses on institutionalization of the resources developed. During this phase, efforts should be made to strengthen the relationships that have been developed and to ensure ongoing and sustainable activities. Such activities might include providing training and technical assistance. It might also include connecting organizations with each other so that collaborations can be fostered and work can be spread across groups. To ensure continued growth, organization leaders can be trained to reach out to and engage additional groups.

An important caveat with the model is that arrows connecting the four phases are multidirectional. Although some sectors of the community may be at the stage of increasing resources (Phase 3), there will be other sectors of the community that are hearing the message for the first time (Phase 1). Additionally, a community may be actively engaging in Phase 3, but given the natural changes within community life (e.g., families move in and out, leadership changes), there will always be a need to re-introduce and remind people of the messages delivered during Phase 1.

Strategy

The strategy employed to progress through the Strong Communities model consists of two components – community mobilization and direct service provision.

Community Mobilization

The Strong Communities service area in South

Carolina encompassed towns, cities, and unincorporated areas with populations varying from 1,000 to 65,000. An outreach worker was assigned to each community. For the most part, outreach workers lived or had strong ties to the communities in which they worked. Although their primary task was community mobilization, none had been community organizers. Their previous experiences varied widely (e.g., nursing, ministry, nonprofit management), but they all had participated extensively in paid or volunteer community work.

Outreach workers' tasks included strengthening sense of community, changing norms, and coalescing existing physical and human resources in direct support of families with young children. Their efforts were guided by 10 principles, which, despite differences in resources, size, and socioeconomic levels across communities, proved relevant and necessary to the success of the initiative.

Principle One. The first of these principles states that *the focus of activities undertaken should relate to the ultimate outcome of keeping kids safe*. Outreach workers learned early that there are a lot of great activities that communities can undertake. Keeping the work manageable and focused required ensuring every effort focused on child protection. To decide if an activity "fit", four criteria were developed: (a) it should naturally bring people together so that connections among families are enhanced and isolation is reduced, (b) it should strengthen relationships among families, (c) it should create a "buzz" about the necessity of supporting families, and (d) it should build a sense of efficacy among parents and volunteers.

Principle Two. The second principle states that *strategies should be directed toward changing community norms and structures so that community members "naturally" notice and respond to the needs of children and their parents*. Such efforts can include creating new settings or adapting existing settings and norms to allow for interactions.

Principle Three. Third, *the activities of outreach workers should constantly "push the envelope."* Rather than creating discrete programs, efforts should be geared toward creating settings in which the core message of Strong Communities can be heard and implemented. For example, an outreach worker in a rural community helped to expand a community initiative whereby the mayor donated fruit, and volunteers, along with the mayor, made fruit baskets and delivered them to all the families in the community at Christmas. The outreach worker partnered with some area church groups to donate items for baby baskets that could be delivered whenever a new baby was born in the community. The mayor agreed to deliver the baskets. Thus, the outreach workers helped to initiate the effort, and the community kept it going. In situations in which communities do not take responsibility for an activity, the activity should be abandoned and a new one started.

Principle Four. Fourth, *outreach efforts should be geared toward volunteer recruitment, mobilization, and retention*. Here, volunteerism is viewed as a proxy measure for creating a sense of community and building a sense of efficacy by providing encouragement to others, and thus, encouraging others to also become engaged. Because Strong Communities seeks to engage the *entire* community in child protection, volunteers should come from all walks of life and all sectors of the community. Among the volunteers in Strong Communities in South Carolina were apartment managers, civic club and faith community members, police officers, and school administrators. Some volunteers organized special events while others helped to develop organizing structures, such as family activity centers. Some helped distribute information about Strong Communities while others facilitated playgroups.

Volunteering for Strong Communities can also involve expanding one's job description. For example, a group of volunteer fire fighters in the Strong Communities service area worked with individuals from a high-crime community to start a neighborhood association.

Another fire department began sponsoring an annual Family Fun Day where they opened up the fire department and surrounding grounds for a day to celebrate the families in the community.

Principle Five. According to the fifth principle, *activities should be geared towards establishing and strengthening relationships among families or between families and community institutions*. Because the ultimate goal of Strong Communities requires building relationships, facilitating connections is key to the work of outreach staff.

Principle Six. Sixth, *activities should focus on the development of widely and easily accessible and non-stigmatizing social and material supports for families with young children*. This principle relates directly to the third phase of the model, which involves galvanizing the connections made and the volunteers mobilized to ensure that noticing when a family has reason to celebrate, worry, or grieve occurs naturally in the settings with which the family interacts.

Principle Seven. Seventh, although the ultimate goal is child protection, *activities are directed toward parents to help build parent leadership and community engagement*. Strong Communities seeks to build systems of support for families with young children because children are safer when parents have support in their parenting roles. Further, when parents are engaged in their own communities, they are more likely to feel efficacy in their own parenting responsibilities and skills.

Principle Eight. According to Principle 8, *outreach activities should be undertaken in a way that enhances parent leadership and community engagement*. For example, a community outreach worker helped to start a series of parent-child activities. As the activities progressed, she encouraged parents to take ownership of the group, at first by providing snacks or making reminder phone calls and eventually by taking over leadership of the activities.

Principle Nine. Principle 9 states that *whenever possible, outreach activities should facilitate reciprocity of help*. This principle is key to normalizing the need for help and to build efficacy by highlighting that everyone has something to contribute.

Principle Ten. The 10th principle states that *outreach activities should be designed so that they build or rely on the assets in and among the primary institutions in the community*. Relevant community assets include the leadership, networks, facilities, and culture of the community. For example, in one of the more rural settings within the service area, the outreach worker, along with scores of volunteers, worked to convert an empty room in an old community building to a family-friendly play area that could be used for playgroups, parent-child activities, child care, and much more.

Direct Service Provision

Strong Communities in South Carolina sought to offer a system of support services (referred to as *Strong Families)* for families with young children living in the Strong Communities service area. Services offered included: (a) playgroups, a chance for children to spend time playing together while parents socialize with other parents; (b) parent-child activities, services designed for parents and their children to spend time together in fun family activities (e.g., scrap booking, crafts); (c) parents' night out/mom's morning out, child care with fun learning activities so parents may enjoy an evening out or caregivers may have time to handle errands or spend time with friends; (d) financial education and counseling, workshops on money management combined with consultation from a finance professional; and (e) professional services, where a family advocate (usually a volunteer) helps families find resources to meet their needs.
Before this services could be provided, a strong base of volunteers and organizational support was needed. Once relationships had been built, volunteer efforts were mobilized to enable the offering of a set of activities that provided universal support to families and that served as an avenue for forming connections among families and between families and institutions. Activities were offered in existing facilities. The types

of organizations which housed *family activity centers,* not surprisingly, were the ones from which volunteers were recruited (e.g., faith communities, schools, libraries).

In addition to building on community partnerships to develop activities for families, Strong Communities worked with its partners to make families aware of opportunities. As with the mission of Strong Communities, Strong Families is premised on universality. Thus, staff concentrated their efforts on three key sectors with the greatest potential to reach all families – health care facilities, schools, and other community institutions (e.g., fire departments, businesses, apartment complexes). These points of entry made it easier for families of very young children to connect through organizations they trust and at places they normally go.

Within the health sector, Strong Communities worked with family physicians to broaden health care to develop support systems and referrals to resources, formal and informal. The second point of entry was schools, particular preschool and kindergarten programs. In addition to sharing information about available activities in the community, Strong Communities staff worked with school staff to offer activities for caregivers, such as support groups for grandparents raising grandchildren. The third sector consisted of community institutions. One of the most successful resources was real estate agents and apartment complex managers, who provided families moving into the community with information about Strong Families and the activities offered in the community.

In sum, Strong Families has three objectives: (a) to build or strengthen a family's social support network; (b) to encourage mutual support, parent leadership, and reciprocity; and (c) where needed, provide or arrange for professional support and direct services. The ultimate goal of Strong Families is for *all* families of children under 6 to have access to someone in particular, whether paid or volunteer, who will watch out for them. An important feature of Strong Families is that families are *enrolled*, not referred. Indeed, families *join* in the movement as a first step to getting information about relevant activities in their community.

Strategies for Measuring Progress and Outcomes

In addition to having a strong theoretical framework, model, and guiding principles, Strong Communities in South Carolina included an intensive set of evaluation studies to guide future efforts. The process evaluation focused on the volunteer component of the initiative (random sample and exceptional volunteer interviews; volunteer and organizational database analyses). Over a period of approximately seven years, Strong Communities outreach workers recruited more than 5,000 volunteers who contributed approximately 70,000 hours to Strong Communities. The primary source of recruitment for volunteers was faith communities, followed by voluntary organizations (e.g., civic clubs). More than 500 community organizations (e.g., businesses, faith communities, local governments) engaged with the initiative. Based on the random sample phone interviews, volunteers had a high level of integration into Strong Communities in their knowledge, identity, ongoing activities, satisfaction, and attitudes (Haski-Leventhal, Ben-Arieh, & Melton, 2008). Further, interviews with "exceptional volunteers" revealed that these individuals found their experience with the initiative to be deeper and more personally meaningful than other volunteer programs in which they had engaged (Hashima & Melton, 2008).

The outcome evaluation assessed the effects of the initiative on indicators of child safety and well-being and on factors thought to mediate the effects. Data for the outcome study were collected via a neighborhood survey and administrative data analyses. For the neighborhood survey, a random sample of caregivers of a child under age 10 in the Strong Communities service area and a comparison area matched on community demography at the block group level participated in a 1.5-hour orally

administered survey in their homes. Data were collected in two waves, three years apart, on (a) perceptions of the neighborhood and neighbors (e.g., neighboring, collective efficacy), (b) perceptions of neighboring parenting practices, (c) parenting attitudes and beliefs (e.g., parenting stress, parenting efficacy), and (d) self-reported parenting practices. The administrative study consisted of a secondary analysis of ICD-9-coded discharge diagnosis for children seen in hospital emergency departments or treated as inpatients in hospitals in the Strong Communities service area and the matched comparison area. It also included an analysis of child protective services data on founded cases of child physical and sexual abuse and neglect in the service and comparison areas.

Analysis of survey data showed that, in relation to a comparison group, the Strong Communities sample experienced significant changes in the expected direction for social support, collective efficacy, child safety in the home, observed parenting practices, parental stress and parenting efficacy, self-reported parenting practices, rates of child maltreatment, and rates of ICD-9 coded child injuries suggesting child maltreatment (McDonell et al., 2015). The authors of the overall evaluation concluded that the results merited additional trials of the initiative.

Replication Efforts

One of the attractions of Strong Communities is that it is principle-based, and the principles are ones that are important to people regardless of their backgrounds. Indeed, one of the most impressive aspects of Strong Communities has been its ability to engage people from diverse backgrounds. Strong Communities is also appealing because its principles, which include a focus on building person-to-person connections, are applicable in communities with few resources. For these reasons, the developers of Strong Communities have received requests for information from areas of great need in the United States but also from leaders in countries where organized professional resources are in short supply. A third appeal of Strong Communities is that remarkable effects have been shown with only one outreach worker per town. Thus, the value is extraordinary. However, in trying to take Strong Communities to scale, one worker per town can become costly.

Efforts are currently underway to explore strategies for more creatively integrating existing resources in communities interested in implementing the initiative. Partial replication efforts have begun in Colorado and in Israel. In Israel, for example, faculty at Tel Aviv University intend to engage students from every college at the university and voluntary organizations on the campus to apply Strong Communities principles in various settings of the community. In the School of Social Work, a pilot effort is underway to implement Strong Communities in a neighborhood in Tel Aviv using students as outreach workers.

Conclusion

Strong Communities was designed as an intervention for the prevention of child maltreatment. Evaluations of the South Carolina effort have proved promising. Evaluations also showed, however, that the initiative may have broader application. Indeed, the initiative appeared to have improved well-being in individual families and within the broader community context, especially in low-resource communities (McLeigh, McDonell, & Melton, 2015). Thus, it appears that actions occurring as part of the Strong Communities initiative should be undertaken regardless of whether demonstrable declines in child abuse and neglect could be detected (Melton, 2013). In other words, Strong Communities has inherent value, and the improvements shown in safety and adequate care for children are significant additives to that inherent worth.

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