



A Community-Based Prevention Approach: Examples from the Field

Rosie Gomez¹ · Julie Fliss²

Published online: 7 January 2019

© This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply 2019

Abstract

The issue of child maltreatment is complex and requires community-based solutions to ensure the well-being of children and families. The prevention of maltreatment, both primary and secondary, involves a unique understanding of community context and individual's behavior as it relates to society. It is important to promote practice principles believed to mitigate stressors that could lead to child maltreatment and overall, to support improved outcomes for children and families. These principles include building the capacity of communities to offer locally based services and supports that address the unique needs of children and families, and strengthen parental capacity to protect and provide for their children. However, the prevention of child abuse is not just about services, but about embracing and changing norms—those community and individual beliefs and expectations about how we should behave, and the understanding that there is knowledge to be gained from the community that individuals come from. This article presents examples from a nation-wide, federally funded program that strengthens families and prevents child maltreatment through community-based solutions that embrace social norms and promote collaboration and coordination across related efforts at the state and local level.

Keywords Prevention · Community-based · Child abuse · Child maltreatment · Family · Children · Protective factors · Primary prevention · Social norms · Family support · Community norms

The family relationship is important to the health and well-being of a child. Ensuring that parents have the ability to provide a safe and caring environment, free from abuse and neglect, is essential. In the past few years, the rate of child abuse has increased in the United States. In 2016, 4.1 million referrals were received by Child Protective Services. This is a 14.7% increase in referrals since 2012. Furthermore, an estimated 676,000 children were victims of abuse and neglect, a 3.0% increase from the 2012 national estimate of 656,000 victims (U.S. Department of Health and Human Services, 2018). Communities have the ability to provide

support to families, when necessary, given the knowledge of what is effective, and the understanding of the unique resources that will be successful based on the specific needs and characteristics of their community. Solutions already exist within communities for how to strengthen families, but they need to be developed and fostered, and included in the strategy for how to address factors that could lead to child maltreatment. Communities have an important role to support the healthy well-being of its members, especially children and families. This includes ensuring parents are aware of how to access and utilize available services and resources. Communities also have the ability to encourage parents to seek out resources and assistance and make this effort a normalized behavior that is part of the community context—shifting social norms in a positive way. Understanding that changing social norms can greatly influence the prevention of child abuse provides an exciting shift in the way that we approach child maltreatment.

✉ Rosie Gomez
Rosie.Gomez@acf.hhs.gov

Julie Fliss
Julie.Fliss@acf.hhs.gov

¹ Office on Child Abuse and Neglect, Children's Bureau/ACYF/ACF, U.S. Department of Health and Human Services, 330 C Street SW - 3rd Floor (3418 C), Washington, DC 20201, USA

² Office on Child Abuse and Neglect, Children's Bureau/ACYF/ACF, U.S. Department of Health and Human Services, 330 C Street SW - 3rd Floor (3418 B), Washington, DC 20201, USA

Social Norms

Norms are defined as those values, beliefs, attitudes, and behaviors shared by most people in a group (Linkenbach, 2012). The community that an individual lives in can have an influence on what people value, believe and how they act. A common experience, such as parenthood, can allow for social norms to provide the context for what people do, and more importantly how they parent their children, as well as how to cope with the stressors that can come with parenting and everyday life. Different types of social norms guide our perceptions and responses. Two specific norms will be discussed in this article—descriptive and injunctive. A descriptive norm refers to what is typically done in a certain situation or perceived to be “normal” behavior. For example, if a parent needs help, they will access tools and resources available within their communities to keep their children safe and healthy. An injunctive norm refers to the perceptions of what is commonly approved (or disapproved) of within a particular environment or what ought (or should not) be done (Linkenbach, 2012). For example, reaching out for support and additional resources to assist in parenting is a sign of strength within a community. Moreover, this article explores the different types of descriptive and injunctive norms associated with family and child well-being and strategies implemented at the community level to enhance positive norms.

Individuals learn social norms from interactions with their family and community. All communities are regulated by social norms. Therefore, individuals start learning the culture’s norms based on what they see, hear, and experience in the new community. Positive norms are determined by what is valued in the community and leaders in the community (religious, political or social) act to encourage positive norms.

Frameworks

When identifying frameworks that support a community-based prevention approach, it is important to examine the Centers for Disease Control and Prevention Essentials for Childhood framework (Centers for Disease Control and Prevention, 2014). This framework focuses on child maltreatment prevention by providing information regarding how to develop cross-sector partnerships and make data-informed decisions that promote positive community norms, evidence-based practices, and family-friendly policies encouraging safe, stable, nurturing relationships and environments for all children. The Essentials for Childhood framework focuses on the state and local level and emphasizes the need for engagement with various partners in the community, including those that have

important relationships with children, as well as those that have the ability to make important decisions for children (Linkenbach & Otto, 2014). One strategy for creating norms change is the Positive Community Norms (PCN) framework. This framework highlights the important role of social factors, including how individual behaviors and how attitudes are influenced by society’s accepted and normative behaviors and attitudes. Individuals will exhibit positive and healthy behaviors if they perceive the positive behavior of these norms (Linkenbach, 2012). Overall, both frameworks underscore how critical it is to take a collective approach to strengthening families and preventing child abuse and neglect.

Protective Factors

Protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk in families and communities and increase the health and well-being of children and families (Child Welfare Information Gateway, 2014). Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. They help ensure that children and youth function well at home, in school, at work, and in the community. Protective factors include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, social-emotional competence of children, and nurturing and attachment (Child Welfare Information Gateway, 2014). Positive social norms to address child maltreatment prevention should be connected to protective factors. For example, parents will likely be hesitant to reach out for assistance if the perception in the community is that families should “take care of their own.” However, when communities offer a wealth of resources and services and perceives the utilization of the supports to be a strength, parents will be more likely to take advantage of them, decreasing the risks for child maltreatment.

Community-Based Child Abuse Prevention Programs

Every person is part of a community and should be an active participant in ensuring that they understand the important role they have in contributing to the community’s culture. As we consider what solutions already exist in communities, it is important to also understand that any approach to supporting children and families should be strengths-based, tailored to the specific assets and needs of the community, and include buy-in of community leaders and members, making it a true community-based initiative. One federally

funded program that is using positive community norms to strengthen families, change community perceptions related to accessing support, and prevent child maltreatment is the Community-Based Grants for the Prevention of Child Abuse and Neglect program. Created by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) as amended by Public Law (P.L.) 111–320, this program is commonly known as the Community-Based Child Abuse Prevention (CBCAP) program. This program is managed by the Office on Child Abuse and Neglect at the Children’s Bureau, U.S. Department of Health and Human Services. Each year, approximately \$39 million dollars (\$39,764,000 in Federal Fiscal Year 2018) is allocated for the CBCAP program.¹ State lead agencies are designated by the governor of each state, and oversee the implementation of community-based programs and activities to prevent child abuse and neglect (Children’s Bureau, 2018). The purpose of the CBCAP program is (1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Through CBCAP, states are encouraged to use the protective factor approach in their planning and implementation of services and programs. CBCAP programs, despite limited funding, embrace the use of social norms and demonstrate a variety of successful examples of how to normalize the challenges that parents face and the importance of seeking out and accessing support to mitigate the risks associated with child abuse and neglect. As a well-established program, CBCAP state lead programs are viewed as the trailblazers of this work and many have effectively engaged parent leaders and public and private partners to achieve positive outcomes for children and families for many years. To be eligible for funding, each state must assess and inventory the unmet needs in their state and communities to determine how funding can be used to effectively address these needs. In doing so, states must also be thoughtful about the unique needs of their communities and determine how the existing social norms within their communities can be embraced and where they may need to be developed or enhanced to strengthen families and the overall community to prevent child abuse and neglect. When looking at examples of how social norms can prevent child abuse and neglect, both qualitative and quantitative information is important, as well as the need

to include data, evidence-based or evidence-informed practices,² and the inclusion of social norms.

In addition, the legislation specifies that 1% of the available funding from Title II be reserved to fund community-based programs to prevent child abuse in Tribal and migrant populations (Children’s Bureau, 2018). The funds support culturally competent child abuse prevention activities and family support services tailored to the unique needs and culture of Tribal and migrant children and their families. Tribal and migrant programs must build on existing strategies and are strongly encouraged to implement or adapt evidence-based and evidence-informed programs and practices that reflect the unique cultural characteristics and needs of Tribal and migrant communities. These grantees have developed unique approaches to address child abuse and neglect prevention efforts in their communities.

Overall, CBCAP programs embrace positive social norms to strengthen and support families. The following information illustrates three CBCAP program’s work to change negative norms or leverage existing positive norms to prevent child abuse and neglect. Each program is serving a diverse target population, using strategies to address their unique needs, and has effectively enhanced child and family well-being.

Example 1—Yakima Valley Farm Workers Clinic

One of the currently funded CBCAP Tribal and Migrant grantees is the Yakima Valley Farm Workers Clinic (YVFWC). The YVFWC provides Spanish-language parenting education classes using the *Los Niños Bien Educados* curriculum, targeting low-income, Spanish-speaking migrant families in Yakima County, Washington. Yakima County contains the highest concentration of migrant and seasonal farmworkers and their family members in Washington State (Larson, 2009). According to the Washington State Farmworker Survey, the average household income earned by those surveyed was below 88% Federal Poverty Level and most reported that neither they, nor their family, received any form of public assistance (Washington State Farmworker Housing Trust, 2008). Children and families in Yakima County are more likely to experience multiple risk factors that may contribute to child abuse and neglect in comparison to Washington State as a whole. These include

¹ For more information on the availability and distribution of funds by state, please visit the Program Instruction for Community-Based Child Abuse Prevention (ACYF-CB-PI-18-04) at <https://www.acf.hhs.gov/sites/default/files/cb/pi1804.pdf>.

² For CBCAP programs, evidence-based (EB) practice is defined as the integration of the best available research with child abuse prevention program expertise within the context of the child, family, and community characteristics, culture, and preferences. Evidence-informed practice is similar to evidence-based, but the level of evidence supporting the programs or practices is not as strong. For more information on evidence-based and evidence-informed practice in CBCAP programs, visit the FRIENDS National Center for CBCAP at <http://www.FRIENDSNRC.org>.

higher rates of extreme economic and social deprivation, alcohol or drug problems, family problems, low school test scores, and early criminal justice involvement (Washington State Department of Social and Health Services, 2015).

The goals of the YVFWC Spanish-language Parenting Education program are to (1) prevent child abuse and neglect and promote healthy family development; (2) increase family and community protective factors and resilience; and (3) demonstrate the benefits of collaboration among child abuse and neglect prevention programming, major early learning programming, and youth delinquency and gang prevention programming. The program collaborates with the state child abuse and neglect prevention agency; the early learning community (including Maternal, Infant, and Early Childhood Home Visiting programs); and local Head Start agencies and school districts to deliver high quality and effective prevention programming. YVFWC also strengthens partnerships with local law enforcement agencies and youth delinquency and gang prevention programming to position the program as a youth delinquency and gang prevention resource for parents.

The objectives of the program are to improve family communication, increase the use of non-punitive discipline and positive guidance skills, improve mutual support and access to support services in the community, improve protective factors, and improve child development measures. The program serves approximately 120–150 migrant parents and 180–210 migrant children annually in six class series. The parenting education curriculum is culturally specific to meet the needs of Spanish speaking migrant families. One of the strengths of the program is the understanding that “culture is prevention”. They embrace those assets within the culture that can play a role in prevention efforts. The families value strong, healthy families and children. They desire a good future for their children in their new home and though many of the parents have limited education, they highly value education for their children. Parents also value their children having good social skills, which includes showing respect for teachers and parents. The parents are taught methods for reinforcing behaviors of their children and youth that are considered to be desirable and they want to continue.

YVFWC is intentional in hiring staff that represent the community and are able to establish trust within the community. This allows staff to be able to reach people with more authenticity, and participants feel comfortable earlier in the process, which has had a positive impact on participation. YVFWC takes a whole family approach by providing high quality, developmentally appropriate childcare during class sessions to reduce parents’ attendance barriers, providing a snack for the families, and hosting the class at the local elementary school that is comfortable and provides a safe and familiar place. Facilitators also highly encourage fathers to attend to increase father engagement, which has

been difficult in other similar types of programs, and the perception that fathers are essential to the development of their child. As a result of their efforts, YVFWC has had very high participation from fathers (28–30%), a reflection of the cultural importance of the family unit. Fathers quickly become engaged in the class discussions and most contribute their impressions/opinions willingly during class. Some have commented on how the class has improved the communication with their spouse and their overall relationships.

Participants of the program live within the community and often work with one another or have their children attend the same school, resulting in positive social connections and supports due to their shared experiences. Those parents that are first time parents can learn from the behavior that other parents have successfully used with their children. One of the classes includes instruction on legal aspects of rearing children in the United States. Family relationships are very important in the Hispanic culture and the program celebrates and values the importance of children, while also normalizing the parenting role as challenging at times. Participants share their successes and frustrations, and the staff provide helpful suggestions through the use of the curriculum, using a protective factors approach, and providing an environment that is comfortable and inclusive. They also have discussions on scenarios that are common among the families (i.e. a family with teenagers moving back to Mexico, a father informing the family that his brother’s family would be coming to live with them for 2 months while they find work and affordable housing in the area; and challenges of sharing rooms with extended family members). The parents also learn from norms that are included in the childcare portion of the program. For example, school-age children read for the first 10 min of the childcare program. Families are provided age appropriate books for the children, and this has positively influenced the norms within the families, as parents continue the practice of reading with their children for at least 10 min daily when they are at home. This has further provides opportunities to enhance the parent–child bond, and helps children be more successful at school.

Misconceptions in norms can occur as families are adjusting to a culture that is very different to the one they left behind at home. Recognizing and analyzing different cultural norms through a collaboration between the community, government, and agencies, can lead to new, more appropriate norms. For example, one participant described the barrio that her family had lived in prior to coming to Yakima Valley. Everyone worked hard during the day, but in the evening families would be out on their front yard/porch and talking with other families. She missed this time of talking and connecting with her neighbors, which provided a sense of community and she felt more isolated in their new American home. One way that the program staff help families adjust to United States’ culture is encouraging parents to become

Table 1 Protective factors survey subscale description

Protective factor subscale	Definition	PFS items
Family functioning/resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems	1, 2, 3, 4, 5
Social emotional support	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs	6, 7, 10
Concrete support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need	8, 9, 11
Nurturing and attachment	The emotional tie along with a pattern of positive interaction between the parent	17, 18, 19, 20
Child development/knowledge of parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities	12, 13, 14, 15, 16

Table 2 YVFWC protective factor survey results among high-attending^a parents cumulative 9/30/2016–3/31/2018

Subscale	N	Pre mean	Post mean	Paired <i>t</i> test	Significance
Family functioning/resiliency	172	5.00	5.77	$t = -21.00$	$p < 0.0001$
Social support	172	5.13	5.76	$t = -17.15$	$p < 0.0001$
Concrete support	172	2.96	2.14	$t = -1.52$	NS
Nurturing and attachment	172	5.76	6.27	$t = -26.92$	$p < 0.0001$

^a“High-attending” refers to parents who have completed at least 8 out of 12 classes

Table 3 YVFWC Spanish-language PFS results on knowledge of parenting and child development items among high-attending parents cumulative 9/30/2016–3/31/2018

Subscale	N	Pre mean	Post mean	Paired <i>t</i> test	Significance
Item #12 (<i>I feel secure in parent role</i>)	172	2.63	1.88	$t = -2.36$	$p < 0.05$
Item #13 (<i>know how to help child</i>)	172	5.02	6.22	$t = -19.76$	$p < 0.0001$
Item #14 (<i>child misbehaves to upset me</i>)	164	3.35	3.20	$t = -5.624$	$p < 0.0001$
Item #15 (<i>I praise my child</i>)	172	5.53	6.14	$t = -13.23$	$p < 0.0001$
Item #16 (<i>I lose control</i>)	171	2.80	2.58	$t = -5.96$	$p < 0.0001$

involved in school activities, attend their children's sporting events and parent/teacher meetings and utilize different services in the community, such as health fairs, free lunch programs, libraries and social services.

To measure success, YVFWC uses the Spanish adaptation of the Protective Factors Survey (PFS), which was designed to measure how services are increasing protective factors, therefore, minimizing maltreatment.³ They have been using

the PFS since 2015. One of the goals of the program is that parents who participate in the program at a high level will demonstrate significant improvement in at least 2 of the 3 protective factor subscales assessed, and at least 2 of the 5 child development items assessed. With the most current group of families (having participating in the program between September 30, 2016 through March 31, 2018), the results indicate positive findings on specific subscales. The results presented in Tables 1, 2 and 3 indicate positive findings—on Family Functioning/Resiliency, Social Supports and Nurturing and Attachment subscales with statistically significant positive improvement. There was also positive movement on Parenting and Child Development (items 13 and 15).

³ The PFS was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research and Public Service through funding provided by the U.S. Department of Health and Human Services. It is a self-administered pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child develop-

Footnote 3 (continued)

ment. For more information on the PFS, visit <http://www.FRIENDS.org>.

The Concrete Support subscale, and Parenting and Child Development (items 12, 14 and 16) show negative movement. However, program staff indicate that these results do not appear to be an accurate reflection of progress. For example, despite the consistent decrease in the Concrete Support measure (item 12) on the post-test, families indicate they know where to go to access food, housing, utility assistance, and other resources when asked by program staff following completion of the post-test survey. Furthermore, it is noteworthy that items 14 and 16 remain the only two *negatively* worded items on the Spanish PFS and based on the experience of program staff, those items worded negatively have shown to be confusing for the population served.

YVFWC is building upon the positive community norms that already exist within a unique population of families in Washington State. Participants of the program are learning positive parenting behavior from the staff as well as other parents and can then share the model this behavior to other community members. Because the program is held in high regard within the community, parents, including fathers, seek out and readily engage in it. This community approach is keeping families strong and thriving, and brings hope for a bright future for migrant families in this area.

Example 2—Kentucky Cabinet for Health and Family Services

The CBCAP state lead agency in Kentucky is the Cabinet for Health and Family Services (CHFS). To address the prevention of child maltreatment, CHFS uses an interdisciplinary approach that includes representation from public and private agencies, as well as parents and service providers. They continue to assist in building and strengthening the capacity of local communities in addressing the safety and well-being of children and families. One very successful program, fully funded with CBCAP dollars, is the Community Collaboration for Children (CCC). The CCC is designed to prevent child abuse and neglect, support and strengthen families, and encourage communities to work together, knowing they are the family's best resources. The mission of the program is preventing abuse, neglect, and unnecessary trauma in the lives of children and families through early intervention, resource education and connection, and multi-organizational support.

The program began in 2012 and has become extremely successful in diverting at-risk families from being referred to child protective services. The CCC program consists of Regional Networks and direct services are offered throughout the state. Direct services include In-Home Based Services and Parent Engagement Meetings. Regional networks target local communities to provide primary prevention and is meant to educate community members on child abuse and neglect.

A universal value present in all communities is the desire for children to develop to their full potential in the educational setting. The Parent Engagement Meeting (PEM) approach utilizes a strengths based approach, as the family is given an opportunity to share their story and discuss barriers resulting in the child's absences or tardiness. The PEM is available to families in Jefferson County, which has the highest population in Kentucky, and the biggest school district in the state. 62% of Jefferson County students are eligible for free or reduced-price meals. During the 2017–2018 school year, approximately 5% of enrolled elementary students were homeless⁴ and about 3.5% had 25 or more absences (Jefferson County Public Schools, 2018).

All of the referrals for PEMs are sent by the school system for children between the ages of five to eleven, and are at risk of educational neglect (identified as 6 or more unexcused absences). This occurs prior to a formal referral being made to the child protective services agency. Focusing on elementary-aged children helps to address issues early so absences do not have a more significant impact on school performance. The referrals are sent to the Community Collaboration for Children (CCC) worker, who plans, organizes and conducts the PEM. All the PEMs are held in the community, close to where the parents live (i.e. school, church), and empower parents, by recognizing them as the leaders in the process and ensuring they feel comfortable. This increases their likelihood of participating, and learning about local resources.

During the PEM, the facilitator also works to identify and address misperceptions about community norms, as well as other life stressors that may be inhibiting their ability to prioritize their child's educational needs. For example, parents may not have reached out for support prior to the PEM because of concerns the school will not understand the family's situation. Another example of a misperception by the community is that a parent must not value education if their child has excessive absences. The PEM works to change this belief by utilizing a solution-focused, strength-based approach, recognizing that most parents are overwhelmed due to family stressors, a lack of resources, or their own mental health needs. The goal is to identify family needs and create a plan to address all challenges that put the child at risk for educational neglect.

⁴ A child or youth was identified as homeless when sharing the housing of others including relatives and friends due to a loss of housing, economic hardships, or other similar reasons. This group includes children and youth temporarily placed or who are unaccompanied youth living in emergency runaway shelters, public or private nighttime shelters, special care facilities, spouse abuse centers, hotels or motels, and uninhabitable places such as cars, camping grounds or parks, abandoned buildings, substandard housing, or bus and train stations. Highly migratory children were also considered homeless.

The PEM model normalizing the challenges of parenting, as well as the process of asking for help. The meetings provide an opportunity to engage the family, with a focus on helping the families to access resources, and supports which may have a long-term positive impact on parenting. A plan of action is developed outlining the goals of the family. All participants provide suggestions and guidance on the goals to encourage helpful and reasonable solutions developed by the family and other meeting participants. This creates a non-threatening environment where parents are active participants in the development of the plan, feel as though their voice matters, and are part of the solution, which makes them more likely to embrace and follow through with the plan. At the end, everyone at the PEM signs the plan of action.

PEMs provide families, school officials and community partners an opportunity to come together and develop a plan to resolve issues that exist within a family and better equip the parent(s) or caregivers with skills and/or resources to ensure children attend school.

Each PEM is tailored to a family's specific needs, which allows the group to identify the family's strengths and allows the family to understand they have a community of people who are available to help. The facilitator of the PEM partners with the family to ensure their voice is heard and develops ways to overcome high risk issues. Assurances are made to the family that the PEM is not a punitive process and their expertise as the parents/caregivers is greatly valued.

The PEM model identifies and embraces the parent as the expert in their child's life and is a necessary part of the success of their children. Facilitators work to perpetuate this as a positive community norm. Parent participation in the meeting is voluntary and they are encouraged to invite supportive members of the child's family or other informal supports. Each PEM begins by allowing parents the opportunity to share reasons for their child's absences. The family is also educated on policies held by the school system pertaining to attendance. The PEM facilitator is trained to build a strong alliance with the parent through specific techniques that foster trust and cooperation. The facilitator further strives to develop a partnership with parents through active listening, valuing their viewpoint and providing support with the goal of improving the child's overall well-being. Strategies include engagement through humor, smiling warmly, and being genuine. In addition, the facilitator is flexible in scheduling and seeking solutions to address the child's absences.

In addition, family needs are addressed holistically, to include other children in the home. If other risk factors are identified including but not limited to domestic violence, mental illness, homelessness, or the need for additional development of parenting skills, they are addressed through the plan of action and the family is linked to specific community resources. This prevents other risk factors from

Table 4 Parent engagement meeting results by year (2013–2018)

	2013–2014	2014–2015	2015–2016	2016–2017
Total # FTMs held	108	112	209	248
# of children served	130	147	325	371
# Referred to CPS for Educational Neglect	12	35	49	53
% of families deferred from being reported to CPS	89	69	76	75.4

escalating, or the need for the involvement of child protective services, as the family is aware of community resources (both long- and short-term to assist as needed. Examples of services in the community the family may be referred include CCC in-home, local mental health, family support programs offered by the state, school based services, psychiatric evaluations, psychological testing, special education services, domestic violence programs, substance abuse treatment, legal aid, advocacy programs, among many others.

After the meeting, school personnel continue to monitor the child's attendance for improvements. In addition, the CCC worker follows up with the family periodically on the progress of their action plan and makes additional referrals for community supports and services as needed. All of the agencies involved in the PEM process have reported great success and satisfaction with this program. This is a true collaborative partnership among local organizations serving children and families, and emphasizes that early intervention strategies result in positive outcomes for children and families.

In 2016–2017, the agency held 248 PEMs and deferred 195 families (74.5%) from being referred to the child welfare system. An example of a successful PEM includes a single mother of an eleven-year-old and three-year-old who participated in a PEM in April 2018. The mother was informed that the child had over seven unexcused absences. During the course of the meeting, the mother identified that she had been working late shifts and that the eleven-year-old had become defiant over the past two years since his father stopped spending time with him. The mother agreed to participate in CCC in-home services and follow the action plan that was created in partnership with her, to ensure the child attended school daily. After a few weeks of receiving services, the school reported the child had only missed one day of school since the meeting, and no referrals had been made to child protective services. The mother had also made arrangements for childcare to help with the children as a result of the PEM.

The data in Table 4 shows the program is deferring a very high percentage of families from being reported to the child welfare agency, as they focus on changing parenting behaviors, providing skills, and resources the parents can use in the future. This program has been so successful that CHFS intends to expand in Jefferson County with two pilot areas in rural communities in the state that have limited resources. One CHFS goal with the two pilot areas is to replicate the program success by partnering with their local community and maximizing awareness using existing resources. A second CHFS goal is to enhance the capacity of the communities to support and strengthen at-risk families as they have in Jefferson County. CHFS' partnership with the school system has been successful as schools traditionally are identified as resources within the community and do not have the stigma generally attached to the child welfare system. Moreover, attendance is linked to school success and by intervening early, less problems are likely to occur. The program allows the school to remain focused on their primary mission of education, while also addressing the needs of the family system impacting the child's education. The program is able to further dispel any misconceptions of school personnel that a child's poor attendance is based on the parent or families lack of concern about the education of their child. The cost to implement the program is very low at \$90,000 per year (includes salary of CCC worker and minor administrative costs) compared to the cost of a child in the child welfare system in Kentucky (\$81.77 per day or \$29,846.05 per year⁵). An investigation for educational neglect with the child welfare system takes an average worker 22 h with an average pay of \$20 per hour or a total of \$440.00. In the school year 2016–2017, the cost of a PEM was \$362 per family. Because the program relies heavily on connecting families to community supports, usually one meeting is all that is necessary, in addition to a follow-up to ensure no other assistance is required. The goal is to complete services with the family within a year.

The CCC is an important example of how Kentucky is using existing positive community norms to address education neglect, and strengthen family units. This low cost approach is having positive results as they normalize the challenges of parenting and help parents determine solutions through a team approach, as well as understand the array of resources available if they find themselves in a challenging situation in the future.

Example 3—Massachusetts Children's Trust Fund

The CBCAP state lead agency in Massachusetts is the Children's Trust Fund (MA CTF). The MA CTF's work is

focused on "safer children in stable families", and reducing social, health, and education costs for the entire state by investing in preventive, proactive, and promotive systems. They have invested in a comprehensive system of care and support to strengthen and stabilize families, keep children safe and healthy, and build community connections and capacity. MA CTF's work is grounded in a protective factors framework, prioritizing the exploration and use of evidence-based programs, extensive training and technical assistance, and accountability informed by data collection and evaluation. Three important components of their program include (1) *Healthy Families America*, which is a home-based family support and coaching program for first-time, adolescent parents; (2) Parenting Education and Support programs (PESPs); and (3) the One Tough Job website (<http://www.OneToughJob.org>). The programs are funded using a blended approach of CBCAP funds, and private funding. The MA CTF focuses on being a connection for parents to community resources, and providing the ability for parents to access resources on their own in the future. This approach of integrating services has proven to be very successful for Massachusetts' children, families and communities. *Healthy Families Massachusetts* (HFM) is a statewide, comprehensive, voluntary, newborn home visiting program for all first-time parents, under the age of 21. An affiliate of *Healthy Families America*, HFM provides parenting support, information, and services to young parents via home visits, goal-setting activities, group-based activities, secondary contacts (i.e., phone calls), and referrals to community-based services based on the families' needs. The program's stated goals are to (1) prevent child abuse and neglect by supporting positive, effective parenting; (2) achieve optimal health, growth, and development in infancy and early childhood; (3) encourage educational attainment, job, and life skills among parents; (4) prevent repeat pregnancies during the teen years; and (5) Promote parental health and well-being.

Although there are *Healthy Families America* affiliates in 40 states, HFM remains the only statewide implementation of the model that specifically targets adolescent parents. Since its inception in 1997, HFM has provided services to more than 35,000 young families (Tufts Interdisciplinary Evaluation Research, 2015). This evidence-based program has resulted in long-term, positive impacts on families. A longitudinal study by Tufts University looked at a sample of 700 mothers and their children, spanning 6 years and five waves of data. The study found that mothers in the control group were less likely to report parenting stress, complete 1 year of college, and advocate for themselves and their children. They were also less likely to engage in risky behaviors, use marijuana and perpetrate intimate partner violence, and less likely to report experiencing homelessness (Tufts Interdisciplinary Evaluation Research, 2017).

⁵ <https://chfs.ky.gov/agencies/dcbs/dpp/Documents/statewidefcfsheets.pdf>.

Part of the program includes a professional working with the parents in the home. Home visitors have an important role as they are observers of early parenting behavior, and can help provide suggestions for positive parenting behaviors, and talk through any concerning behaviors that they may see. These concerning or worrisome behaviors may have been more difficult to detect outside of the home. They have a crucial role in providing the young, first time mothers with examples of parenting norms within the community.

HFM aims to change the norms and misperceptions that the mothers grew up with regarding parenting. Over half of the young moms had substantiated cases of child abuse and neglect in their own families growing up. Recognizing that all parents want the best for their children, the home visitor partners with the mothers to build on their strengths and dramatically change the skills and tools they use to parent their own children. The mothers also learn that asking for help and advocating for yourself and your child is essential and of value. As part of the continuum of holistic services, the MA CTF also provides the Parenting Education and Support Programs (PESPs). PESPs are groups offered through community-based organizations that help parents with young children enhance their parenting skills and knowledge. Outreach to families includes the use of topics, such as nutrition, that tend to be considered more of a general topic of interest to parents. This then allows them to welcome families into a deeper exploration of other parenting skills, such as discipline and child development. In partnership with the University of Massachusetts Nutrition Center, PESPs offer education on positive discipline, building self-esteem in children, managing stress for children and parents, and optimal nutrition. Through PESP, MA CTF has observed the protective “quilt” of the community grow and wrap around families as they get connected to community supports and to each other. Parents learn to get support from other parents who have experienced or are experiencing some of the same issues. As a result, parents become more resilient and improve their social interactions as they develop a mutual support system, which is indeed changing community norms.

Overall, participant satisfaction in the PESPs has been positive. One hundred percent of parents participating in the PESPs said they would recommend the group to a friend, with between 95% and 99% reporting they learned new parenting skills, discovered community resources and supports, connected with other parents, and acquired valuable information on child development. As result of their involvement in the PESPs, parents have also learned to be good advocates for themselves as well as others. In addition to the services highlighted above, the One Tough Job website is a resource that complements other resources offered by MA CTF. The site connects parents in Massachusetts with the most recent parenting information, ideas, and on-the-ground resources. One of the goals of the website is to normalize

the challenge of parenting, and decrease the stigma of asking for help and finding resources in the community. Using a strengths-based perspective coupled with the protective factors, outreach efforts are based on the strong belief that all parents want, need and deserve access to the skills, information and support they need to be effective. MA CTF has developed the One Tough Job website to normalize the perception that parenting is universally challenging for all parents, yet it is such a critical job. Good parenting skills are not always innate, and, based on their own strengths and needs, all children need different types of parenting. By reaching out to parents with humor, empathy and understanding of the common challenges faced by all parents, MA CTF has successfully engaged parents and observed them changing their own norms through access to supports and resources. By investing in preventive, proactive, and promotive systems, and understanding social norms is an important part of success, MA CTF has had a positive impact on the lives of families and children in Massachusetts.

Summary

Understanding community context and building on the expertise within the community is providing real solutions that are keeping families strong and children safe and in their families. Investing in families before significant issues arise is important. All the programs in the case studies have been thoughtful in the way that they engage their community. They are creating or implementing programs that provide the environments for families to be strengthened and thrive. These programs describe how programs, strategies, and approaches are working to understand normative contexts to promote existing positive norms. These environments have been created from the positive social norms that exist within the community and the ability to strengthen those norms. Many of the programs use a common understanding of norms within the community to engage its members and sustain the important work.

Next Steps to Consider/Recommendations for Research and Practice

This article has provided examples of programs that are having success using community-based, developed and led solutions to prevent child maltreatment. These examples can be beneficial to the field as there continues to be the need for understanding how best to prevent child maltreatment, and the strategy to invest in community solutions that focus on building upon the positive norms that already exist within the community. It is important to consider that norms are not always to be changed, but embraced in a community, as some of the examples have shown. These examples provided

various ways in which communities addressed needs by looking at the normative context in which children and families live and interact and provide the opportunity for communities to look within for solutions. This also aligns with priorities at the national and state level to strengthen families and ensure that social norms are part of policy decisions and future system reform. For a prevention effort to be sustainable, programs and strategies need to embed the use of positive social norms across all levels of the community. As we continue to explore strategies to address the complexity of child maltreatment, it is important to consider the strength and knowledge that communities have in providing resources and support, and leading the effort to prevent child maltreatment.

Acknowledgments The authors would like to thank the Community-Based Child Abuse Prevention programs (Yakima Valley Farm Workers Clinic, Kentucky Cabinet for Health and Family Services, and the Massachusetts Children's Trust Fund) that contributed information to this article. They graciously shared their knowledge, and they are part of a larger group of programs that are engaged in leading important work in communities across the nation.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval This article does not contain any studies with human participants or animals performed by any of the authors.

References

- Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2014). *Essentials for childhood: Steps to create safe, stable, nurturing relationships and environments*. Retrieved May 2018 from <https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html>.
- Child Welfare Information Gateway. (2014). *Protective factors approaches in child welfare*. Retrieved May 2018 from <https://www.childwelfare.gov/>.
- Children's Bureau, Administration for Children & Families, U.S. Department of Health & Human Services. (2018). *Community-based child abuse prevention program: 2018 program instructions (ACYF-CB-PI-18-04)*. Retrieved May 2018 from <https://www.acf.hhs.gov/cb/resource/pi1804>.
- Jefferson County Public Schools. (2018). *JCPS Data Books 2018-19—Elementary School*. Retrieved October 2018 from <https://www.jefferson.kyschools.us/node/1198>.
- Larson, A. (2009). *Washington update migrant and seasonal farmworker enumeration profiles study: Washington*. Olympia: Unpublished report prepared for the Washington Association of Community and Migrant Health Centers.
- Linkenbach, J. (2012). *The positive community norms workbook*. Retrieved May 2018 from <http://www.montanainstitute.com>.
- Linkenbach, J., & Otto, J. (2014). *Promoting positive community norms: A supplement to CDC's essentials for childhood: Steps to create safe, stable, nurturing relationships and environments*. Atlanta, GA: Centers for Disease Control and Prevention.
- Tufts Interdisciplinary Evaluation Research. (2015). *The Massachusetts Healthy Families Evaluation-2 (MHFE-2): A randomized controlled trial of a statewide home-visiting program for young parents*. Final report to the Children's Trust of Massachusetts. Medford: Tufts University.
- Tufts Interdisciplinary Evaluation Research. (2017). *The Massachusetts Healthy Families Evaluation-2 Early Childhood (MHFE-2EC): Follow-up study of a randomized, controlled trial of a statewide home visiting program for young parents*. Final report to Massachusetts Department of Public Health: Children's Trust of Massachusetts. Medford, MA: Tufts University.
- Washington State Department of Social and Health Services, Research & Data Analysis Division. (2015). *Risk and protection profile for substance abuse prevention in Yakima County*.
- Washington State Farmworker Housing Trust. (2008). *The Washington State Farmworker Survey. A sustainable bounty: Investing in our agricultural future*. Retrieved October 2018 from <http://lib.ncfh.org/pdfs/7482.pdf>.
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). *Child maltreatment 2016*. Retrieved October 2018 from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.