



# Engaging With a Prevention Approach: System Supports Needed in Child Abuse and Neglect Prevention

*Findings of the Phase 2 Discussion Groups of the Social Indicators Project on Child Abuse and Neglect Prevention in Alabama*



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<https://southeastern.ncfr.org/upcoming-conference-secfr20/>

# The Challenge: Maltreatment Prevention

- Child maltreatment has significant lifetime consequences<sup>1</sup>
  - Economic and human costs
  - Increased risk of injury, future violence, substance use
  - Lower educational attainment, poor employment outcomes
  - Impaired brain development
- Recent policy shifts are focusing on prevention vs. intervention
- Prevention focuses our attention on community conditions, resilience, and social conditions
- At the same time: between 2014-2018, after changes to mandatory reporting requirements, there was a 40% increase in documented first-time child maltreatment victims in Alabama<sup>2</sup>

1. Center for Disease Control, 2019.

2. U.S. Department of Health and Human Services, 2020.

# Social Indicators Study

The Social Indicators Research Program explored community-based child abuse and neglect prevention across the state of Alabama, from the perspective of community leaders and service providers engaged in prevention work, to:

1. Better understand how existing programs successfully prevent child abuse and neglect
2. Identify how to support existing programs to further strengthen this work.

# Three Phases (2018 – 2020)

Phase 1 Scoping Review (Literature)



Phase 2 Key Stakeholder Discussion Groups



Phase 3 Community Asset Mapping

# Phase I Scoping Review: Key Findings

- Lack of common prevention frameworks
- Terms **prevention** and **intervention** often mixed
- Emerging use of public health style prevention frameworks
  - Strengthening Families Framework<sup>3</sup>
    1. Social connections
    2. Resilience
    3. Concrete supports in times of need
    4. Social and emotional competence of children
    5. Knowledge of parenting and child development
  - CDC Essential Steps framework<sup>1</sup>

## Phase II

Key Stakeholder

Discussion Groups

Recruitment and Characteristics

# Recruitment

## Target Sample

- Service providers and community leaders involved in prevention work in Alabama

## Inclusion Criteria

- Service provider, community leader
- Age 19 or older
- Work in state of Alabama

## Exclusion Criteria

- Work with families involved in child protective services

## Demographic and Service Questions

- Funding source
- Service region
- Characteristics of target service population
  - Homelessness
  - Poverty
  - Incarceration
  - Immigrated to US
  - Veteran or active duty military
  - Child with special needs
  - Non-two-parent headed household (family form)
  - Title IX School

# Characteristics of Participants

Characteristics of Participants		Percent and Total Number in Each Category	
		Percent of Total Number of Participants (N = 99)	Total Respondents Answering Each Question
Role	Service provider	69%	68
	Community leader	21%	21
Funding	ADCANP-funded	28%	28
	Not ADCANP-funded	62%	61
Service Region	Rural	54%	53
	Urban	35%	35
Participant Minority Status	Identify as member of minority	39%	39
	Does not identify as member of minority	58%	57



# Regional Representation of Discussion Groups

Region	In-Person		ZOOM
North Central (Morgan)			July 30
North East (Madison)	July 18		
North West (Jasper)	July 11		
Central West (Pickens)	July 26		June 18
Central (Shelby and Lowndes)	May 23	May 3	June 25
Central East (Chambers)	June 20		July 23
South East (Montgomery)	May 13		June 13
South West (Mobile)	June 27		July 24
Spillover			July 30



4. Adapted from Cartographic Research Laboratory. (2020, Jan. 17).

# Discussion Group Questions

1. In your experience, how do the services and supports that you provide or advocate for help support families and prevent child abuse and neglect in each of the 5 protective areas?
2. What other supports do families access that help support the 5 protective factors?
3. If you had a million dollars tomorrow, what else would you make available to support families in each of the 5 protective factors?\*
4. How do you see parent leadership helping to support the 5 protective factors?
5. What key points would you like people to know about the needs of the families you serve?
6. Are the families you serve the parents that are most at-risk in your community?
7. Is there anything else we need to know about what services and agencies need to help strengthen prevention work?

\* Question is modelled on participatory budgeting research, which pushes participants to prioritize.

Key  
Points

Findings of Discussion Groups

# Theme One – Meeting Basic Needs

- Protective Factor:
  - “Providing Concrete Support in Times of Need”
- Participants confirmed extensive work in meeting needs
- Most basic needs cannot be met through funding prevention
- Concrete needs are met by and through networking with others
- Outcomes
  - Supporting families in need
  - Building trust by meeting basic needs
  - Developing a collaborative network that supports families

# Building Trust

D: Sometimes with building relationships, if you can find some concrete needs to help with, we notice that **the families will bond with us through that meeting of those needs....**

Then [they become] more open to the services that we can provide.

That not only alleviates that stress for them, but it also helps them with trusting you and saying, **'Okay, this person is actually here to help me, so I appreciate that, and I'm actually gonna do some of the things they are trying to teach me.'**

It gets that relationship going a little bit better I think. (FG F)

# Networking with Others

**J: We partner with different agencies in the community** that we can send them to for like food and clothing referrals and also if they need assistance with like utility bills. We partner with different community agencies to send referrals to them so they can receive their assistance. (FG D)

# Mental Health and Transportation

SL: We have kids that come in on a regular basis that have mental health issues.

Most of them have we have directed through DHR to get any type of support that they can get.

When they get placement, the only two places that I know that they normally send the kids is a place in [town a little ways away], and there's a place in [town], which is a great distance ... from [here]...

**The parents, a lot of them, don't have transportation [so] they'll defer that** and decide not to, because they [are] so far away from the children, and they can't come and go and see them.

And as a result of that, **a lot of kids in [here], not just here in [our] County, are not receiving the mental health counseling that they really need.** (FG A)

## Theme 2 – Gaps in Lateral Systems

SL: We have kids that come in on a regular basis that have mental health issues.

Most of them we have directed through DHR to get any type of support that they can get.

When they get placement, the only two places that I know that they normally send the kids is a place in [town a little ways away], and there's a place in [town], which is a great distance ... from [here]...

**The parents, a lot of them, don't have transportation [so] they'll defer that** and decide not to, because they [are] so far away from the children, and they can't come and go and see them.

And as a result of that, **a lot of kids in [here], not just here in [our] County, are not receiving the mental health counseling that they really need.** (FG A)

## Transitional Assistance

## Outcome Assessment

S: We work in the jail. We do parenting in the county jail [and] fatherhood. We also do GED in the county jail with the males and females, but it's when they get out of there; **Where do they have to go if their only place to go is to right back to where they came from?** (Mhmm). **I mean, what do we expect them to do differently if they're going right back to that?** Transitional housing is such a need in our communities, to transition people and give them job skills. (FG A)

P: **Trying to measure that is really difficult**, and even if you use, like I understand the evidence-based programs, and those are great. Obviously, they are evidence based, but when you serve real rural counties where transportation is a barrier, **it is hard to get sixteen classes, to get somebody to come for that many classes.** (FG A)



# Theme 3 – Systems Challenges

We asked: What do you want the public to know?

Responses:

- Public stigma generates more work by.... [sv fill in]
- We need to move from reactive interactive to prevention
- Providers wear multiple hats to “work the system” to prevent child abuse and neglect

# Public Perception vs. Reality

- Prejudice and judgement about service recipients creates additional barriers
- Stigma and lack of understanding extends to clients and to reporting of child abuse and neglect (confirmed in research studies).

# Providing Second Chances

S: Sometimes, **the outside people that really don't know, they call them 'lazy,'** (affirmation from other participants) **'good for nothing,'** [and that they] **'don't deserve a second chance.'** We all deserve a chance, because we all did something wrong in our life time that should be forgiven. (FG D)

.... But, **sometimes people just don't want to forgive people that are less fortunate than them.** Especially in [the] rural area that we're living in, this is what we see all the time. People just don't want to give a person a second chance and that person could be trying all he or she can, but we don't want to give them a second chance. (FG D)

# Prevention vs. Intervention

- Often challenging to implement programs in real-world conditions in which communities exist.
- **Prevention and intervention get mixed up in “reacting to problems”**
- Concerns that nature of prevention services makes it difficult to assess program impacts

# Defining Prevention and Intervention

T: I think this is in most things, even in healthcare, **we don't do prevention.** (Mhmm, right.) We're using that word, but we're not preventing. **We don't have a department that's focused on preventing [or] prevention: We don't.** The Department of Human Resources is an intervention – if something has already happened. (Right.)

They're intervening. What I'm gathering from all of these other services: **We are interventions.** So I really think that if we're going to use that term, then that's what we are going to need to get to, we really need to get to prevention. (FG W)

# Providers: Many Hats, Many Roles

- Participants provide a range of services and tasks vary on daily basis, in response to specific family needs
- Providers must document client progress, especially if they are mandated
- Many (or most) use personal time, resources to meet needs

*M: “Every day is different, and every case is different.” (FG W)*

# Conclusion One: Prevention Work is Complex

## Diversity and Complexity of Prevention Work

- Prevention work is diverse; providers perform multiple roles, in variety of capacities
- Collaborations are numerous and essential, particularly in context of limited funding

## Connecting to Meet Basic Needs

- Prevention workers and community leaders work together to connect to resources and community supports to address barriers
  - Many Alabama families who are served are experiencing economic challenges; struggle to meet basic needs that they have difficulty overcoming
- Builds relationships, trust with families

# Conclusion Two: Structural Changes are Needed

## Structural Conditions Support Family Well-Being

- Emerging CAN Prevention approaches recommend society level advocacy approaches with public health style messaging
- In this study:
  - Stakeholders wish for increased public awareness of structural conditions that promote well-being, prevent maltreatment
- Advocacy is needed for supportive policies and services (public transportation, childcare, living wage, etc.) as child abuse and neglect prevention measures



# Recommendations

## Theory: Meso-level Research Needed

- Need for greater attention to how community conditions & provider relationships impact (1) maltreatment prevention efforts, and (2) child and family well-being
  - (meso-level research)

## Renewed Family and Community Research Connections

- Renewing efforts to ensure that research reflects community realities
- Understanding how real world conditions impact prevention implementation, e.g. conditions that impact prevention program fidelity

## Practitioner Recommendations

- Document “hidden” work, such as community networking to meet basic needs



## THANK YOU FOR YOUR TIME AND SUPPORT

**All participants and the families you serve and represent**

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