TRANSFORMING FAMILY WELL-BEING THROUGH PRIMARY PREVENTION

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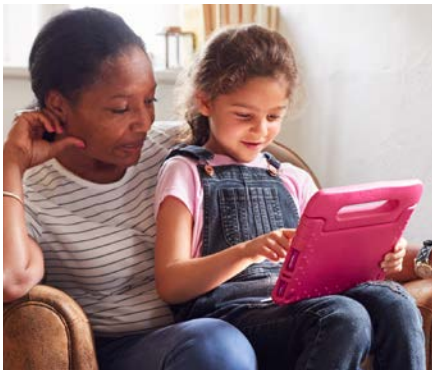
Overview

With support from Casey Family Programs, APHSA and ASTHO are committed in their partnership to support transformation of the child welfare system through a prevention first model. APHSA and ASTHO are collaborating to construct a national plan to ensure a culture for systemic change and longer-term policy and program development and implementation. Primary prevention can play a significant role in nurturing the lives of families toward a thriving trajectory, preventing adverse childhood experiences (ACEs)[1], and ultimately ending child abuse and neglect. Child well-being belongs to all of us. Similar to public health and medical principles, primary prevention in the child welfare arena shifts the paradigm toward family investment prior to child maltreatment.



Primary prevention approaches have been underutilized in child welfare. Stakeholders must collaborate to strategically and expeditiously un-silo a currently disjointed system of child and family support services and programs. The COVID-19 pandemic, economic hardships, and heightened awareness of racial inequities have further highlighted the disparities that exist for children of low-income and families of color. Reinvestment by health and child welfare leaders in collaborative prevention approaches coupled with community and family voices creates a legacy toward family well-being.

Project Background and Overview

Casey Family Program's role as a national convener has united leaders with an interest to improve child and family strength to create impactful and strategic change through a variety of policy advancing programs and initiatives. Casey's 21st Century Framework for Prevention of Child Maltreatment (the Framework) asserts that public health, child welfare, and human services must align state and local primary prevention strategies to decrease ACEs and improve the physical, mental/emotional, and social well-being of children and families.[2]

This comprehensive approach—built on the Framework—aims to develop a cross sectoral leadership cohort of public health, child welfare and human services officials. The ASTHO/APHSA partnership also provides the opportunity to influence transformation and improvement in two critical areas: state and national policy and the opportunity to strengthen federal agency linkages administratively that will strengthen jurisdictional-level (e.g., state, territorial, county, tribal) work among all ASTHO/APHSA members and their agencies. The cohort will participate in collaborative learning opportunities, define a plan, and implement a vision that ensures multi-sectoral community engagement to create thriving and resilient communities.

Purpose

To create a prevention-led, coordinated, community-driven child and family well-being system by deconstructing silos among public health, child welfare, and companion human and social services agencies and systems that results in collaborative leadership toward a legacy of family well-being.

Pillars of Change

This paradigm shift requires adoption of the following pillars of change:

Addressing Equity: The COVID-19 pandemic, economic hardships, and heightened awareness of racial inequities have further highlighted the disparities that exist for children in low-income and families of color. Acknowledging and resolving health disparities must be addressed by establishing a collective aim to eradicate structural inequalities among low-income families and communities of color. Partnerships in both the public and private sectors are paramount to addressing equity in a comprehensive approach.

[1] Adverse Childhood Experiences (ACEs) are stressful or traumatic childhood events such as violence, abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental health problems, parental discord, or crime in the home are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability and premature mortality (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube, & Giles, 2006).

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Addressing inequities requires information on specific social, environmental, and economic systemic issues coupled with targeted community solutions.

Building Community Partnerships: Family leadership models and the inclusion of family voices are fundamental components of transforming child welfare outcomes. Cooperative development of complementary services—in a continuum of care for children and families—and improving the local community support ecosystem occurs in communities where choice is the foundation for partnerships. Coordinated and early support for families that prevent maltreatment and focus on ensuring overall child and family well-being essential to a healthy community must occur locally first.

Convening Leaders

Transformation of the child welfare system is built by engaging state and local cross-sectoral leadership from public health, child welfare and human services, as well as education and business/community organizations. Commitment from these leaders to develop and participate in shared learning opportunities and strategy-specific technical assistance is necessary to create simple, strategic steps to implement and replicate the Framework in communities.

Learning and Engaging in Primary Prevention

Creation of a national dialog and definition of primary prevention in child welfare transformation is essential. Applying a trauma-response lens to the continuum of services allows for a better understanding of the systems needed to respond and build resilience to traumatic and stressful events. Promoting protective factors and tapping potential in families helps to prevent ACEs, improves a person's lifelong health and future opportunities, and is in the interest of public health. Transforming services to preventative and primary prevention shifts the paradigm from reliance on the child welfare system toward investment in communities, preventing risk factors, and creating strong family stability and well-being.

Financial Innovation

Investment in child welfare transformation requires innovative financial strategies that includes leveraging resources, redirecting funding, and capturing return on investment (ROI). Leveraging private and public financial resources by braiding and layering funding streams is a strategy to jointly finance and sustain transformative prevention strategies. Reinforcing prevention implementation strategies such as the Family First Prevention Services Act (FFPSA) redirects federal funds to create a continuum of services that support families and children remaining safely together. Implementation of public health interventions and the prevention of unnecessary health interventions at the local and national level has been proven to be highly cost-saving.[3] Applying a public health approach to child welfare transformation is an evidence-based investment approach that yields ROI. Prevention programs have a 90 to 95% success rate. For every $1 spent on prevention, about $25 is saved in future costs in foster care, mental health, incarceration, academic challenges, and lost opportunities.

Technology, Data Sharing, and Interoperability

Leveraging the ability of technology systems to create, exchange, share, and report real-time high-quality data among key programs and organizations is paramount to transformation of the child welfare system. The capacity of systems to advance data interoperability and partners' potential to assess need, predict and analyze risk, enact practice change, innovate, and evaluate optimum outcomes will lead to successful adoption of integrated solutions. Technology must be used to strengthen and provide unbiased analytics tools such as geo-mapping, mobile response services, hotlines, and dis-aggregated data. Finally, leaders must authorize interagency universal data sharing agreements to overcome bureaucratic, technological, and legal barriers.

Conclusion

State public health and child welfare officials create the direction and set the strategy for their respective agencies to ensure health equity and optimal health for all. Both leaders, often organizationally in separate agencies, strive to create a strategic direction to vastly improve any disparities within their states through policy and practice. Leaders must create policies, ensure a workforce with the capacity to achieve the goals and outcomes, and maximize resources to achieve their goals. Transformation of the child welfare system relies on population-based impact with primary prevention, while also focusing on technical excellence and ensuring children and families receive the best interventions available before, during, and after any contact with the child welfare system. In governmental agencies, developing partnerships across established bureaucracies takes effort and continuous alignment to ultimately change cultures that determine policies and practices.

References

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3. Masters, R., Anwar, E., Collins B., Cookson, R., Capewell, S., (2017). Return on investment of public health interventions: a systematic review. Journal of Epidemiology and Community Health, 71(8): 827-834. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537512/. Last accessed September 7, 2020.

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Learning and Engaging in Primary Prevention

Addressing Disparities	Building Community Partnerships	Convening Leaders	Learning and Engaging in Primary Prevention	Financial Innovation	Technology, Data Sharing and Interoperability
Establish a collective aim to eradicate structural inequalities. Partner with public and private sectors. Seek information for targeted community solutions. As highlighted by COVID-19, recognize economic hardships and awareness of racial inequities among children in low-income and families of color.	Engage community-based and service organizations to improve local community eco-systems. Utilize family leadership models/family voice. Ensure services are available on a continuum of care. Practice community choice. Coordinate and support families locally first.	Share learning opportunities and strategy-specific technical assistance. Replicate models of success in communities. Include cross-sector leadership from public health, child welfare, human services, education, and business/community organizations. Potential partner organizations and programs include: • SNAP. • TANF. • Health departments. • Medicaid. • Child welfare/Title IV-E. • Early education and care (childcare assistance programs, Head Start, pre-K, home visiting programs). • Low-income home energy assistance programs. • Workforce Innovation and Opportunity Act partners, Wagner Peyser Act partners. • Vocational rehabilitation organizations. • K-12 and post-secondary education organizations. • Adult education entities. • Child support organizations. • Justice, corrections, re-entry, probation, and parole partners. • Public housing agencies (e.g., the Department of Housing and Urban Development).	Create a national dialogue on primary prevention. Establish a common definition/understanding of primary prevention. Applying a trauma-responsive lens to the continuum of prevention services. Address ACEs as a public health interest. Adopt primary prevention activities that aim to stop child maltreatment before it occurs and promote family preservation. Invest in communities to prevent risk factors and create strong family stability and well-being.	Leverage financial resources to jointly finance solutions. Reinforce family first implementation strategies. Utilize prevention and evidence-based public health strategies to gain cost savings and ROI.	Leverage technology and interoperability in data systems. Adopt integrated solutions based on interoperable data outcomes. Establish universal data sharing agreements.