Community-Based Family Support

Exemplars with Implementation and Evaluation Strategies

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Making the case for working differently

As Casey Family Programs and other funders increase their focus on community-based family supports, it is important to examine the kinds of initiatives that have been implemented in the past, as well as the lessons learned from those strategies, so that new initiatives can be designed and evaluated properly. This research brief focuses on addressing the following questions:

- Why are community-based family supports needed?
- What do these support networks look like in terms of focus, logic model, and design?
- What have been some of the lessons learned for design and implementation?
- What evaluation strategies seem most promising to consider, knowing that each community and community initiative has unique aspects that need to be accounted for?

Why are community-based family supports needed?

The United States performs more poorly than other industrialized countries with respect to infant mortality, family poverty, academic achievement, and other areas of child well-being. In fact, the United Nations ranked the U.S. 20th out of 21 countries on several outcome indicators for children.[1] While the United States invests more in K-12 public education than many other developed countries, many of its students are ill-prepared to compete with their global peers. High school graduation rates are hovering around 75 percent and only 22 percent of U.S. high school students meet "college-ready" standards in all of their core subjects (according to ACT, a not-for-profit testing organization). These figures are even lower for African American and Hispanic students.

Too many young people are not employable in an increasingly high-skilled and global economy.[2] Economic experts, business leaders, retired military leaders, and the faith-based community are now saying that if we do not make a greater investment in the health and education of the youngest generation, we will not be able to compete with other countries or assume that future generations will be better off than previous ones.[3] To succeed in the new world economy, America needs a strong workforce made possible by strong families living in supportive communities.

Through quality prevention efforts in our communities, every child can be part of a safe, loving family. To achieve that result, child welfare and allied services must prevent child maltreatment and ameliorate its effects. One in eight children in the United States will be a confirmed victim of child maltreatment before the age of 18,[4] and an estimated 415,129 children were in foster care in 2014.[5] Further, national estimates report more than 1,500 children die from abuse and neglect annually,[6] though the actual number of deaths from maltreatment is likely higher.[7]

Research shows that five evidence-based protective factors can prevent child abuse and neglect: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence

in children. A comprehensive literature review completed by the Center for the Study of Social Policy highlights how these protective factors can reduce child abuse and neglect when programs, particularly early care and education programs, build certain capacities in families.

Strong evidence also exists that children need a minimum of five key experiences to succeed: (1) caring adults in their lives, (2) safe places to live, (3) a healthy start, (4) effective education, and (5) opportunities to help others. Developmental and economic science has linked these five experiences to better adult outcomes such as improved health status, less dependency on government, and higher wages.[8] Community-based family supports enhance community capacity by expanding resources and establishing cultural norms that foster collective responsibility for positive child development.[9]

ACEs and community development approaches to preventing them

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences, and they are surprisingly prevalent, as exemplified by the national and Washington state statistics in Table 1.

Table 1. National and Washington state ACEs prevalence data

ACE Category	National Prevalence (1995-97)[10]	Washington State Prevalence (2009)[11]
Physical abuse	28%	17%
Alcoholic or drug-addicted caregiver	27%	31%
Loss of a parent to death, abandonment, or divorce	23%	25%
Sexual abuse	21% (25% of women and 16% of men report sexual abuse during childhood.)	12% (18% of women and 7% of men report sexual abuse during childhood.)
Mentally ill, depressed, or suicidal person in the home	19%	23%
Emotional neglect	15%	N/A[12]
Witnessing domestic violence against a parent or guardian	13% witnessed domestic violence against the *mother or stepmother*	16%
Emotional abuse	11%	33% (verbal abuse)
Physical neglect	10%	N/A[13]

ACE Category	National Prevalence (1995-97)[10]	Washington State Prevalence (2009)[11]
Incarceration of any family member	5%	7%
At least one ACE	*64%*	*62%*
Three or more ACEs	*22%*	*27%*

ACEs are common and they tend to occur in clusters, and those children who experience more ACEs categories have more health and social problems. Washington state is the first in the nation to have detailed information about the prevalence of ACEs and its relationship to mental, physical, and behavioral health, as well as other factors that affect worker performance, parenting, and intergenerational transmission of trauma.[14]

Categorical approaches to the health and social problems caused by ACEs are not effective. The current "siloed" approaches in some human service systems are understandable from a historical perspective, but for future success, a coordinated effort that links existing human service systems and improves community capacity to reduce ACEs is needed. Community and service improvements should include information about ACEs and their effect on human development, along with the latest scientific findings on brain science and early child development. This creates a common framework for change that will contribute to community norms that effectively build the foundations of healthy development, more meaningful diagnoses, earlier and improved treatment of exposed children and their families, and better integration of health care, prevention, social services, juvenile justice, public school systems, and legal venues.

For example, the Community Public Health and Safety Networks (CPHSN) in Washington state to reduce ACEs have been evolving to become *total community* approaches. Some of these networks are now at a stage where they can better document how their strategies are improving family and child functioning over time through linked community efforts. And in other communities, alternatives to the CPHSN approach have been developed, and these deserve careful evaluation. These approaches are congruent with the CDC framework in Figure 1.

What are the implications of these statistics and observations?

Public child welfare leaders such as Susan Dreyfus, President and CEO of the Alliance for Strong Families and Communities, have pointed out that the capacity of professional social services will never be sufficient to meet current levels of demand. She and others, such as the Institute of Medicine prevention panel, believe that the answers lie upstream in supportive communities and strong families.[15]

Figure 1. **How certain factors can have a disproportionately greater impact on health**
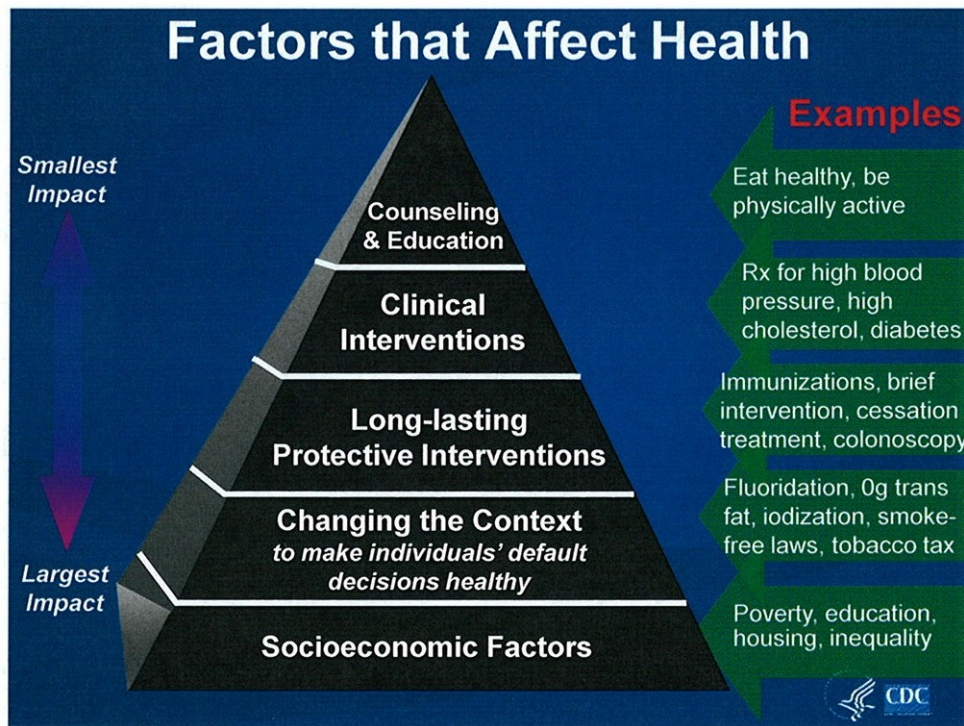
Source: Reprinted from Centers for Disease Control and Prevention[16]

The ACEs research can be viewed with a broader, more prevention-oriented focus by examining studies that point to how certain community health components are associated with child maltreatment. Research has shown that neighborhood factors, including structural characteristics such as rates of poverty, residential instability, and household composition, are related to rates of child abuse and neglect.[17] One recent study adds a new dimension by examining neighborhood social characteristics including *collective efficacy* (informal social control and social cohesion)*, intergenerational closure* (the extent to which families know each other's children), *neighborhood social networks* (nearby friends and relatives), and *physical and social disorder* (e.g., graffiti, vacant houses).[18] The full range of social characteristics, as well as structural measures of poverty and crime, strongly predicted substantiated findings of child neglect, physical abuse and substance-exposed infants. Structural and social characteristics were less strongly associated with rates of substantiated sexual abuse.

This study is important in part because its authors have focused on "modifiable" structural and social characteristics, factors that communities can, at least in theory, change in order to improve outcomes for children and families. This underscores the potential of Promise Neighborhoods, modeled after the Harlem Children's Zone; programs to reduce violence, particularly among youth; and, targeted efforts to strengthen communities by increasing collective efficacy, such as the Strong

Communities program. (See Appendix A for more information on these and other community initiatives.)

All children deserve to be raised in a supportive environment that seeks to create the opportunities they need to achieve their potential and prepare the way for the next generation. As emphasized by Dr. William C. Bell, president and CEO of Casey Family Programs:

> To build strong communities is to strengthen the people living in them. It's creating viable opportunities. It's showing vulnerable children, youth, families and other populations that they, too, have a reason to hope.

> If we want to secure the well-being of every woman, girl, boy and man in the United States, we have to secure the well-being of their communities. We have to make sure that the communities they live in have the resources and environment that support their needs and their dreams for a better life.[19]

Casey Family Programs recognizes the importance of improving efforts to prevent child abuse and neglect through engaging at-risk families and the role that a safe, stable, and permanent family plays in the lives of all children. The "rescue" mentality in the current child welfare system has led to treating the issue of child safety in isolation from all of the other challenges facing at-risk families. In turn, the challenges facing those families have been treated in isolation from the condition of the communities in which they live. Unless that reality is changed, any gains made on behalf of vulnerable children are likely to be short-lived in the face of family and community despair that exists for far too many people.

Establishing mutual goals across government, business, non-profit (including faith-based), philanthropic, and public sectors promotes efficiency and power in strategy and action. Breaking down the silos of government and incentivizing more integrated responses reflects the community coordination needed by families in crisis. Innovations in public administration across the world are beginning to highlight the need for this.[20]

Exemplars of community-based family support approaches

In the next section, we explore community-based family support initiatives in terms of focus, logic model, and design, and summarize lessons learned around how to design, implement, and evaluate them.

In general, these initiatives bring together coalitions, or decision-making bodies of community stakeholders and residents, to build neighborhood networks of support (a list of initiatives is presented in Appendix A). These networks aim to mobilize communities through (a) civic engagement and (b) by institutionalizing appropriate, culturally sensitive resources, services, and programs within struggling communities. While some support networks are targeted (offering specific services to improve child well-being or health care, for example), many support networks offer a wide range of services, including but

not limited to community organizing, life skills training, neighborhood revitalization, family support services, employment referrals, affordable housing, health care, and education.

Caution must be exercised when comparing these initiatives to each other as they range from one-stop multi-service centers to the most comprehensive systems change efforts. Regarding the latter, the focus of these efforts is *not* on services but rather on building relationships and getting the economic, social service, education, religious, business, and other sectors to work differently together to support families.

Logic models and theory-of-change diagrams showcase the collaborative networks of programs and services aimed at uplifting communities. Appendix B displays three logic models that represent how services and programs work together toward the goal of strengthening families. These logic models also demonstrate how systems change, policy change, and community change can work synergistically to promote protective factors and reduce risk factors for families. Family support networks and coalitions of stakeholders can be actively involved simultaneously in many of the services and programs supported by a community-based initiative.

Initiative design, implementation, and evaluation: Lessons learned

Planning, needs assessment, strategy design

1. Moving from theory to practice in uncharted waters requires clear theories of change.

Protective factor advocates and other family support advocates often have a clear vision, but lack experience designing strategies that communities can implement easily and in a sustainable way. Moving from a great idea or moral imperative to a practical, affordable, and sustainable on-the-ground initiative may be a difficult process — but one worth undertaking. Resources, such as the Pathways Mapping Initiative, are available to guide coalitions through this process.[21]

Many initiatives are hindered from the outset because no leader or organizing group has taken the time to concretely and specifically outline what success would look like. Initiatives could benefit from defining the proximal, intermediate, and distal indicators and milestones of success, as well as what theories will be used to guide strategy and service provision.

In Washington state, one collaboration (the ACEs Public-Private Initiative [APPI]) is considering how the following bodies of research and practice wisdom can inform community development efforts:

- Brain science and trauma theory, as described by the Harvard University Center for the Developing Child and others
- Child developmental theories, protective factors, and perspectives

- Community capacity-building
- Cultural issues in protective factors
- Early learning
- Ecological developmental models
- Risk, protection, and resilience in child and family services
- Social learning and social support theories[22]

Planning groups should articulate what it will take, specifically regarding community conditions, political support, staffing, financing, and other resources, to achieve those goals and objectives. In addition, collaborations should consider how an effort can realistically be sustained without relying on a large amount of grants and donations. Maintaining conceptual and theoretical clarity will help address these systemic challenges and achieve change.

2. Effective approaches begin by knowing about the community's needs and strengths.

As Communities That Care and other projects have demonstrated, it is essential to get a clear and current picture of the strengths, resources, social problems, risk factors, and suppressed protective factors in a community. Information should be gathered about neighborhood residents and resources, including the specific issues of high interest or concern to local residents.[23]

Geo-mapping is also increasingly becoming a powerful tool in this regard. Figure 2 provides the geo-mapping of one neighborhood in Adams County, Colorado; this map details the location of economic developments, schools, public safety assets, social services, churches, cultural centers, health care, etc.[24] Such tools assist in identifying neighborhood strengths and assets as well as areas of resource deficiencies.

3. Maintaining a strengths-based approach can increase family confidence and capacity-building within communities.

The growing research literature on protective factors and strengthening families is providing new data to support why this is an essential component for these kinds of efforts. Protective factors can be personal assets (e.g., social competence) and environmental resources (e.g., supportive parents or other relatives) that buffer or suppress risk.[25]

4. Services should be culturally appropriate and use inclusive strategies.

The content of services and education that community-based initiatives deliver is differentially received by various participants. While we are discovering that many of the evidence-based practice models are helpful across ethnic groups and socioeconomic levels, attention must be paid to race/ethnicity and related aspects in terms of strategy choice and implementation.[26]

Figure 2: Adams County, Colorado, asset map
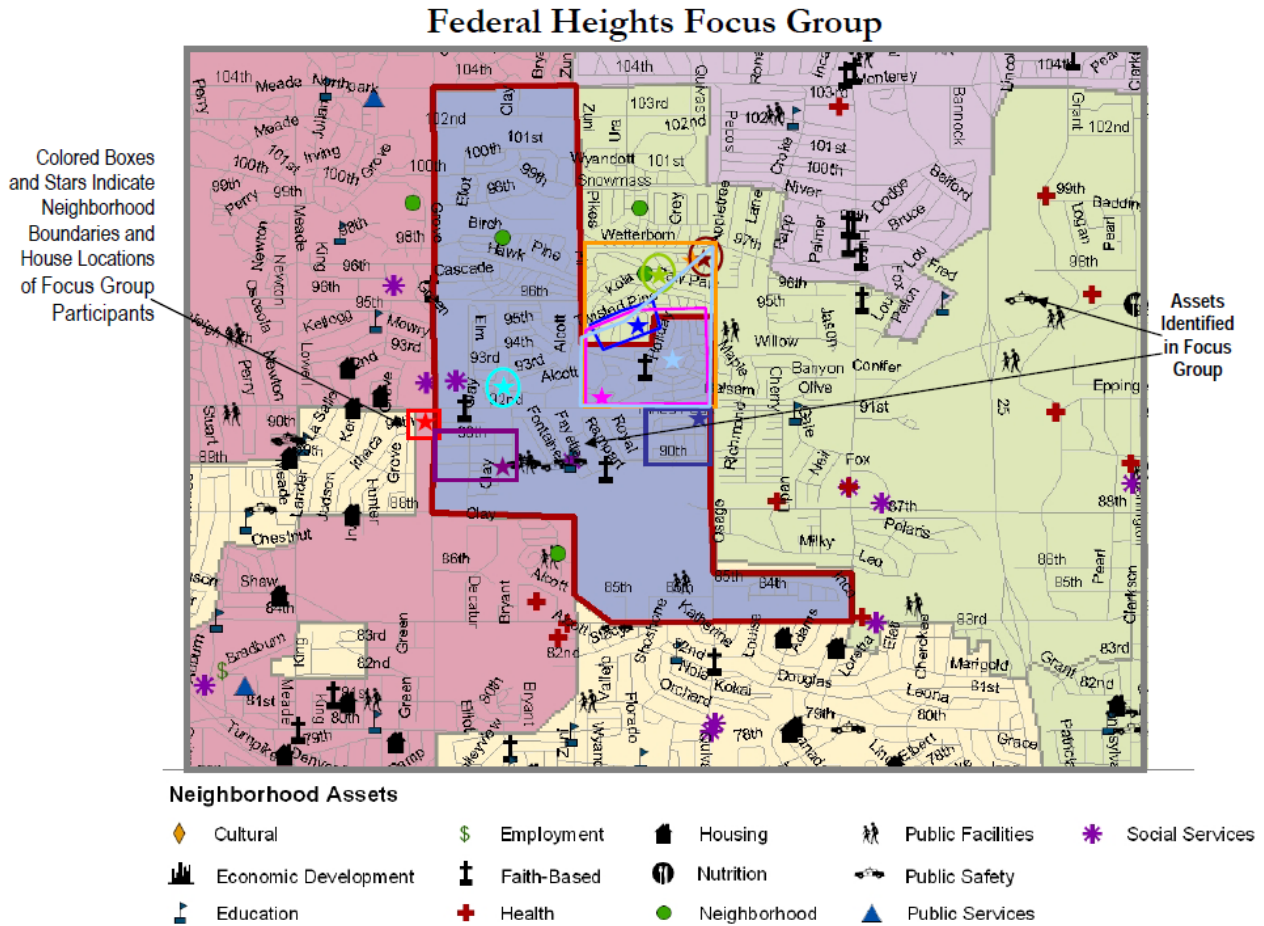
Reprinted with permission from the Adams County Department of Social Services

5. Families and community members need a broad array of formal agency services and informal supports, often requiring collaboration across multiple stakeholders.

Achieving complex or major outcomes requires the collective efforts of many organizations and people. As emphasized by Kania and Kramer, the five conditions for successful collective impact are having a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. They further emphasize the collective requirements this way:

> The complex nature of most social problems belies the idea that any single program or organization, however well managed and funded, can single-handedly create lasting large-scale change. [27]

One of the keys to success, as discovered by the Magnolia Community Initiative and other efforts, is to strategically identify and nurture "backbone organizations." These organizations help guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy, and mobilize funding.[28]

As discussed by Kania and Kramer, the vast majority of collaborative efforts to solve social problems have lacked the elements of success that enable initiatives to achieve a sustained alignment of efforts and lasting change.[29] These collaborative efforts are constructed in unique ways, and it is important to distinguish between them.

- *Funder collaboratives*: Groups of funders interested in supporting the same issue who pool their resources. Generally, participants do not adopt an evidence-based plan of action; rather they provide funding and engage stakeholders from other sectors.
- *Public-private partnerships*: Partnerships formed between government and private sector organizations to deliver specific services. They are often narrowly targeted and usually do not engage the full set of stakeholders that affect the issue.
- *Multi-stakeholder initiatives*: Voluntary activities by stakeholders from different sectors around a common theme. Typically, these initiatives lack shared measurement of impact and the infrastructure to align efforts or hold each other accountable for results.
- *Social sector networks*: Groups of individuals or organizations fluidly connected through purposeful relationships. Collaboration is generally ad hoc, and emphasis is often placed on information sharing and targeted short-term actions rather than a sustained initiative.
- *Collective impact initiatives*: Long-term commitments by a group of actors from different sectors to solving a specific social problem. Actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication. These initiatives are typically staffed by an independent backbone organization.[30]

A comprehensive collective impact approach

Recently, a more comprehensive view of the collective impact approach has been discussed, that goes beyond what was discussed above, to include as many strategies of community capacity-building as possible (see Table 2). This kind of work, however, must be approached with humility as there is still much to learn about how to achieve these changes. As noted by Tom Wolff, coalitions that draw information from a variety of community stakeholders are *complex, constantly changing, and influenced by multiple variables*.[31]

Table 2. Community capacity-building dimensions identified by APPI*

> 1. Community Partnerships
> 2. Shared Goals (or a Common Agenda)[a]
> 3. Leadership and Infrastructure (Backbone Support)[a,b]
> 4. Data Use for Improvement and Accountability (Shared Measurement)[a]
> 5. (Continuous) Communications[a]
> 6. Community Problem-Solving Processes
> 7. Diverse Community Engagement[b]
> 8. Focus on Equity[b]
> 9. Integrated Multi-Level Strategies (Mutually Reinforcing Activities)[a]
> 10. Scale of Work[b]

* Dimensions identified through APPI field testing and an international literature review conducted by Community Science and Mathematica Policy Research.

[a] Dimensions also identified in Kania and Kramer's seminal article, *Collective impact* (2011).

[b] Dimensions also identified in Wolff's commentary, *Ten places where collective impact gets it wrong* (2016).[32]

Continuous learning from prior community-based efforts and from the communities themselves is critical when collaborating across multiple sectors of a community. Fortunately, extant multi-disciplinary literature and many of the community-based family support networks identified here highlight the processes, methods, and models of successful collaboration around these efforts.

6. Targeting preventive and healing interventions for families at risk of child maltreatment with co-occurring risk factors is complex.

Some of the families that will be served by these initiatives will have histories of multiple types of child maltreatment and/or co-occurring risk factors such as substance abuse, depression, family violence, parenting skill deficits, poverty, and unsafe housing. Effective treatment plans in these cases must address child safety and concrete needs, as well as the underlying conditions that affect parenting.[33]

7. Pilot test programs and strategies using concepts from implementation science before scaling them up community-wide.

A large amount of funds and community effort are often needed to implement powerful family support strategies. Thus, it is essential to have good information that the strategies chosen are highly likely to be effective for particular families in a community. While Communities That Care and other projects have demonstrated the value of

scaling up evidence-based programs, these efforts also pay close attention to the lessons learned from implementation science.[34]

Resource acquisition

1. If scoped correctly, many of the resources needed are often already in the community.

If we think carefully about sustainability from the outset and are committed to maximizing local community control, then the lessons from Magnolia Community Initiative in Los Angeles and other successful initiatives must be heeded. Frequently, local communities can access key resources from a variety of existing funding streams to rebuild housing, help increase employment opportunities, maximize the receipt of tax credits, increase neighborhood safety, and reduce social isolation among parents, *if* they have help in:

- Building coalitions to identify what is most needed in their community through careful analysis of census and other community data
- Strategically using risk and protective factor surveys
- Sustaining "backbone" organizations to help support the networks
- Geo-mapping risks, needs, and resources (including gaps in service coverage)

Effectively addressing missing capacity involves two key areas: (1) planning, organizing, and linking community members, including business, faith, civic, political, and service sectors; and (2) monitoring community risk factors, strengths, and protective factors and measuring progress toward key outcomes. A small amount of funding or in-kind assistance may be needed for 5 to 10 years to support the organizational and evaluation functions that communities often lack and ensure the work is properly planned, funded with local resources, and sustained.[35]

2. Right-sizing services and reinvestment strategies will help free up funds to pay for community-based family support.

Shifts in investment should be made to use more cost-effective strategies to free up funds for new investments in children.[36]

3. Roles and responsibilities should be thoughtfully and carefully scoped.

Key planning questions for community organizers, stakeholders, funders and evaluators include:

- What can we strategically contribute to these initiatives in a way that does not disrupt the existing neighborhood networks, leadership teams, budgets, and other resources in these collaborations?
- What resources and expertise would most add value? Over what time period? With what degree of intensity?
- What other national or local partners or resources can we bring to the table without disrupting the key work under way?

- What aspects of the work in a community are we prepared to commit to regarding implementation funding?
- What does each funder want to be responsible for evaluating? One or two aspects of the initiative? All child welfare-related aspects of the initiative? All of the initiative's work in a particular community?

4. Specialization is a good thing, so plan on it.

It is essential to recognize that different specialized bodies of knowledge and skills are needed to create, sustain, troubleshoot, and evaluate these initiatives. Often, a small, highly skilled design and evaluation team is necessary for sustainability. For example, often two distinct clusters of work can be done by consultants, and two persons may need to be recruited (ideally from the local area or people who know the communities) to do that work. The two clusters include:

Design and organization:

- Identify the structure, resources, and existing internal capacity required by the initiative for implementation of the model developed or selected.
- Identify potential barriers and challenges to implementation of the model.
- Support and implement strategies focused on galvanizing the community around strengthening and supporting vulnerable children, youth, and families.
- Strategize how to sustain and replicate the model.

Monitoring and evaluation:

- Monitor and document the implementation of the initiative, including documenting key components of the initiative.
- Design and implement the outcome evaluation and cost-savings analysis.

Consultants should have substantial experience in what it takes to design community-based initiatives. They need to be strategic thinkers who appreciate what the local community-based organizer or planning team is facing and what it takes to connect disparate community groups. For example:

- What will it take to co-locate the health and service agencies in this community?
- How will a planning group link to local businesses to create a more supportive neighborhood?

5. Use additional strategies to acquire new or utilize existing resources, community capacity, and leadership.

For example, many community initiatives have implemented the following:

- *Co-locating a social services center with an existing community center* (e.g., a library) to reduce the stigma people may feel about using social services. Accessibility to such a center is also crucial.[37]

- *Providing resources for small grants programs* that are developed and supported by community residents as a way to directly engage residents.
- *Promoting initiatives* within agencies, and by agencies within communities, to increase awareness.
- *Developing community capacity for program sustainability*, including community collaboration, shared governance, and fiscal independence.
- *Obtaining institutional support early on* (beyond financial resources) to spur collaboration and local buy-in, including organizing work groups and steering committees of managers and staff that identify and resolve barriers to system reform.

Community partnerships

The success of many community-based initiatives is driven by the ability of community organizations, funders, and other stakeholders to form an effective partnership. The following are lessons learned from existing community initiatives regarding what it takes to build meaningful, lasting, and, most importantly, *effective* initiatives:

1. Collaborating among a diverse group of agencies and organizations will offer different perspectives and improve decision-making.
2. Clarify expectations between partners, agencies, or coalitions through a process of reciprocal feedback and transparency.
3. Partnerships between agencies should be flexible. Be willing to test or modify the protocols or methods of service delivery based on evaluation data and careful reflection; as needs change, programs must change.
4. Use community members and the more effective community institutions as collaborators and resources.
5. Actively involve community members in partnership at the program-planning level and case planning at the service-recipient level.
6. Engage partners through membership, leadership, governance, and accountability.
7. Facilitate inter-agency collaboration and extensive partnerships through the development of networks and/or community support teams.
8. Gain the support of political leaders.
9. Bring together multiple initiatives to strengthen families and communities. Multiple initiatives need not be mutually exclusive entities that compete for resources.
10. Provide training and education regarding the materials, management, and outreach to build effective community networks.
11. Leadership and partnerships need to be culturally sensitive to the communities in which they are working.

Research design and choice of outcome indicators

1. Evaluation is often a challenge but establishing accountability is essential.

It may be impossible to use control groups in evaluating many community support efforts, but the use of trend data and comparison groups or comparable communities may be feasible. Evaluators should use the clear logic model developed with the planning team to link specific strategies to key indicators of success in the most direct way possible, acknowledging how other factors may also be contributing to the positive changes measured over time.

As discussed earlier, it is important to take time to concretely and specifically outline some proximal, intermediate, and distal indicators of success. For the evaluation-focused cluster of work, a skillful researcher who has mixed-method evaluation skills and experience in navigating the complexities of community-based evaluation is needed. The evaluator will need to focus on measuring the quality and fidelity of the implementation, as well as the outcomes.

2. Complexity of how systems change over time must be taken into account.

In a recent workshop, Patton (see Table 3) discussed the characteristics of complex adaptive systems and how evaluators need to be flexible and adaptive in what they measure.

> Complex situations are: highly emergent (difficult to plan and predict), highly dynamic (rapidly changing), and relationships are interdependent and non-linear (rather than simple and linear (cause-effect). On a practical level this means that developmental evaluation (DE) evaluators engage with programme staff about both what is known and controllable, and about what is unknown.[38]

Table 3. Characteristics of complex adaptive systems

Emergence: Patterns emerge from self-organization among interacting agents. What emerges is beyond, outside of, and oblivious to any notion of shared intentionality. Each agent or element pursues its own path but as paths intersect and the elements interact, patterns of interaction emerge and the whole of the interactions becomes greater than the separate parts.

Nonlinearity: Sensitivity to initial conditions; small actions can stimulate large reactions, thus the butterfly wings (Gleick 1987)[39] and black swans (Taleb, 2007)[40] metaphors, in which highly improbable, unpredictable and unexpected events have huge impacts.

Dynamical: Interactions within, between, and among subsystems and parts within systems are volatile, turbulent, cascading rapidly and unpredictably.

Uncertainty: Under conditions of complexity, processes and outcomes are unpredictable, uncontrollable, and unknowable in advance. The book *Getting to Maybe* (Westley et al., 2006)[41] captures the sense that interventions under conditions of complexity take place in a Maybe World.

> ***Co-evolutionary:*** As interacting and adaptive agents self-organize, ongoing connections emerge that become co-evolutionary as the agents evolve together (co-evolve) within and as part of the whole system, over time.
>
> ***Adaptive***: Interacting elements and agents respond and adapt to each other so that what emerges and evolves is a function of ongoing adaptation among both interacting elements and the responsive relationships interacting agents have with their environment.[42]

Source: Patton, M. Q. (2011). *Developmental evaluation: Applying complexity concepts to enhance innovation and use.* New York, NY: The Guilford Press, page 8.

3. Choose outcome indicators selectively and with an eye toward what is readily available.

In Washington state, the Community Public Health and Safety Networks were asked to identify the specific behaviors targeted by programs and projects in their respective networks (see Table 4). The percentages of state networks selecting certain behaviors were as follows:[43]

Table 4. Behaviors targeted by projects in the Washington State Community Public Health and Safety Networks

51%	Substance abuse	25%	Dropping out of school
48%	Child abuse and neglect	16%	Teen pregnancy
30%	Domestic violence	10%	Suicide attempts
29%	Violent criminal acts	8%	Out-of-home placement

Beyond choosing indicators that are readily available, interventions should be designed and conducted in such a way that rigorous evaluation can accurately analyze the impact of programs and initiatives. Often, it can be difficult to disentangle the myriad factors that impact outcomes of interest to an initiative, yet the demonstration of program effectiveness is often connected to lasting impact and sustainability. Planning a rigorous evaluation, as well as developing a shared understanding with community leadership and other stakeholders around the purpose and methods of evaluation, will assist in demonstrating program effectiveness and the continuation of programs that have meaningful impact in their communities.

4. Understand the objectives of an evaluation and how these objectives are going to be met through careful measurement, evaluation design, analyses, and reporting.

The possible objectives of a typical evaluation include:

* Measuring the effectiveness of a local community initiative's multi-faceted, community-based collaborative change efforts and, perhaps, also measuring the collaboration directly. Evaluators may also want to broaden the measurement

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focus if warranted; for example, the assessment of early childhood outcomes could be supplemented with the impacts on families and children through young adulthood.

- Determining if there are community-level interventions that are consistently (and statistically) related to better outcomes for children within these particular communities.

- Contributing to the larger research community by testing for the most practical, replicable, and robust prevention and intervention strategies that could be used by a range of communities to examine community-level factors and report on their own strengths and weaknesses.

The Magnolia Community Initiative, for example, is focusing on some key long-term outcomes, and they categorize their intermediate and short–term outcomes within five domains (see below), each with a separate, but potentially interrelated, influence on children's well-being and development.[44] These operate by affecting the way families engage with the task of parenting their children, as well as by having more direct effects on young children themselves. The Magnolia Community Initiative has chosen a strategy for understanding community-level influences that can take into account the dynamic and interactive elements hypothesized to influence child development trajectories. In this model, community influences can include:

- *Physical environment*: Houses, buildings, parks, and streets that can be improved to enhance the lives of residents.

- *Social environment*: Social connections and interactions, social and neighborhood networks, and community perceptions, i.e., safe places for children to play.

- *Service environment*: Level and quality of services and availability of facilities within a local area.

- *Socioeconomic factors*: Education, income, and other demographic factors.

- *Local governance*: Civic engagement, participation, and formal and informal leadership.

These community influences will be measured as part of a longitudinal design where progress of the neighborhood and its residents are examined over time.[45]

5. Carefully consider the most appropriate evaluation design, given constraints around available measures and analytical techniques.

Because many community-based family support strategies cannot be put in place overnight, this presents an opportunity to use frequent collection of key data to capture real-time trends in processes and outcomes. And because for some of these variables the community has pre-initiative data, a baseline of information can be compiled to show patterns and change over time. Thus, one possible evaluation design could be a special form of *longitudinal interrupted time series design with baseline data* (where multiple interventions are introduced over time).

The key strategy of this design is to have enough pretests and posttests to determine the pattern of results on the dependent variable (i.e., on the variable that we are trying to influence). By including multiple pretests and posttests, researchers can avoid many of the problems present in the commonly used evaluation design that is considerably weak with respect to withstanding threats to validity: the one-group pretest-posttest design. (The one-group pretest-posttest design has only one pretest and one posttest.)[46]

With staggered implementation of some strategies, a *multiple-baseline design* variation or enhancement to the *longitudinal interrupted time series design* may be feasible. With this design, the treatment condition is successively administered to different participants (or, while less likely in most community family support initiatives, to the same participant in several settings) after baseline behaviors have been recorded at different time periods. In other words, the treatment has a delayed or staggered onset for different areas of the community or different participants.[47]

6. Consider "rapid RCTs."

Large companies in America are conducting small-sample, but rigorously designed, trials testing new ideas that use randomly selected groups (i.e., randomized controlled trials [RCTs]) in situations where signs of impact can be detected in a short time span and/or when administrative data can be used to minimize study length and cost. The more we understand a social phenomenon, the more it may be possible to detect early signs that lead to more distal impacts. Improvements in administrative data and linked data sets make these kinds of rapid RCTs possible: "Often the key ingredient is creative thinking — i.e., figuring out how to embed a lottery or other randomization process into a particular activity and measure key outcomes with an existing data source."[48]

Possible variables to measure

Several community-based family support pioneers have begun to outline some important dimensions to measure. A sample of these dimensions include:

1. Planning fidelity: To what extent has a good community-based planning approach been used?[49]
2. Prevention strategies: Nature, dosage, and fidelity
3. Network/coalition structure and functioning such as goal directedness, efficiency, opportunities for participation and leadership, and cohesion[50]
4. Community capacity, such as member skills, organizational linkages, adoption of a science-based approach to prevention[51]
5. System interaction dynamics
6. Agent-based modeling[52]
7. Child outcomes, including:
   a. School-age pregnancy
   b. Dropping out of school
   c. Youth suicide
   d. Youth violence

      e. Domestic violence

      f. Youth substance abuse

      g. Child abuse and neglect

8. Additional outcomes to consider might be these:[53]

      a. Physical, language, cognitive, social, and emotional development of children 0-5 years of age (also consider these indicators for older children, if data are available)

      b. Parental knowledge of child development and appropriate child-rearing practices

      c. Ability of families to provide safe and nurturing care for their children, including increased social connections, belonging, resilience, and positive relationships with their child(ren)

      d. Family well-being

      e. Economic stability of families

      f. Housing stability of families

      g. Civic engagement, participation, and leadership

      h. Integration and efficiency of and access to systems of care

      i. Community/neighborhood structures and spaces

      j. Crime rates

      k. Housing vacancy rates

      l. Housing foreclosure rates

9. Community infrastructure for this work, including a system of support for research and innovation, training, and service delivery[54]

10. Comparison community data

11. Cost data for services and cost-savings data

Learning from the challenges faced by past initiatives

Thus far, some of the critical aspects of planning, forming community partnerships, and research and evaluation design have been discussed. Beyond these recommendations, several important cautions should be heeded (based on a national review of former and current community-based initiatives).

1. New programs cannot move ahead unless a community is ready to act.
Communities require necessary capacity (e.g., administrative) to achieve program success. Communities must be ready for change, and the critical challenge becomes creating an engaged community where it does not yet exist. Often selecting which neighborhood is best suited for community prevention efforts is not clear.

2. Integrating an initiative's program philosophy or mission can be counter to certain agencies' operational cultures.

Reform efforts limited to the boundaries of a neighborhood, or series of neighborhoods, or even a county inevitably run up against the lack of change in the larger systems in which local services are embedded. Commitment to collaborative planning can help ensure fidelity to program models and foster program sustainability.

3. **Effectively engaging community members takes time.**

4. **It may be difficult and/or counterproductive to remain faithful to the program model throughout the development, implementation, and evaluation processes.**
   The demonstration of successful outcomes depends on adherence to a program as it is envisioned, with modifications made thoughtfully and then documented.

5. **Program sustainability is difficult to predict given the uncertainty of resource shortages and other organizational barriers.**

6. **Connected decision-making bodies and a governance structure must be established early.**
   Too many collaborative efforts by different agencies and partners can dilute an initiative's effectiveness.

7. **Wise planners consider whether meeting families' needs in stages would be more appropriate than embedding numerous services within a community-based initiative.**
   Focus on achievable outcomes; quality of implementation may be more important than breadth of services.

8. **Creating and sustaining a fully bilingual or multicultural program can be a challenge.**

9. **Maintaining confidentiality is often a barrier to inter-agency work.**
   A recent federal law change made it easier for education and child welfare systems to share information, but barriers exist across other service sectors.

10. **It is worth worrying about whether we wish to tie families' fates so closely to those of their neighborhood of residence.**
    Some experts advocate for community-building initiatives to take families' aspirations seriously. They devote attention to mobility strategies (i.e., those that give families the means to leave the neighborhood for work or to live elsewhere).

11. **Little attention has been paid in reform initiatives to frontline workers' fears.**
    Frontline workers are critical to the success of any community initiative, and with the introduction of new community initiatives comes the potential for the loss of a role for their expertise and experience (and sometimes the loss of their positions), the need to establish a whole new set of relationships, and the fear that someone or some group is sitting in an office or community center somewhere and deciding their fate without consulting them.

Conclusions

As foundations, government, and other funders increase their focus on community-based family support networks, it is important to examine the kinds of initiatives that have been implemented in the past, as well as the lessons learned from those strategies, so that new initiatives can be designed and evaluated properly. This research brief has focused on some of the lessons learned for design, implementation, and evaluation. The evaluation strategies that seem most promising to consider will be mixed-methods evaluation strategies that maximize the use of local trend data from multiple sources including public health, education, business, housing, employment, and child welfare. Taking more of a developmental and *collective impact* approach to the evaluation will also help ensure that accurate and reasonable expectations are set.[55]

Appendix A: Examples of community-based family support networks

Note that some of these initiatives are in the very early stages of development, and they vary substantially regarding complexity and scope. Certain websites are unavailable because the initiatives were time-limited or merged with other existing initiatives.

Program/Initiative	Location	Description
Child Welfare		
The Bridge Builders Project	Bronx, NY	Community stakeholders built a coalition of community residents, service providers, and public agencies to reduce foster care placements, reduce the time that children spend in foster care, increase the proportion of children in foster care who are placed within the community, and reduce the incidence of child abuse and neglect. Services provided by Bridge Builders include neighborhood outreach, family support services, legal representation, parent training, GED and ESL classes, housing assistance, after-school programs, and funds to help families with emergencies.
Community Partnerships for the Protection of Children (CPPC)	Multi-site	CPPC is a child welfare initiative that aims to develop individualized action plans for all families, create neighborhood networks of formal and informal support resources, change public child protective services (CPS) agency culture and practices to increase service effectiveness, and establish local decision-making bodies of agency representatives and community members. The initiative's objectives are to reduce the incidence of child abuse and neglect and reduce the likelihood of subsequent maltreatment and serious injury.
Durham Family Initiative (DFI)	Durham, NC	DFI was designed to improve family well-being and reduce child maltreatment. The initiative provided community-based programs to help families with their children's health, growth, and development. After a successful pilot evaluation and randomized controlled trial, Durham Connects was transitioned into the Durham community through the Center for Child and Family Health. For information on how the home-visiting intervention is having a community-wide impact, see the January 2013 issue of *Zero to Three*.

Program/Initiative	Location	Description
[Family Success Centers](#)	New Jersey	New Jersey's Division of Prevention and Community Partnerships funds a statewide network of 37 Family Success Centers (FSCs) as one-stop shops that provide wraparound resources and supports for families before they find themselves in crisis. FSCs offer primary and secondary child abuse prevention services to families and bring together concerned community residents, leaders, and community agencies to address the problems that threaten the safety and stability of families and the community. FSCs offer access to information on child, maternal, and family health services, development of Family Success plans, employment related services, referral services, life skills training, housing services, parent education, parent-child activities, advocacy, and home visiting.
[Family to Family](#)	Multi-site	Family to Family applies the principles that a child's safety is paramount, children belong in families, families need strong communities, and public child welfare systems need partnerships with the community to achieve strong outcomes for children. The Family to Family model provides states and communities with the tools to redesign their child welfare system to establish a network of care that is neighborhood-based and culturally sensitive, less reliant on institutional care, reaches an adequate number of foster families, uses a team approach that includes foster care families, and screens services to safely preserve the family.
[Fostering Hope Initiative](#)	Oregon	Fostering Hope Initiative promotes child and youth development by focusing on five protective factors: parental resilience, social connections, concrete support, parenting knowledge, and social and emotional competence. Families experiencing stressors will benefit from parent training, mentoring, home visiting, family-friendly public policy and social service, and medical community collaboration.
[Generations of Hope Communities – Hope Meadows](#)	Rantoul, IL	Hope Meadows is an innovative residential community — a five-block, small-town neighborhood where children adopted from foster care find permanent and loving homes as well as grandparents, playmates, and an entire neighborhood designed to help them grow up in a secure and nurturing environment.

Program/Initiative	Location	Description
Immigrant Community Partnership Initiative (ICPI)	New York, NY	ICPI's goal was to connect new immigrant communities to child welfare services. The underlying objectives of the ICPI project were to educate new immigrant communities about child welfare practices and services; increase cultural awareness of ACS staff; provide cultural brokering between ACS and immigrant families; provide quality interpretation services; avail culturally appropriate support services to families; and support community-based organizations through capacity-building efforts.
[Library Partnership](#)	Gainesville, FL	In 2007, Partnership for Strong Families (PSF), the Florida Department of Children and Families (DCF), and Casey Family Programs teamed up to develop a concept to reduce the number of children entering the foster care system by targeting vulnerable communities. The idea was that being co-located with a library would reduce the stigma people may feel about going into a social services center. The Library Partnership assists families with family support and child development, health and safety, and self-sufficiency.
New York City Administration for Children's Services (ACS) Community Partnership Initiative (CPI)	New York, NY	CPI was based on the idea that neighborhood-based coalitions, composed of a diverse group of stakeholders, could play a positive role in the challenging work of reducing maltreatment and promoting stable, healthy families. Coalitions were asked to focus on developing community partnerships and mandated to address four child welfare tasks: (1) to facilitate interagency referrals between child care, early childhood education, and preventive services; (2) to support case conferences; (3) to recruit and support foster parents residing in the community; and (4) to enhance the quality and quantity of visits between biological parents and their children.
New York City Administration for Children's Services Community Partnership to Strengthen Families	New York, NY	The goal of the Community Partnership to Strengthen Families was to engage individual communities in analyzing child welfare data to shape service delivery and intervention for their own neighborhoods. As the ultimate goal, ACS and its community partners sought to develop a community-specific, multisystem strategy for keeping families together safely with appropriate services, thus reducing the need for placement of children into foster care.

Program/Initiative	Location	Description
Partnerships for Families (PFF)	Los Angeles, CA	Funded by First 5 LA to prevent abuse and neglect of vulnerable, young children from birth through age 5, PFF combined evidence-based programs and practices with the power of community-grown networks of support. Local PFF partners responded immediately to families determined to be at high risk of child abuse and neglect with concrete support and a range of home-based and center-based services. In-home counselors respectfully joined with parents as partners to help them eliminate safety risks, obtain critical information about child development and parenting, and build on their existing strengths and skills. Local networks of peers and community organizations reduced families' isolation and ensured access to ongoing support.
Strong Communities	Greenville County, SC	The Strong Communities initiative is one of two community-based child abuse prevention efforts included in the Duke Endowment's Child Abuse Prevention Initiative aimed at reducing child abuse rates, improving parenting practices and behavior, strengthening community service systems, and improving community capacity to protect children and support parents. Development of the project was viewed as progressing through four distinct phases: spreading the word, mobilizing the community, increasing the resources, and institutionalizing the provision of services.
Together for Kids (TFK)	Edmonton, Alberta	TFK brings together services for the prevention, detection, investigation, and treatment of abused children into an integrated and coordinated model of service delivery. Team members focus on preventing child abuse and neglect, through individual family support and programming, and they provide early intervention with victims and families once abuse has occurred. Examples of programs offered are parent education and support groups, child abuse prevention programs, communication/self-esteem programs for school-age children, and peer support groups for junior high school students.

Program/Initiative	Location	Description
Comprehensive Community Development		
Abyssinian Development Corporation (ADC)	New York, NY	The ADC is a comprehensive community and economic development corporation dedicated to building the human, social, and physical capital of Harlem. ADC's mission is to increase the availability of quality housing to people of diverse incomes; enhance the delivery of social services, particularly to the homeless, elderly, families, and children; foster economic revitalization; enhance educational and developmental opportunities for youth; and build community capacity through civic engagement.
Buffalo Promise Neighborhood (BPN)	Buffalo, NY	BPN is a collaborative effort to improve the educational and developmental outcomes of children and transform the community. Project goals include neighborhood revitalization through mapping neighborhood assets, reopening a family life center, re-landscaping Main Street, renovating industrial buildings, opening a community health center, increasing community contact with nature (through the development of parks), providing an early childhood education center, and reconstructing a commercial development.
Center for Family Life in Sunset Park	New York, NY	Center for Family Life is a neighborhood-based social service organization that offers a comprehensive range of programs and services that address families' needs from every angle, including employment, education, counseling, arts, and recreation. The Center's work is grounded in the daily, lived experience of the Sunset Park community and guided by a vision of neighborhood families and social institutions evolving over time and contributing to each other's ongoing development.
Chicago Safe Start	Chicago, IL	The Safe Start demonstration project was funded by the Office of Juvenile Justice and Delinquency Prevention. The goal of the project was to expand existing partnerships among service providers in key areas such as early childhood education/development, health, mental health, child welfare, family support, substance abuse prevention/ intervention, domestic violence/crisis intervention, law enforcement, courts, and legal services. Each demonstration site was expected to create a comprehensive service delivery system to meet the needs of children and their families at any point of entry in the system of care.

Program/Initiative	Location	Description
Communities That Care (CTC)	Multi-site	Communities That Care (CTC) is a coalition-based community prevention system that uses a public health approach to prevent youth problem behaviors, including underage drinking, tobacco use, violence, delinquency, school dropout, and substance abuse. CTC helps communities decide what areas to focus on and how to decrease risk factors and build up protective factors. CTC coalition members assess, and then address, community risks, needs, strengths, and assets. CTC helps communities decide how they want to reduce risk factors and strengthen community protective capacity.
Highbridge Community Life Center (HCLC)	New York, NY	HCLC connected residents to additional services and supported residents via four interlocking networks of community-based organizations. These organizations (Bronx REACH, Bridge Builders, Earn Fair Alliance, and Community Collaborative to Improve the Bronx Schools) partnered with HCLC to offer a positive and lasting change in the community, providing adult education, youth services, family services, and community building.
LA County Prevention Initiative and Development (PIDP) Family Support Networks	Multi-site	PIDP has helped leaders band together to think creatively about the long-term prospects for child maltreatment prevention and community-level change. The networks established have been able to draw on shared resources, making better use of what resources were already available, not duplicating services, and increasing the capacity of each individual member as well as the whole.
Magnolia Community Initiative (MCI)	Los Angeles, CA	Magnolia Community Initiative (formerly Magnolia Place) galvanizes community residents and organizational partners to create a local response to improving their community. MCI goes beyond service provision and focuses on relationship building to harness the power, inherent skills, and talents of individuals to create and drive the changes they determine are necessary to improve the lives of their families, friends, and neighbors. In addition to working within a protective factors framework, MCI adopted It Takes a Community as a core working philosophy.[i]

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Program/Initiative	Location	Description
Making Connections	Multi-site	Making Connections strategies were aimed at helping families obtain what they need to be strong and helping neighborhoods gain the resources they need in order to support families. Making Connections focused on helping families connect to economic opportunities and to jobs that provide income, assets, and an economic future; strong connections to the social networks of kin, neighborhood groups, and other informal ties that sustain families; and high-quality, effective services and support that helped families reach their goals.
Martin Luther King, Sr. Community Resources Collaborative	Atlanta, GA	Community-based family support initiative that is in its early stages. It is intended to achieve a more integrated service delivery system through employment, financial literacy, education, housing and income stability, self-sufficiency, and family services.
Mid-Bronx Council (MBC)	New York, NY	MBC has continually expanded and integrated its efforts to improve the life of the community. The agency supports and empowers residents of all ages through the provision of affordable housing, economic and workforce development, community organizing, and comprehensive services for children, youth, families, and older adults.
Neighborhood Opportunity Networks	Montgomery County, MD	The neighborhood campaign set forth to open new neighborhood safety net centers in two ZIP codes where there were high levels of requests for services (to be followed by four more ZIP codes the following year). The primary goal was to increase access to services for isolated low-income residents who have difficulty finding the three large countywide service centers and making it through their service application processes. Project partners proposed building new networks of mutual support within these targeted neighborhoods, especially since the demand for help exceeds the available supply of services, and to use the network building to spark greater economic empowerment.

Program/Initiative	Location	Description
PROSPER Partnerships	Multi-site	PROmoting School-community-university Partnerships to Enhance Resilience (PROSPER) is not a program; "rather it is a scientifically proven system that facilitates sustained, quality delivery of evidence-based programs that reduce risky youth behaviors, enhance positive youth development, and strengthen families."
Rutgers Community Outreach Partnership Center (RCOPC)	Newark, NJ	RCOPC is a university initiative, managed by the Center for Urban Policy Research, to assist community-based organizations in the revitalization of the West Side Park neighborhood. RCOPC defined an evolving work plan that addressed seven separate functional categories of community needs: comprehensive planning, community organizing, neighborhood revitalization, economic development, affordable housing, health care, and education.
Schell-Sweet Community Resource Center (SSCRC)	Jacksonville, FL	The SSCRC aims to provide lifelong learning opportunities for adults and their families to improve their skills, pursue knowledge, seek advancement, and enhance their self-worth. Edward Waters College, through the SSCRC, provides health services, computer training, veteran services, grandparenting services, tax preparation, community service seminars/workshops, social services, employment referrals, and communication activities.
Trinity Family Life Center (FLC)	Richmond, VA	The goal of the Trinity FLC is to strengthen families and uplift communities. The focus is to ensure the continued growth and the longevity of the community through a central location where all are accepted and provide an opportunity to enrich their lives and total well-being. Programs include facility rental, a fitness center, aerobic classes, adult daycare, childcare, recreational sports leagues, a foster care alumni support center, and a child development center.
Washington State ACEs Public-Private Initiative (APPI)	Multi-site	APPI is evaluating community-based approaches to reducing ACEs in the Okanogan, Skagit, Walla Walla, Wenatchee and Whatcom communities. The partnership involves community collaborations (e.g., Community Public Health and Safety Networks), government (e.g., Department of Social and Health Services), and private funders (e.g., Bill & Melinda Gates Foundation).

Program/Initiative	Location	Description
Education		
[Berea College Promise Neighborhood (BCPN)](#)	Kentucky	BCPN asserts that a well-coordinated collaboration of partners working with parents, implementing well-designed programs and closely monitoring services, will positively impact the lives of children. By collectively engaging in this intense effort to promote academic achievement; foster physical, social, and emotional well-being; encourage parental engagement and effective parenting; build healthy habits and environments; and nurture productive citizens, BCPN hopes to create and sustain a Promise Neighborhood in which all children can thrive physically, educationally, socially, and emotionally in preparation for productive, enjoyable lives as adults. Sites include Clay, Jackson and Owsley counties in Kentucky.
[Harlem Children's Zone (HCZ)](#)	New York, NY	HCZ focuses primarily and intensively on the social, health, and educational development of children. To help support that development, HCZ also provides wraparound programs that improve the children's family and neighborhood environments. HCZ strives to serve an entire neighborhood comprehensively and at scale, create a pipeline of support, build community among residents, evaluate program outcomes and create a feedback loop, and cultivate a culture of success.
[Hayward Promise Neighborhood (HPN)](#)	East Bay-Hayward, CA	HPN is a geographically focused partnership that seeks to significantly change the "predictable results" for children in the Jackson Triangle, one of Hayward's lowest-income and least successful neighborhoods. The implementation plan calls for a complete continuum of solutions with strong schools at the center — based on a local neighborhood assessment and the use of evidence-based strategies that are congruent with the needs and assets of the community.
[New Futures](#)	Multi-site	New Futures was a five-year initiative aimed at preparing disadvantaged urban youth for successful lives as adults in response to increasing numbers of youth dropping out of school and becoming teen parents. In five cities, New Futures sought to restructure how communities planned, financed, and delivered educational, health, and other services to at-risk youth.

| Program/Initiative	Location	Description
New Song Community Learning Center	Baltimore, MD	The Community Learning Center started with a cooperative preschool and afterschool program and now includes an academy that serves students in pre-kindergarten through eighth grade and also helps parents and other community adults pursue education. The flexibility provided by the New Schools Initiative gives New Song crucial freedom to experiment with "what works." The schools administer the district's mandatory standardized tests, however, and their continued funding hinges on students' ability to meet the district's standards for academic performance.
Northside Achievement Zone (NAZ)	Minneapolis, MN	The Northside Achievement Zone is a collaboration of more than 60 organizations and schools whose mission is to build a culture of achievement in a geographic area in North Minneapolis to ensure all youth graduate from high school college-ready. NAZ supports these families with wraparound services through partner organizations so that the children can show up to school ready to learn. NAZ also supports parents and their children through an education pipeline leading to college before they are even born.
Employment		
New Hope Project	Milwaukee, WI	Conceived of in the late 1980s and implemented in 1994 in two inner-city areas in Milwaukee, New Hope was an innovative program designed to address problems in the low-wage labor market. Based on the simple premise that people who work full time should not be poor, New Hope provided full-time workers with several benefits: an earnings supplement to raise their income above poverty level, low-cost health insurance, and subsidized childcare.
Health Care		
Bronx Health REACH (Racial and Ethnic Approaches to Community Health)	Bronx, NY	Bronx Health REACH focuses on health education and outreach, policy change, and community partnerships. The coalition brings together residents, educators, healthcare providers, community and faith-based leaders, and businesses to implement programs addressing nutrition and fitness, diabetes, health disparities, and other initiatives.

Program/Initiative	Location	Description
Native American Communities		
Mille Lacs Band	Onamia, MN	The Mille Lacs Band of Ojibwe, an American Indian tribe in Minnesota with 4,300 members, developed and implemented reforms that are showing early signs of success. These changes revolve around a practice model, *tribal wraparound*, which prioritizes family involvement while creating support networks to help strengthen families and keep children safe. Since its implementation in 2010, the number of Mille Lacs children in non-native foster care has been safely reduced.[ii]
Port Gamble S'Kallam Tribe	Kitsap County, WA	The S'Kallam tribe has about 1,200 tribal members, and as of April 1, 2012, it became the first tribe to receive approval from the Administration of Children and Families, under the Title IV-E program, to manage its own programs for child welfare, child support, child care, and temporary assistance for needy families.
Navajo Nation	TBD	In partnership with the Western and Pacific Implementation Center (WPIC), National Indian Child Welfare Association is providing training and technical assistance to support the Navajo Nation's four-year project to increase family permanency by implementing concurrent planning strategies for Navajo children within their cultural framework. The project also aims to improve their quality assurance system, collect child welfare data in an electronic system, and facilitate administrative and legislative oversight for child welfare services.

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Appendix B: Logic models for three comprehensive community networks designed to strengthen families

Figure 1. Trinity Baptist Church and Trinity Family Life Center Design
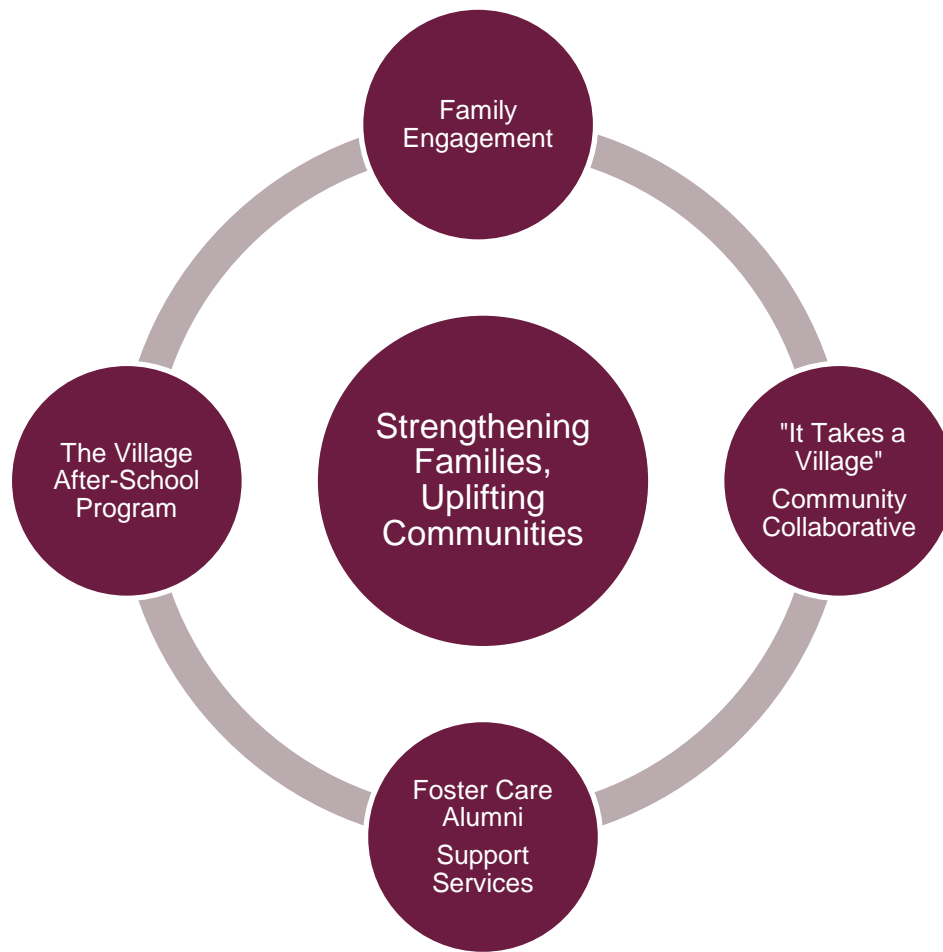
Reprinted with permission from Trinity Baptist Church and Trinity Family Life Center. For more information, please see www.tflconline.org.

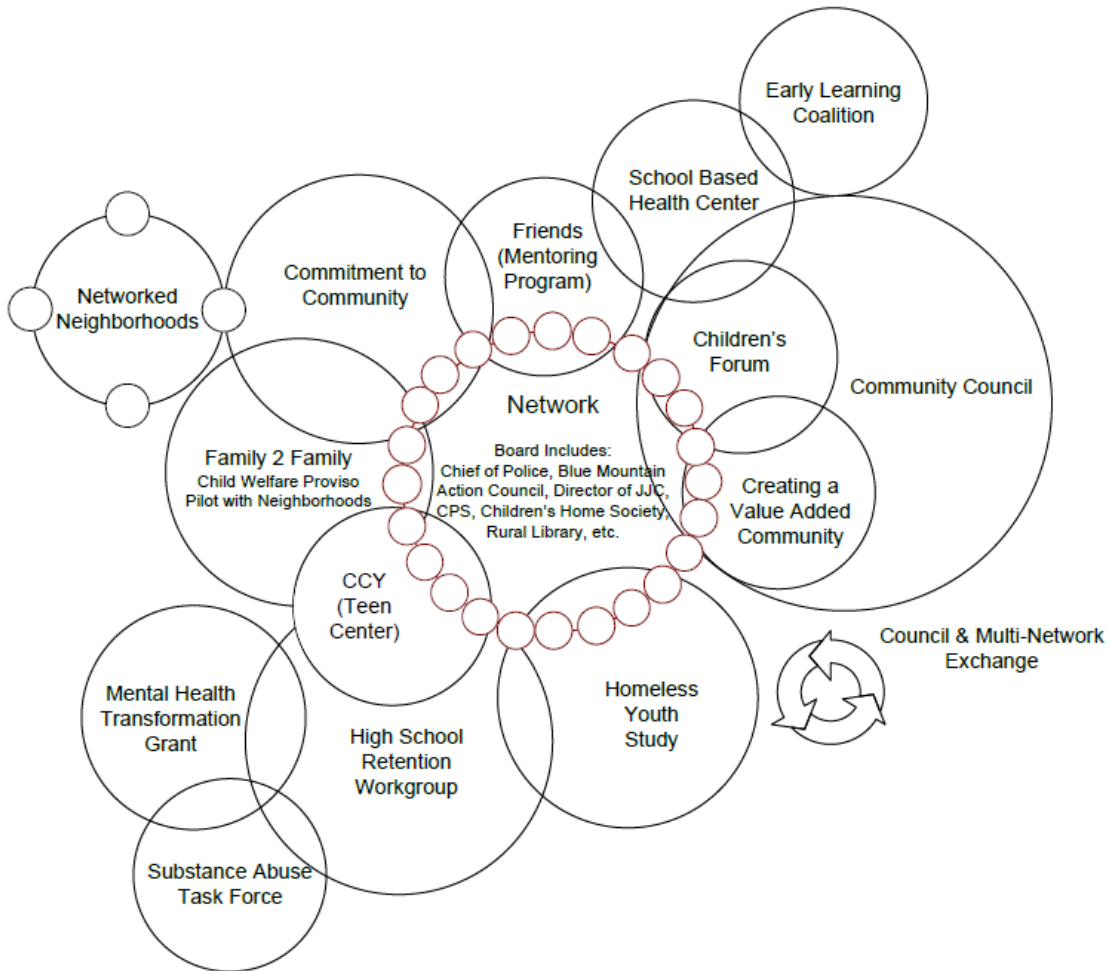**Figure 2. The Center for the Study of Social Policy's Capacity-Building Framework**
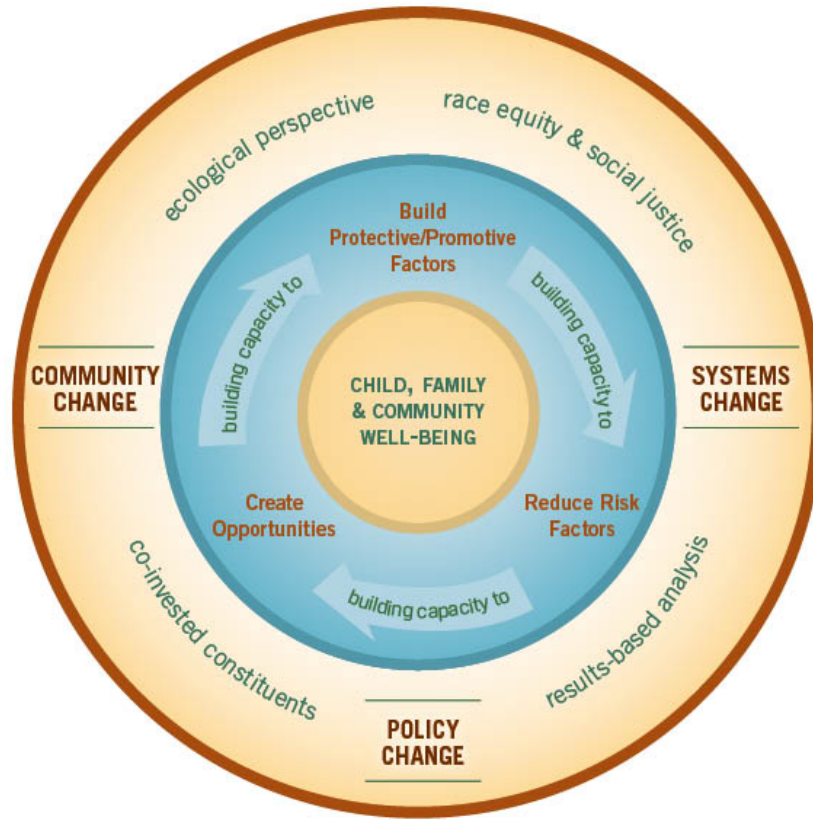
Reprinted with permission from the Center for the Study of Social Policy. For more information, please see http://www.cssp.org/community.

Figure 3. Walla Walla County Community Public Health and Safety Network

Reprinted with permission from the Washington Family Policy Council (FPC) and Walla Walla Health and Safety Network. While support for the FPC discontinued in 2012, local efforts live on. For more information on resilience and ACEs, see http://www.resiliencetrumpsaces.org/

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[13] Neglect was not measured in the Washington sample.

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