

COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN

Lessons Learned From the Field — For the Field

A Cross-Site Reflection on 10 Years of Partnership

Cedar Rapids, IA

Jacksonville, FL

Louisville, KY

St. Louis, MO

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“Keeping children safe is everyone’s business”

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CPPC: Lessons Learned From the Field — For the Field

In 1995, four diverse communities—Cedar Rapids, Iowa; Jacksonville, Florida; Louisville, Kentucky; and St. Louis, Missouri—came together in an exciting learning partnership. The focus of this partnership was to envision how things could be different for children and families, and for communities and systems, struggling with issues of child abuse and neglect. Initially spearheaded and funded by the Edna McConnell Clark Foundation (the foundation) and later by the Center for Community Partnerships in Child Welfare, we were charged to “boldly go where no one had gone before” and to create “Community Partnerships for Protecting Children” (CPPC). This paper shares 10 valuable lessons we learned.

We knew firsthand that the current child welfare system was not working, was not meeting the needs of families. Further, our communities shared similar problems faced by urban areas all over the country—problems of poverty, lack of services and resources, rising violence and drug use, and bureaucratic structures that often alienated families rather than providing them support to keep children safe. We also shared a deep commitment that society can and must “do better” in tackling these tough child protection issues, and an openness to learn, grow and change to get better outcomes for children and families. We fully recognized that this was not a grant project, with a beginning and ending date. Rather community child protection was a developmental approach to permanently change the way we work with families and keep kids safe.

The four CPPC sites, with technical assistance provided by the foundation, struggled to identify and implement the essential ingredients that a community must put into place in order to engage in “community child protection”. In spite of similar challenges and our common goals—we quickly learned that each community was uniquely different—with its own strengths, assets, challenges and history to deal with and to build upon. No cookie-cutter approach or silver bullet dictated by government or an external funder would be embraced by our constituencies—the practice wisdom of our communities generated by testing new ways of partnering with families, needed to be explored and respected.

This blend of common purpose and rich diversity made for an exciting and synergistic “learning laboratory”—often using methods of trial and error to experiment with various community partnership strategies. The approaches taken by the sites to address child safety problems reflected the creativity born of their own environments and varied across the sites. This site-specific, indigenous approach—an evaluator’s nightmare—was essential for an initiative of such a broad scope attempting to engage in theory development from the ground up.

Over time, our CPPC sites were able to recognize some common themes and principles that united our diverse child protection efforts. We were also able to learn from some of the successes and failures of our “sister sites” and freely borrowed ideas to help our own communities. This cross-fertilization and sharing led the initiative to identify four elements that were common across the sites. It is our belief that any community wishing to engage in Community Partnerships for Protecting Children needs to pay attention to these four key elements if they are going to be successful:

- **Transforming Frontline Practice with Families:** promoting a shared family-centered practice philosophy across the service network and building the skills of all

- partners to engage in strengths-based practice. These practices and skills are embodied in Individualized Courses of Actions (ICA) and Family Team Meetings.
- **Child Protective Services (CPS) Reform:** transforming the culture, policies and practices of the child welfare agency in order to effectively deliver family-centered, community-based services, and developing partnerships of shared accountability with interrelated agencies and with the community.
 - **Building Neighborhood Networks of support:** developing networks of formal and informal services and resources that can support families, prevent child abuse, and respond to children and families where abuse and neglect have occurred. This can include the development of “hubs of activity” or family service centers where such networks come together in a neighborhood.
 - **Shared Decision-Making with the community:** establishing a local decision-making body of community members and agency representatives to develop program priorities, review the effectiveness of strategies and mobilize citizens and other resources to enhance child safety and family support.

Because of the varying infrastructure and issues facing each site, we each achieved more successes in some of these key areas than in others. None of us believe that we have “arrived”—and we recognize we are on an ongoing journey to support families and keep children safe. However, ten years later all four original sites, and the many new “roll-out” communities adopting this way of work—all believe that we are on the right path. Collectively we can say that we would never return to the way CPS was practiced in 1995. It is tough, difficult and immensely satisfying work. Both the successes and the failures we have had along the way have been signposts that continue to point us in a forward direction. We remain, even after the funding is over, a “learning laboratory” always engaged in self-evaluation to incorporate the lessons learned into our continuing work.

We offer some of these lessons to the field—especially those communities prepared to engage in the hard and important work necessary to have “safe children, healthy families and strong communities.” Lessons 1-4 are overarching lessons that emerged over and over again, no matter what the context. Lessons 5 thru 8 deal with one of the four key elements. Lessons 9 and 10 are lessons we learned in rolling-out the partnership and working for the long-haul.

Lesson 1

Lasting change only happens when the people directly affected are engaged in a strengths-based process where their voices help shape the decisions that are made.

In trying to implement each of the four core CPPC strategies, sites encountered multiple barriers that at first seemed unrelated to one another. Over time it became apparent that resistance to change—whether from frontline workers, the CPS agency, the support network or the community—share some remarkable similarities. We came to recognize that what we are trying to accomplish requires more than changes in how services are structured and resources are used. It requires a fundamental reexamination of our understanding of how people, communities and systems work together and change.

The helping professions are in the midst of a paradigm shift. We have long embraced a medical model which focuses on pathology and sees the external helper as the “expert” who will “fix the problem”. It is not easy to move to a more effective family empowerment model that includes a focus on strengths and views the family as a primary decision maker. When we don’t help workers make that shift we end up with mere lip-service and a superficial listing of strengths. Workers need to value the commitment to engage with the family in ways that help them apply real assets to solve their own problems, motivated by their own hopes and dreams. We need to teach workers new skills, but those skills will not be embraced unless we first address the underlying assumptions that perpetuate the old paradigm (Frontline Practice Change).

This paradigm shift can be especially difficult for the Child Protective Service Agency. As guardians of child safety, they cannot ignore serious family dysfunction. Strengths-based, family centered practice is sometimes mistakenly viewed as “warm, fuzzy and non-confrontational.” Misapplied, it has been used as an excuse to not engage the family around difficult issues. But properly applied, this practice engages the family in supportive ways that foster more honest communication and promotes greater responsibility and results than traditional casework practice.

Even when progressive CPS administrators recognize the effectiveness of family-centered practice, they have a close, complex relationship with the Court which often seems to demand a more authoritarian, punitive, cookie-cutter response to families. The false assumption is that meaningful change will happen because an external authority orders it to happen. More often, this approach creates increased resistance and/or superficial compliance. All parties need to be engaged in examining what really works to prevent child abuse and re-abuse (CPS Reform).

We also bumped into the shifting paradigm operating in many formal partner agencies and at network hubs. Even partners with a strong value-based commitment to listening to families and a desire to utilize informal supports needed help with dropping the expert role, losing the jargon and really respecting and using the contributions of the family, extended family, friends, neighbors and volunteers. In turn, families and informal supports had to step into a new paradigm where they risk voicing their opinion and taking on new responsibilities (Building Neighborhood Networks of Support).

Community members also share in many stereotypes about families experiencing issues of child abuse and neglect. In valuing the voices of community partners, we had to recognize that often the community volunteers willing to “step up to the plate” to help their communities initially see the solution as “getting those people out of my neighborhood.” Their very real concerns need to be heard and addressed, while also supplying new strategies to support these vulnerable children and families and maintaining strong ties of support (Shared Decision-Making with the community).

The biggest challenge and lesson learned was when those most committed to the success of community child protection found the old paradigm operating in us. Attracted to this initiative because of our belief in strengths-based work that recognizes the importance of family-driven plans, we sometimes, in our zeal, didn’t “walk the talk” with our partners. Fully embracing the need to listen, respect and build trust with the families we serve and the necessity of the case plan being “owned and driven” by families, we sometimes failed to recognize that these same principles need to be modeled throughout all of our work with agency staff, the court, formal and informal service providers and the community.

For example, administrators who believe in family-centered practice often seek to instill it in their workforce by a top down authoritarian approach that fails to engage frontline workers and supervisors in the change effort. We complain that workers “just don’t get it” when workers feel that the administration is anything but “strengths-based” with them. We need to model the same change process with frontline workers that we want them to pursue with families.

Similarly, we can point fingers at “old paradigm” institutions such as the court and feel smug but disempowered. Or, we can seek to engage such partners in a process that respects their concerns, values their strengths, and works together to seek solutions.

We approached the community wanting to enlist their support and get excited about our Community Child Protection agenda. We soon learned we needed to listen and learn about their hopes and concerns and craft an agenda together.

Fundamentally, we had to learn and relearn that *lesson one* applies not just to our practice with the families we serve but to the entire scope of our work—with staff, colleagues and the diverse array of community partners as well.

Lesson 2

An intentional change process is an important model for all aspects of our Community Child Protection work— Engagement, Assessment, Creating a Plan, Tracking and Monitoring, Sustaining the Change.

Just as *lesson one* highlighted that a shared belief under girds all aspects of our work, *lesson two* identifies that using a parallel process can help us move forward in different arenas. This change process was initially highlighted in training for frontline workers as a model of practice change with families (Individualized Course of Action). We soon realized that using (or failing to use) these same steps makes a difference in our planning and systems change work with task forces, work groups, community planning meetings, employees etc.

Engagement is obviously foundational, but sometimes this step is taken for granted. We learned to not assume that partners are already engaged when they come to the table. Just as trust has to be built or rebuilt with families, it is also an essential part of an effective community child protection collaborative. Relationship building with our partners is a key component of this work.

An accurate assessment is essential to developing an appropriate plan of action. We learned to look both at strengths and challenges, listen to a variety of voices and use data more effectively to help us understand families, agencies and communities. This means identifying underlying issues of the family and/or community rather than just placing band-aids on symptoms.

Developing a plan requires a consensual process among team players to identify and choose among options and take responsibility for following through with specific tasks and time-frames. The same guidelines and ground rules that help make a Family Team Meeting effective (e.g. be respectful, one person speaks at a time, honesty without blaming and shaming, etc.) are also effective in interagency and community planning sessions. In fact, when the Conference of State

Legislators visited one of the sites, they suggested that a copy of the Family Team Guidelines be posted in their Legislative Chambers.

Tracking and Monitoring is a key step to move beyond talk into action that can impact outcomes. Initially, we were so excited about developing a good plan—whether with a family or a work group—that we too quickly congratulated ourselves on a job well done. Tracking and monitoring implementation of community child protection with mutual accountability is critical if plans are to move from paper into action. A cross-site motto became “you shouldn’t expect what you don’t inspect.”

Sustaining the change requires continued attention. Too often with families or communities, change efforts take off with initial enthusiasm only to fade as attention shifts elsewhere. This important step remains a critical challenge for sustaining the health of Community Partnerships.

The more intentional we became about applying this model, the more we were successful and avoided costly mistakes. It also became a helpful tool to use in self-evaluation regarding how a particular ICA or community change effort could have been strengthened.

Lesson 3

Becoming a Community Partnership learning laboratory requires commitment, flexibility and risk taking: The important role of external support— Funder, Technical Assistance and Peer Learning.

The community child protection initiative was spearheaded by external funders—Edna McConnell Clark Foundation and Center for Partnerships in Child Welfare—who played a crucial role in providing vision, leadership, funding and support to the four CPPC sites. They also ensured that theory development and evaluation for the field was not lost in the “busyness” of implementation and helped secure needed technical assistance to build site capacity.

Some national initiatives fail because the external funder becomes too prescriptive and plays the role of external “expert,” dictating expectations to community grantees. This style can breed resentment and fail to allow for the unique home-grown characteristics important in this community by community work. On the other hand, often huge sums of money are “invested” in communities with little learning to show from it at the end of the project. Sometimes communities need external accountability and a “nudge” to help accomplish their own goals.

Finding the right balance between these approaches is not easy and it is not unlike the job a frontline worker faces with families, or a supervisor encounters with workers, or change agents experience with a community. The same process of engagement, assessment, planning, tracking and sustaining the change apply. Together, the sites and funder learned and relearned the truth of *lessons one and two* and engaged and negotiated with one another in shaping and re-shaping the initiative.

A lesson learned from the initiative is that it is possible to create a respectful, productive change process between a national funder and community partners. There is nothing easy about it and we didn’t always have the right balance. We did, however, have the commitment and the mechanisms to course correct based on the needs of our diverse communities and get back on

track. A commitment to becoming a “learning laboratory” was key and an important recommendation to future initiatives.

The foundation’s relationship with the Center for the Study of Social Policy was instrumental in helping to develop this learning laboratory. Among other activities, the Center assigned technical assistance liaisons who provided an essential link with each individual site. These individuals provided a wide range of support; grew to understand the strengths and challenges of their site; and helped broker appropriate technical assistance when needed.

Frequent cross-site meetings that engaged key CPPC leaders and periodic larger gatherings of partners provided important opportunities for learning and sharing. The relationship that developed among sister sites remains a precious gift of peer support as we struggle with our own version of similar problems. Building these supports and opportunities into an initiative’s budget is not an extravagance—it was a fundamental building block that made this work possible.

Lesson 4

Community Partnerships require support in cultivating a culture of self-evaluation. The use of data to drive shared community decision-making and accountability for outcomes are key ingredients to success.

Over time, the sites grew in appreciation of the value of a self-evaluation component. Originally this was seen as a “requirement imposed by the funder” that met with some resistance. Looking at child abuse and neglect data and reflecting on successes and failures of prevention approaches taken are not tasks that community groups typically have the skills or inclination to pursue. Technical assistance was particularly useful here to help stakeholders understand the value of this enterprise.

As noted in *lesson two*, we began to appreciate that whether it is on a case level or a community level you can’t expect what you don’t inspect. Only by ensuring that an intervention actually took place and then evaluating the impacts, can we learn and course correct. An on-going self-evaluation capacity of CPPC strategies allows for the feedback to be more immediate and more owned by participants than relying only on an external evaluation.

In addition to tracking certain aggregate and neighborhood data, the sites found it valuable to utilize “Quality Service Reviews”—a process where trained reviewers take an in depth look at individual family cases. Not limited to a file review, the process includes interviews with family members, service providers, and significant others to identify practice and system issues. A report back to community stakeholders and self-evaluation team members allows for reflection and decision-making about what needs to change to improve outcomes.

Because data can be confusing and overwhelming, a related lesson is the truth that “less is more.” It is more important to truly understand and track key data elements over time, present data in understandable ways and then use it to drive decision-making than to create “analysis paralysis” via information overload.

Formal evaluations need to be carefully designed to complement self-evaluation and project implementation. The timing of some aspects of the initiative’s formal evaluation seemed to

negatively drive project implementation (e.g. the formal evaluation's emphasis on quantity of Family Team Meetings versus self-evaluation efforts to monitor and improve the quality of the entire ICA process).

Lesson 5

The ABC's of Transforming Frontline Practice:

- A) The Partnership should seek buy-in from all partners for this way of work*
- B) Quality matters: successful outcomes depend on faithfulness to the whole process.*
- C) Skill building requires training but also coaching, modeling and supervision.*

Direct work with families is where the “rubber hits the road.” It became clear that in spite of exciting changes in relationships among community partners involved in child protection, we would not see results for our most vulnerable families without a practice change by frontline workers. The Individualized Course of Action (ICA) utilizing the tool of Family Team Meetings became the model adopted to promote the desired shift to a family-centered practice paradigm.

Many lessons were learned along the way, but we want to share three principle recommendations for others who seek to move in this direction. First, the partnership should **seek buy-in from all partners** for this way of work. It is essential that the child public welfare agency embrace this paradigm (see CPS reform) from “the top down and bottom up”, but this will be much easier to accomplish if family-centered practice and team meetings become an accepted way of work for all.

One major reason for a broad base of support is that a primary goal of the partnership is to prevent child abuse and reach, strengthen and support vulnerable families and divert them from coming into the CPS system. Family Team Meetings are very effective in addressing a variety of family concerns. We have had meetings initiated by daycare centers, schools, churches, and family members themselves. A broad range of topics have included everything from employment, health, education, child behavior, family relationships and other issues identified by the family. This empowering practice lends itself especially well to preventive work among people who are engaged in a purely voluntary capacity. We offer family team meetings as “one tool in a community's toolkit” to support any family.

Secondly, for those families who have been identified by CPS and maybe even have children in out-of-home care, there are other partners who need to be on the same page with this way of work. For example, in addition to the family and the CPS worker—deputy juvenile officers, guardian ad litem or court appointed special advocates, parent's attorneys, resource families, treatment providers, informal supports and others—all have input into the plan for children and families. When they are not all brought along with a common goal and understanding, family team meetings can become just another arena to dictate to families or practice power plays between team members. Where there is common commitment to the family and the process, teams can be very effective in respectfully hearing all sides and coming up with a consensus plan that addresses all legitimate concerns.

A related concern is that **quality matters throughout the process**. Because Family Team Meetings are such a powerful tool—coupled with the external evaluation's focus on measuring success through the meeting process—a lot of time was spent up front preparing workers to

facilitate team meetings. We had to learn that while good facilitation is important, it was essential that the family first be engaged in the process, prepared for the meeting and that an accurate assessment occur on which to base a family plan for change. Furthermore, even with successful preparation and a good team meeting, if the follow-up tracking and monitoring (often through subsequent meetings) didn't occur, we were unlikely to see changes in outcomes for families. Some jurisdictions have "jumped on the band wagon" requiring Family Team Meetings as a "silver bullet" for success. We need to strongly caution them that Team Meetings are just a piece of good practice and must rest in a process that is embedded in the worker's genuine embrace of the principles and values of family-centered practice.

The external evaluation by Chapin Hall was extremely helpful in identifying some quality indicators for the Family Team Meeting itself. It is especially important that family plans are in alignment with the family's core concerns including concrete needs, and that workers be attentive to possible depression as an underlying component that is often not addressed.

So how do we help human service professionals build the skills to do this practice? A lesson learned is that good training is important but not enough. **Coaching, modeling and good supervision** are key in assisting workers in the transformation of practice. This means we need to invest in the skills of "practice champions" and frontline supervisors to be able to provide appropriate role-models for the workforce.

Regarding the facilitation of team meetings, some sites have had the luxury of core staff members that are dedicated exclusively to this function. However, when trying to bring this to scale, most found that available resources demand that this function be more broadly shared. In developing the expertise of more workers and community partners, interdisciplinary training in Family Team Meetings is a good first step. However, after that training, participants need and deserve to observe a skilled practitioner engage and prepare a family for a team meeting and then witness the facilitation of the meeting using an agenda and guidelines that guarantee a better outcome. Several sites are experimenting with various versions of a "certification" type process that also include opportunities for co-facilitation, observation and feedback that can help ensure quality family plans while expanding capacity.

Lesson 6

The ABC's of Child Protective Service Reform:

- A) Culture Change: We all share responsibility for child protection*
- B) Policies: Geographic Assignment, Out-basing staff, Blended Units, Personnel Policy*
- C) Practices: Strengths-based management, supervision and practice*

Because of the crucial and unique role that Child Protective Service Agencies play, the initiative devoted special attention to the types of reforms that are particularly needed for Community Partnerships for Protecting Children to be successful. We are highlighting just a few of the many lessons learned.

To even begin a partnership, the CPS agency has to recognize and actively promote that **we all share responsibility for child protection**. This message needs to be shared and embraced internally by staff and promoted, accepted and practiced by agencies and the community at large. The original CPPC sites were chosen because key leaders within the CPS agency were prepared

to act on this conviction and their leadership has been invaluable. But sometimes this is easier said than done. On one hand, many beleaguered child welfare agencies are looking to the community to help make a tough job manageable and to have more successful outcomes. But with shared responsibility also comes shared accountability, an openness to information exchange about child abuse and neglect and a level of scrutiny which may not be comfortable for bureaucracies that often have had a “fortress” mentality and a “we know best” attitude about child safety.

Similarly, community partners sometimes give lip-service about wanting to share responsibility for child protection, but when a tragedy such as a child death occurs, can easily retreat into old patterns of blaming the “system” rather than engaging in community-wide self examination. CPPC helped partners come together and build trust, increase understanding of roles, and develop functional relationships.

Policies that have helped breakdown some of the divide include **geographic assignment** of cases and the **out-basing of staff** in the community. Geographic assignment of cases helps workers have a better sense of community dynamics, provide consistency with families and have a better knowledge of the resources available in a smaller service area. Out-basing of staff also helps staff form collegial relationships with other service partners and their increased visibility in the community can help reshape public opinion about CPS as an agency that helps families.

Policies that encourage teamwork included **blended units and/or teams** that ensure that families don’t get “lost in the system” as they transition between workers for whatever reason. This teamwork is also modeled at the management level as those responsible for different program areas meet regularly for planning and problem solving to ensure success on shared outcomes.

Building a family-centered workforce begins with a **hiring process** that seeks to identify candidates who are open to a family-centered philosophy. We also found that **performance appraisals** need to be revised to include behaviorally specific expectations which reward quality family-centered practice and partnering with the community. Finally, bureaucracies often struggle with how to deal with employees who refuse to embrace a constructive way of work. Supervisors and managers need assistance with **performance improvement plans** to provide workers a chance to grow, as well as skills and comfort in utilizing a **consistent, fair process for dismissing employees** who choose not to meet performance expectations.

The parallel processes, identified in *lesson one* and *lesson two*, are especially important in achieving practice change in the CPS agency. All levels of the workforce (management, supervision and frontline staff) need to be engaged in the discussion of how to achieve the system reform necessary for community child protection. Early on, several sites made the mistake of training frontline workers without giving their supervisors the same information and opportunities for input. The results were predictable and problematic. Similarly, in policy and practice discussions it has also been important to include clerical personnel because they can make or break many reforms and have valuable ideas when their opinions are respected.

The same ICA process used with families (engagement, assessment, plan, tracking, sustaining) can be effectively used by managers and supervisors with their staff to increase staff input and buy-in through **strengths-based management and supervision**. In fact, if it isn’t modeled at this level, strengths-based family-centered practice will never become a consistent and widespread way of work.

States that have been engaged in CPPC work have found it to be a solid foundation for building their federally mandated Program Improvement Plans (PIP) to address safety, permanency and well being issues identified in their Child and Family Service Review (CFSR). In turn, the PIP can be an excellent way to get the community involved and promote CPPC strategies throughout the state.

Lesson 7

The ABC's of the Network of Support for families:

A) Networks need specific strategies to engage specific partners (e.g. Domestic Violence, Mental Health, Substance Abuse Services, Schools and the Faith Community).

B) Connecting families with informal supports—either strengthening existing ties, or creating new ones—is an important ingredient in a network of support.

C) Hubs of activity require a developed infrastructure designed to promote good communication and seamless services.

A major premise of the initiative is that since children and families live in communities, it is communities, not a public agency alone, that keep children and families safe. A major emphasis has been building a support network so that needed resources and services can be readily accessed by family teams and other families in need. Some of these supports and services will cluster together in a neighborhood and form a “hub” or family support center. Where that is not possible, new relationships shall be established and procedures developed to ensure improved accessibility and availability for families.

Many different community partners can play a role in the network—from businesses donating school supplies or food for a community event or Family Team Meetings—to the hospital providing free immunizations or parent education. Like families, each stakeholder group needs to be engaged and nurtured to be part of the web of support. However, because of the focus on protecting children, we came to recognize that there are three service partners that need to be involved in integral ways in this network from the very beginning: **domestic violence, mental health and substance abuse services**. Not only are the co-occurrence rates high between these issues and child abuse, the track record of identifying and adequately responding to these issues in families served by CPS has been less than satisfactory. If teams are going to move beyond treating symptoms and get to underlying issues, providers with expertise in these areas need to be at the table before crises occur.

Because the initiative also hopes to move beyond those who are served by CPS to create a more universal system of support to prevent child abuse, **schools** are another important partner—some of which have provided space for hubs and/or embraced Family Team Meetings as a way to support vulnerable families. Schools also can be engaged to help prevent child safety situations from escalating, improve their accuracy of child abuse reporting and can be active participants in the Family Team Meeting and after care planning process. In order to move this preventive function to the early years, day care centers and home visitor programs have also been engaged. This is an area that needs more attention and the “Strengthening Families through Early Care and Education” initiative is a helpful complement to CPPC.

The **Faith Community** is another partner that was active in all of the sites, but could play an even larger role in rolling out CPPC. The relational spirit at the heart of CPPC resonates with

many persons of faith who in turn have brought an important energy and grassroots component to the initiative. Churches and other faith institutions can provide a home for hub networks, are a great source of informal supports for families, and provide volunteers and space for community events. The faith community can also be engaged to promote child safety through worship, community outreach, direct services to children and families and education and advocacy for needed resources.

All of the sites struggled with actualizing the goal of linking all the families we serve with **informal supports**. Family Support Teams do provide a useful vehicle for helping families identify and utilize their own natural supports of extended families, friends and neighbors more effectively. Training also helped workers think more creatively about these partners and treat them more respectfully. When resources allowed, a number of sites found the hiring of community helpers—paraprofessionals with first hand knowledge of their communities—very helpful. Volunteer programs with staff dedicated to recruiting, training and supporting volunteer community supports had varying degrees of success and were hard to maintain. A more sustainable strategy was partnering with community agencies that had volunteer development as their mission, and connecting families and potential mentors to them.

The development of Hubs/Family Support Centers was probably the strategy most dependent on the health of the existing **infrastructure** in the community. There is no doubt that Hubs/Family Support Centers offer the wonderful advantage of a neighborhood presence, one-stop integrated service provision, active community involvement, opportunities for less formal interventions and a base for service providers to work more cooperatively together. Public policy should promote their existence as beneficial, affecting a number of positive outcomes for children and families.

However, to be done well Hubs/Family Support Centers require **adequate resources and support** to ensure that services move from being co-located to integrated, and to see that quality is maintained. Where these things are in place, the intentional inclusion of the CPPC initiative strengthened the response. Where there was inadequate infrastructure support, CPPC by itself was not enough to create and/or sustain the hub. An important lesson learned is that this initiative is just one piece of the larger community response. We did demonstrate that the public child welfare agency could be a valuable partner, catalyst and leader in the mix and that neighborhood partners can come together to focus on outcomes related to child abuse and neglect. But when the CPS agency attempted to shore up community organizations with their own resources, it tended to spread them too thin and detract from the primary goals of community child protection, practice change and internal CPS agency reform.

Lesson 8

The ABC's of Shared Decision-Making with the community:

- A) Local governance requires adequate staff, planning and good communication to be successful***
- B) The need for a broader table than Child Protection: From Collaboration to Integration & Cross-system decision-making***
- C) The need for smaller tables for shared decision-making in communities***

As highlighted in the *first lesson* learned, creating opportunities for stakeholders to have meaningful input in the decisions that affect them is at the heart of this initiative. Local

governance is where that comes together on a community-wide level for the initiative as a whole. But establishing a shared process, where diverse stakeholders can feel constructively engaged in meaningful decision-making about preventing child abuse and neglect, requires an immense amount of work. All sites found technical assistance necessary to create structures and develop a way of work that would work for our various communities. We also found it required **adequate staff** to the collaborative in order to do the **background planning** for successful meetings and ensure that **good communication** and follow-up occurred.

The initiative, whether through Family Team Meetings, neighborhood networks or community governance does an impressive job of fostering collaboration around the child abuse and neglect agenda. But when the CPS agency is seen as the major institutional player, prevention issues can be crowded out by the issues of kids who are already in the system. Community members have often reacted negatively to even the description “Community Partnerships for Protecting Children” as connoting a negative message—favoring descriptions that include “Family Support” or “Neighborhood Network” as more consistent with a strengths-based, family-centered philosophy.

As mentioned previously, child protection work is just one aspect of what communities need to be about in order to be healthy and safe places for families and children. Issues related to health, employment, housing, violence, education and dozens of other issues clamor for attention. Many of the solutions are complex and interrelated and won’t be solved by any one system.

At the same time that we are asking for partners to collaborate around the table devoted to our concern, we are being asked to sit at their tables—and that is as it should be. But at some point this collaborative energy needs to be focused in a more unified integrated agenda. Most of the original sites and many of our roll-out sites seek to creatively link the CPPC table with **larger overarching tables**. We need to continue to explore the balance in maintaining a focus and not letting the issue of child abuse get swallowed up, while also not perpetuating the classic human service problem of working in a silo.

At a very practical casework level this could enable us to move from **collaborative planning to an integrated service plan**. Under the current model, the collaborative team process develops the plan which may or may not satisfy the requirements of the different systems represented around the table. While some buy-in is usually achieved, a family might still have to have another plan for the school, another for their mental health provider to get paid, etc. The next generation of practice needs to get institutional buy-in as well as relying on collaborative relationships. This will take **cross-system leadership and decision-making**.

We also need **smaller tables of shared-decision making in communities**. Not everyone can or will want to serve on a Community Council. Each of the sites’ governing bodies recognized the need for different workgroups. Many of the neighborhoods or schools were not able to support a “hub” but found it valuable to come together to engage in joint planning. Helping get worker buy-in and input for practice and policy change often came because a smaller planning table allowed their voice to be heard. A parent may not have the interest or time to serve on a committee, but will come and “weigh in” on what’s happening in their school or on their block or participate in a community event. The Community Partnership is about more than having a local governing body—it is about partners having a way to contribute and have a say in how families and kids are supported and protected in their community.

Lesson 9

The ABC's of Tailoring CPPC to a Community:

- A) The importance of leadership and a shared vision of community child protection*
- B) Partnerships have their own “personality.” Build on local strengths to respond to local child protection challenges.*
- C) Pay attention to all of the community child protection strategies—but don't spread the partnership too thin.*

One of the strengths of the Partnership approach is its ability to adapt and be shaped by the voices of the local community. This is not a cookie-cutter model that can be packaged up and replicated “as is” across the country. It requires real investments of participants’ time and energy to roll up their sleeves and craft a network that builds on their community’s unique strengths and challenges. Because this initiative is more of a “movement” than a “program or project,” it is **essential that state and local leadership share a vision of this way of work and are captured by the spirit and values that are at the heart of the community child protection movement.**

As the original sites helped their state spread this way of work to other communities, one of the selling points was that we were not coming in with a prescriptive solution about how to solve problems. Small towns and rural areas were not eager to invest in a new idea coming out of “the big city.” But they were very open to the lessons we learned and tools we offered that helped focus their energies around a shared vision about how partnerships can help ensure “safe children, healthy families and strong communities.” Just as the four original sites have their own distinct personality, the roll-out sites also **build on local strengths to respond to local challenges.**

Questions that remain to be further explored are how the four strategies of the initiative interrelate and what is the optimal “mix” and best sequencing. We know that the four sites continue to affirm that **each of the four strategies is an important ingredient in success**—the four legs of the table known as CPPC. We also know that different sites had different degrees of success as they pursued these strategies. Each site excelled in some areas and struggled in others—and all sites found it difficult to do all things well with such an ambitious agenda. **At times we spread our work too thin and self-evaluation helped us to regroup and prioritize.** Ultimately, sites took advantage of the strengths and opportunities in their environment to keep the agenda advancing on whatever front was possible.

Lesson 10

***It's hard work, but it's the right work. Never give up!
Children are safer, families are supported and communities are engaged.***

A consistent theme in CPPC cross-site conversations over the past ten years is “this is hard work!” Of course those of us who have been in the trenches know that dealing with the serious problems facing abused and neglected children and families has always been hard work. Work with families is further complicated by under-funded services that operate in fragmented systems. The new challenge posed by CPPC is the task of helping people, organizations,

communities and systems change to a more life-giving paradigm and effective preventive approach.

As “hard” as we all acknowledged the work to be, we were even more outspoken that we were engaged in the “right” work. When we had successes, whether with a family, worker, or community, we knew we had done more than supply a band-aid. We knew that we were helping to transform practice and push culture in directions that will have even bigger pay-offs down the road (in family well being and taxpayer savings). When we had failures we were able to be honest about them in a self-evaluation process that allowed us to learn and course correct. In child welfare, where burn-out is rampant due of a belief that “nothing will ever change,” we were able to uncover the gift of hope and offer it to families, communities and ourselves because we did in fact see changes all of the time. A more traditional, pre-partnership approach was actually harder work and yielded fewer results—we would not go back.

We must also acknowledge though, that available resources and the political environment do make a difference in the outcomes CPPC can achieve. While Partnerships can maximize resources, provide more effective interventions, leverage dollars, and even at times attract new dollars to a community—CPPC should not be seen as a panacea for declining investments in human services or worse—used as an excuse to cut program budgets further. CPPC alone will not fill the gaps in the service network—in fact, it will help to identify them. CPPC may help the morale of some overworked frontline workers, but it won’t change the fact that there is a relationship between caseload size and a worker’s ability to be effective.

However, difficult times for federal and state human services must not be used as an excuse to back off from this important work. In fact, it may be needed more now than ever. Two of the four sites are in states that engaged in the restructuring of the Child Protective Service Agency and saw major moves to privatization of services during the past five years. This period of instability definitely impacted those sites’ effectiveness. However, the existence of the partnership was the very thing that helped these communities weather these changes without greater repercussions for children and families. And during this time, all of the sites expanded the approach to additional communities in their state.

One of the reasons Community Partnerships for Protecting Children is the “right” work to be involved in, is that it brings together two crucial aspects, both of which are not always emphasized in initiatives yet are necessary for success. Community child protection requires us to use our best thinking and tap into our left and right brain functions. CPPC emphasizes both vision and reality—values and planning—creativity and accountability—interactional and analytical skills—the heart and the head. Our last gift to the field is our invitation to join us on this journey of growth and change for the sake of better outcomes for children and families. Our last lesson learned is about perseverance:

Never Give Up! Keeping children safe is everyone’s business.