Purpose
The Florida Institute for Child Welfare (Institute) brought national and state experts together for a Child Abuse Research Symposium in a unified effort to raise the standards of Florida’s child abuse prevention. The Symposium was held April 27-28, 2018 and the Institute partnered with the University of South Florida’s Florida Mental Health Institute and the Florida State University’s College of Social Work.

The research symposium helped show the need for child welfare protection agencies to enter into fully collaborative and cooperative relationships with not just the service providers they already employ, but most specifically with the community they serve.

Presentations
Dr. Sacha Klein – Key Note – Building Inter-agency Partnerships to Prevent Child Maltreatment and Heal Hurting Families

See PowerPoint presentation (Inter-agency Partnerships) at https://ficw.fsu.edu/prevent

Dr. Klein began her presentation defining the three levels of prevention:

1) Primary level of prevention responds before maltreatment has occurred;
2) Secondary level of prevention responds when a child/family is identified as at risk for abuse or neglect, immediately after abuse or neglect has occurred to avoid reoccurrence, and with targeted services; and
3) Tertiary level of prevention responds after child abuse or neglect has occurred to mitigate negative consequences.

Early Care & Education and Child Welfare
Dr. Klein linked quality early childhood education to safety, permanency, and well-being.

- **Safety**—quality early childhood education may help prevent child maltreatment and foster placement. Early childhood education is known to help reduce maltreatment and increase school productivity. One study (Chicago) found that children in early childhood education were half as likely to be abused/neglected by age 18 than control groups.

- **Permanency**—early childhood education may promote placement stability as research shows that children whose foster parents used childcare had more stability within their placement.

- **Well-being**—quality early childhood education led to better language development outcomes for children.

Inter-organizational Relationships
Although not much of the literature focuses on best practices for inter-agency partnerships, Dr. Klein stressed the importance of cooperation. Inter-organizational relationships (IOR) involve two or more organizations working together cooperatively toward a shared goal, such as bringing together resources—data, funding, staff, etc. IOR often involves human service agencies that serve overlapping client populations, particularly those with complex needs.

Typically, human service organizations pursue IORs for two reasons: to enhance legitimacy with funders, accreditation bodies, policymakers, and other important stakeholders, and to further programmatic or service delivery goals.

Common IOR activities include sharing information about agency services, client referrals, joint case reviews, cross-training or sharing staff, co-locating services, pooling funding, and joint service delivery.
INTER-ORGANIZATIONAL RELATIONSHIPS (IORs; a.k.a. INTER-AGENCY PARTNERSHIPS)

Summary of Findings on Child welfare &/or Early Care Education IORs

Dr. Klein conducted a systematic review of 13 articles to assess IORs involving child welfare and early childhood education and found IORs can: 1) Enhance important external stakeholders’ perception of organizations’ legitimacy; 2) Increase service delivery efficiency; and 3) Reduce competition by co-opting competing organizations.

Six themes emerged regarding the best ways to form effective inter-organizational partnerships for preventing child abuse:

1) Intensity of IOR
   a. The intensity of collaboration between child welfare and mental health providers resulted in several improvements in mental health outcomes such as better access for children, services that are targeted for children with the greatest need, mental health status improvement, and reduced racial disparities of children involved in the child welfare system who require mental health services.
   b. The intensity between collaboration with child welfare and juvenile justice resulted in improvements including increased receipt of mental health and substance abuse services for crossover youth, improved child outcomes when data sharing activities occurred between the juvenile justice and child welfare data, and a reduction of the crossover youth who failed to receive inpatient substance abuse treatment due to increased access to shared data.
   c. When more resources are available, such as increased funding, time, and better service delivery, the existing service gaps and racial disparity start to fade, resulting in more equitable distribution of resources to those in need.

2) Inter-agency Coordinating Councils
   a. Organizational alliances strengthened with the establishment of committees/councils that oversaw the IORs—for example, Best Start Coalitions saw an increase in preschool enrollment.

3) Collaborative case planning
   a. Families served by multi-agency partnerships (with quarterly reviews) were more likely to be reunified (better outcomes).

4) Shared information systems
   a. Administrative data sharing with child welfare and juvenile justice showed a positive association with mental health outcomes, reunification, and agency outcomes.

5) Co-location and/or shared agency
   a. Several outcomes emerged here: Children were seven times more likely to receive indicated treatment, improved placement stability, increased receipt of mental health services and receipt of substance abuse services.

6) Partnership formalization
   a. Although there was mixed evidence, support for written interagency agreements or Memorandum of Understanding (MOU) existed.


Link to Publication
Inter-agency Collaboration to serve young children and their families: An example from the field

Dr. Klein discussed a Long Beach, California inter-organization relationship success story: Long Beach Child Welfare Early Education Project (LB-CWEEP) Model

See PowerPoint presentation (Inter-agency Partnerships) slide 23 at https://ficw.fsu.edu/prevent

Dr. Klein reported the results of the LB-CWEEP Model were very positive; however, there were some lessons learned regarding the challenges and barriers to IOR:

1) Interactional barriers include: divergent organizational missions, cultures, and demands; communication issues such as constraints on information-sharing; unequal stakeholder engagement; staff conflict such as differing views of clients; and competition for funding. To address these barriers, several key factors were identified including: assess the nature and intensity of the existing partnerships; create regular opportunities to spend time together; learn about the goals, missions, and vision of the other agency to identify points of alignment; communicate clearly and frequently; develop an organizational culture of collaboration and reward staff who embody this value; form and participate in coalitions and focus on better serving clients; embrace “co-opetition”; formalize partnerships with MOUs; and monitor the health of the collaborative.

2) Internal barriers include: staff turnover; dissatisfaction with partner services or absence of programs; insufficient resources to participate such as staff timing and funding; and geographic distance. To address this barrier, it is essential to partner with more established agencies; build service delivery and quality expectations into partnership agreements; commit to not reassigning agency envoys for at least 2 years; make assignments desirable; and use web conferencing technology.

3) Finally, external barriers include: fiscal and government regulations and not having resources, such as time and funding, to maintain the relationships. To address this barrier, it is essential to pool resources with partners to collectively fund infrastructure; apply for grants collectively to support infrastructure; and use trade associations, form ad hoc administrative coalitions, to advocate for eliminating fiscal constraints and change regulations that impeded data sharing.

Traci Leavine, Director of Child Welfare Policy and Practice – DCF’s role on prevention

The Department of Children and Families (DCF) funds many programs pertaining to primary prevention and, through policies and statutes, works collaboratively with several agencies/systems—i.e., the Institute, University of South Florida, Casey Family Programs, etc. The core of DCF is to decrease the contract families have with the system—i.e., fewer reports. In order to identify the root causes of the issues these families face, and to begin to solve these issues, a broader focus than the incident-driven approach is necessary. Additionally, when DCF encounters families, the goal is to ameliorate recidivism and re-maltreatment within the system (Healthy Start, Head Start, etc.). Initiatives such as coordinated services with the Department of Juvenile Justice for crossover youth are promoted and DCF has begun the integration of child welfare, mental health, and substance abuse treatment services; however, a barrier to this integration is information and data sharing.

- The Department of Children and Families: Child Welfare Homepage: www.myflfamilies.com/service-programs/child-welfare
- Child Fatality Prevention: www.dcf.state.fl.us/childfatality

Dr. Carol Sekhon, Medical Director, Florida Department of Health, local Child Protection Team

The Department of Health seeks to make small policy changes and increase educational efforts to influence long-term protective factors. The child protection team, housed in Department of Health, evaluates families when reports are made then collaborates with DCF, the office of child welfare, and law enforcement as needed.

Dr. Sekhon provided information about the effects of trauma on childhood development. Research suggests that prolonged cortisol exposure influences neuron development and developmental milestones in children and adults. Dr. Sekhon argued that zip code can have an effect on a person’s development that is similar to prolonged cortisol exposure. Arguably, collaborative efforts can help decrease these effects—for example, reducing childhood exposure to trauma early in life to decrease the development of physical and mental illnesses.

- Florida Department of Health Child Protection Teams:
Arguably, it has become easier for a person to report abuse on their neighbor than to help prevent the abuse from happening. The system is not currently working as it is intended to work, which is problematic. These are two tragedies of the current system and the challenge is, striving to change by having everyone watch, know, and help—ensuring kids will not live in fear.

Tenets of the Strong Communities Model Summarized

Components of strong communities include community mobilization and the development of strong families. The **ultimate goal** of the Strong Communities Model is to keep kids safe—i.e., prevent child abuse and neglect. The **penultimate goal** is for every child and parent to know that whenever they have reason to celebrate, worry, or grieve—that someone will notice, and someone will care. **A fundamental principle** is to get help where they are, when needed, with ease and without stigma—people shouldn’t have to ask—in fact, if you have to ask it’s too late. The Strong Communities Model is an informal intervention, not a targeted intervention.

The Strong Communities Model is built on 10 strategic principles that are designed to generate a movement and change community norms, initiating a cultural shift within the community.

1) Logically related
2) Transformation of community norms and structure
3) Push the envelope
4) Volunteer recruitment, mobilization, and retention
5) Building and sustaining relationships
6) Social, mental, and material support
7) Parent support
8) Enhance parent leadership/ community engagement
9) Reciprocal help
10) Community assets

The Strong Communities Model builds a sense of community to promote normative changes in perceptions, beliefs, and behaviors, which should increase universality of access to family support and mutuality of respect and caring. The model also builds a sense of efficacy to promote the belief, individually and collectively, that action on behalf of families will be effective. The community will support families and positivity will follow for families included within the community.

There are three main lessons learned from religious and ethical traditions that Strong Communities Model reflects: **Hospitality** refers to normative caring for strangers, which is found in the world’s great religions. **Ubuntu** is the expression of humanity through norms of dignity and decency, which is found in the traditions of sub-Saharan Africa. Finally, **Respect** is the core value in the application of Western philosophy to the ethics of the helping professions.

Summary of Results of the Evaluation of Strong Communities Model

The 2004-2008 data point to trends showing steady growth in terms of organization and involvement (including number of businesses and volunteers involved). In 2004 and 2007, the surveys conducted resulted in parents, grouped in the Strong Communities Model service area, reporting better parental outcomes such as more frequent positive parenting behaviors, use of household safety devices and less parental stress, less frequent neglect, and less frequent disengaged parenting. Parents reported greater social support including more frequent help from others and a greater sense of community and personal efficacy.

The administrative data from 2004-2007 [project ended due to recession in 2008] found a decrease among the Strong Communities group in referrals to CPS, emergency room visits, and inpatient stays compared to the Matched Comparison Communities. Within the Strong Communities group, significant increases across time in the beliefs of parents, teachers, and children that kids are safe at school or when in transit to school and that parents are taken seriously by school personnel.

Summary of Outcomes of Strong Communities Model

There was evidence of community engagement with transformative effects on key volunteers within the Strong Communities Model. Interestingly, changes in community life translated to changes in parental perceptions. This model resulted in extraordinary engagement, both in breadth and depth, among people of diverse backgrounds.

Building strong families is a high-impact, low-cost intervention—i.e., the equivalent of putting a guidance counselor in every school, with empirically supported evidence that a sense of community and feeling supported by those around you, improves child outcomes.

- The California Evidenced-Based Clearinghouse: Strong Communities for Children: [www.cebc4cw.org/program/strong-communities-for-children/detailed](http://www.cebc4cw.org/program/strong-communities-for-children/detailed)


**Link to Publication**