

Nebraska Child Abuse Prevention Fund Board

2018-2019 Annual Evaluation Report
October 2019



Collaborate. Evaluate. Improve.
Interdisciplinary Center for Program Evaluation

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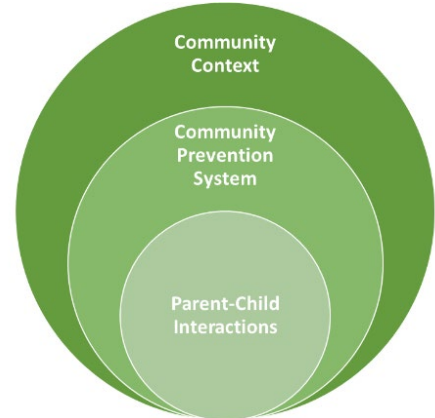
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Nebraska Child Abuse Prevention Fund Board Grants

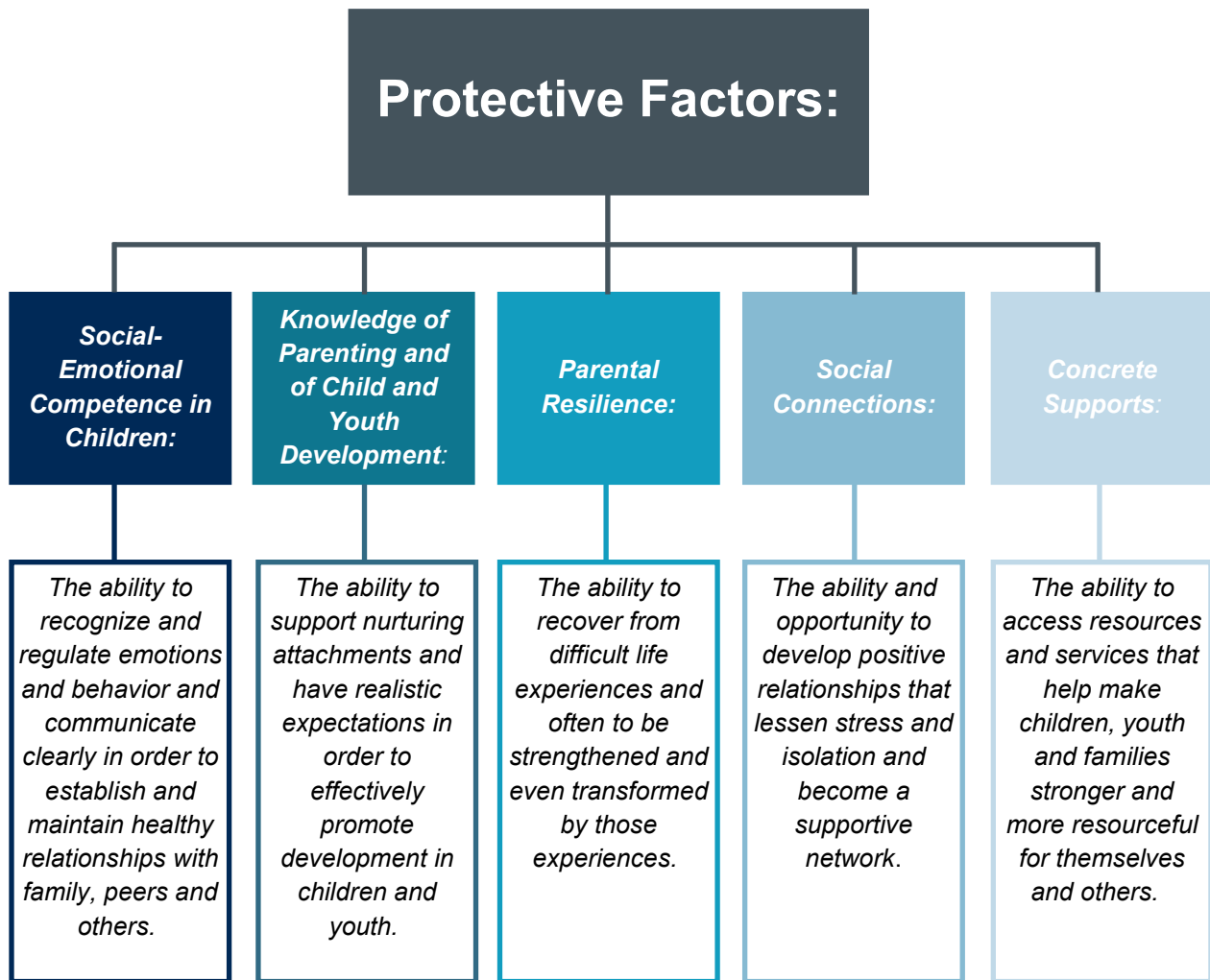
NEBRASKA CHILD ABUSE PREVENTION FUND BOARD GRANTS PROMOTE COMMUNITY WELL-BEING

The Nebraska Child Abuse Prevention Fund Board (NCAPF Board) provides direct grant funds to support research-based prevention strategies through community collaborations. Funding also supports training and technical assistance to community grantees. In this past year, the NCAPF Board funded strategies focused on children across the age ranges of infancy through early elementary and parent engagement and leadership. The funded strategies reflect a continuum of prevention that range from universal prevention to high risk populations and high-need individual strategies. Universal prevention strategies include Parents Interacting with Infants (PIWI), Circle of Security-Parenting (COS-P), and Community Cafés. Parent-Child Interaction Therapy (PCIT) is a high-need, individual family strategy. All of the strategies are being implemented by multiple partners working in coordination through community collaborations. The result is improved child and family Protective Factors, which are described below.



PROTECTIVE FACTORS

Enhancing child and family Protective Factors are key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect; while the cumulative buffer of multiple Protective Factors is associated with the probability of positive outcomes in children, families, and communities. A Protective Factor is a characteristic or situation that reduces or buffers the effects of risk and promotes resilience. Protective Factors are assets in individuals, families, and communities. The following is a description of the Protective Factors as recognized by Nebraska Department of Health and Human Services, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners.



Evaluation Approach

This report focuses on both the work with communities to build locally-based prevention systems-sometimes referred to as Community Well-Being sites-and the strategies associated with these systems. Multiple partners working in coordination through community collaborations are implementing the strategies.

Evaluation of locally-based prevention systems examines the Collaborative functions of these systems. It incorporates both implementation data and outcome data to answer questions such as “What is the degree to which Collaboratives have embraced a collective impact approach?” and “To what extent does a collective impact approach influence outcomes?”

Likewise, evaluation of strategies incorporates implementation data and outcome data. Implementation data, for example, is used to answer such questions as, “How much and what type of service was provided?”, “How well are strategies working for families?”, and “To what extent are strategies adopted, and to what extent are strategies evidence-based?” Outcome data is used to answer questions such as, “To what extent did strategies improve child or family well-being?”

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children has adopted Results-Based Accountability (RBA) as a data-driven, decision-making process to help communities improve the performance of their adopted strategies and to ultimately improve the lives of children, families, and their communities. Nebraska Children (NC) staff, consultants, and evaluators have worked with the communities to develop a RBA chart for each of the primary strategies implemented by their Collaborative. Data is collected and reviewed as part of their decision-making and continuous improvement process.

Results Based Accountability Answers Three Basic Questions...

- How much did we do?
- How well did we do it?
- Is anyone better off?



Evaluation Findings: System Approaches

LOCALLY-BASED PREVENTION SYSTEMS

SHARED FOCUS FOR COMMUNITY WELL-BEING COMMUNITIES

The nine grantees worked to build their capacity to meet the needs of the children and families. The following describes the shared focus that exists across the Community Well-Being (CWB) sites:

- **Reducing Child Abuse and Neglect and Keeping Children Out of the Child Welfare System.** All communities have goals to increase Protective Factors and improve family resources to prevent child abuse and neglect.
- **Local Strengths and Documented Gaps in Services.** All communities have completed assessments and developed prevention plans.
- **Implementation of Evidence-Based Practices with Measures.** All communities are implementing their prevention plans and are working with local and state evaluators to measure outcomes.
- **Implementation of Collective Impact.** All communities are committed to working toward a Collective Impact approach as the Collaboratives work to address complex social problems.

NCAPF Grantees	
Name	Counties Served
Community & Family Partnership	Platte and Colfax
Families 1 st Partnership	Lincoln and Keith
Fremont Family Coalition	Dodge and Washington
Growing Community Connections	Dakota
Jefferson/Saline County	Jefferson and Saline
NAEYC	Box Butte, Buffalo, Custer, Dawes, Douglas, Hall, Lancaster, Lincoln, Platte, Richardson/Pawnee, and Saline
Norfolk Family Coalition	Madison, Wayne, and Stanton
One Stop Shop	Hastings and Buffalo
York County Health Coalition	York

LEVERAGING FUNDS

Did the Collaborative leverage additional funding for their community?

One of the intermediate CWB outcomes was that their work would result in the communities' increased ability to leverage and align funds. The following is a summary of the total number of dollars leveraged in the 11 communities (6 NCAPF and 5 additional—Lancaster, Douglas, Sarpy, Hall and Panhandle). Overall, the Collaboratives have been successful in leveraging additional funds. Funds leveraged by partnering agencies and the Collaborative represent 36% of their total budgets.

Programs leveraged \$3 million more funds than the previous grant year.



The Collaboratives have been successful in leveraging funds from multiple funding sources.

	2018-2019	2017-2018
Funding from Nebraska Children	\$5,319,340	\$3,785,315
New Grants and Funding Awarded Directly to Collaborative	\$329,947	\$649,412
New Grants and Funding Obtained by Partner as Result of Collective Impact	\$2,728,504	\$637,139
TOTAL	\$8,377,791	\$5,071,866

POLICY SUPPORT

How did CWB communities support policies?

CWB communities were active in trying to shape policy at the local, state, and federal level. This was a key outcome of their Collaboratives' collective impact work.

Local Policies

CWB Collaboratives engaged in a number of activities to promote **new policies** within their community including the following:

- Lift Up Sarpy members participated in committees who are addressing current policies that are affecting families in Sarpy County. The Committee has worked closely with Metro Area Continuum of Care for the Homeless (MACCH) and Department of Health and Human Services to track funding and engage providers in a discussion about the need for funding supports for individuals who are homeless in Sarpy County. For 2019, the Housing Solutions Committee has prioritized the need for accurate homelessness and at-risk of homelessness data and is focused on collecting that data and sharing it with elected officials and others. Due to the flooding in the areas, multiple CWB Collaboratives took an active role in providing leadership to support the recovery in their community, implementing new policies to address the needs that arose as part of this disaster.

CWB Collaboratives engaged in a number of activities to promote **new administrative policies and/or procedures** as part of their local Collaborative including the following:

- In an effort to improve regular tracking of Community Response activity, Lancaster County introduced monthly reporting with a centralized dashboard managed by the backbone. This measures both output and outcome data and allows them to track other Collaborative activity related to the success of the program (such as calls into Central Navigation v. calls eligible for service).
- Resulting from Facilitated Strategic Planning, York County Health Coalition has prioritized developing and initiating an Employee Handbook. Fiscal internal control policies were also prioritized and initiated.
- During the 100 Day Challenge sponsored by Lift Up Sarpy, matching funds became available to assist families. Initially it was expected that those funds would be available to assist families with a wide variety



of situations, but it soon became apparent that the primary need was for families to have assistance with car loans. The Collaborative has developed a policy that allows families to get assistance with every third payment of an established loan, if they have been part of a financial education class, have an on-going relationship with a Community Coach, and can use the funds to maintain, tax, or insure the car. This prevents repossessions, helps the families not have to risk doing anything illegal, and keeps them able to have transportation to get to work.

- Douglas County Community Response Collaborative established MOU for the 15 Flex Fund member agencies that outlined roles and responsibilities. These were all signed. In addition, their bylaws were updated for their steering committee.
- Bylaws were also updated by the Panhandle Partnership.
- Families 1st Partnership created new contracts and new project forms were designed and approved.
- Norfolk Family Coalition reviewed their employee policies and decided to contract for employee payroll and benefits. For families, they addressed a transportation need by contracting with the Norfolk Public Transportation to offer free and low cost transportation services to families and youth, while also providing access to car seats.

State Policies

CWB Collaboratives recognize the importance of meeting with the state legislators to have a voice in state policy.

- Growing Community Connections (Dakota) worked to develop an elevator speech for business leaders that they can share with legislators that inform them about the Collaborative and the needs of families in their community. Their state senator has attended meetings to hear about the work being done. Hall County Community Collaborative provided advocacy training (e.g., Public Policy Advocacy is Not Scary) to help build the capacity of community partners to advocate at the policy level.

Building community leaders' advocacy capacity was also a goal of several CWB Collaboratives including:

- Norfolk Family Coalition identified and supported community partners to participate in the Nebraska Early Childhood Leadership Academy.
- The Panhandle Partnership had community agency staff attend the advocacy workshop at the NAM Leadership Conference.
- Hall County Community Collaborative members met with their State Senator about how to provide testimony at a public legislative hearing.
- Members of the Lift Up Sarpy collaborative have communicated with State Senators frequently during the immediate impact of the flooding, and have also been in contact with the Mayor of Bellevue and the City Council, and County Commissioners and Administration.

Federal Policies

The backbone coordinator for Lancaster County met with an aide to Congressman Fortenberry to discuss how Community Response helps families in the Lincoln community.

TRAINING ACTIVITIES

Over the past 12 months, community Collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. An annual total of 154 events were reported with over 4,494 participants representing over 2,230 organizations engaged in training. While there may be duplication across training events in the counts of individuals and/or organizations, the data suggest that there was an increase in the number of training events and the number of individuals and organizations participating compared to the previous year.

The highest number of trainings focused on training to support community members.

Topic Area	Topics Included (examples):	Events Reported	Number of Organizations Participating	Number of Individuals Participating
Professional Training for Specific Community Well-Being Strategies	PCIT Training, Community Response Overview, PIWI Training/Pyramid Model	15	60	235
Training for Communities (Either Parent or Professional)	Bullying and Suicide Prevention, Early Learning Guidelines, Trauma Informed Care	96	1950	3904
Training that Enhances Collaborative System	Collective Impact Training, Service Point Training	29	220	355
Policy Related Training/Outreach/Influence	NAM Leadership Conference, Nebraska Early Childhood Leadership Academy	14		
Total		154	2230	4494
<i>2017-2018</i>		<i>135</i>	<i>913</i>	<i>3281</i>

COLLECTIVE IMPACT

As part of the annual reporting, Collaboratives report on current activities and challenges. The following is a summary of their feedback on the work during the current year.

What are the emerging structures of the Collaboratives?

Growing memberships and networking across Collaboratives. Many of the Collaboratives reported successfully expanding memberships. Several Collaboratives reported the helpfulness of cross Collaborative networking within the CWB network, as well as within communities and across state lines. Shared expertise across Collaborative memberships has helped to address common agendas, e.g. supporting flooding victims, addressing mental issues, etc. Use of collective impact strategies has facilitated addressing these complex situations.

As the work of Community Response expands, CWB Collaboratives are finding themselves working together to improve their administrative practices. They worked with each other to share policies and procedures (e.g., forms and bylaws) and to refine and grow the infrastructures of their organizations. Communities learned how Community Response is deployed in their communities and how different communities structure their Collaboratives.

Changes in Collaborative structure. Most Collaboratives have a steering committee and larger Collaborative membership. Several Collaboratives described the emergences of new structures. Many of the Collaboratives were in the process of developing a committee structure that focused on specific aspects of their work. Each committee has a specific, defined task and their work is reported back to the steering committee and Collaborative.

What are the successes experienced by the Collaboratives related to collective impact?

Cross agency work helped to address complex community problems. A primary goal of the Collaboratives is to examine “how our initiative is working and how we can better serve our communities.” A number of the Collaboratives described new partnerships that were forged to address these community problems. For example, Hall County Community Collaborative reported on their work on human trafficking in conjunction with immigration customs enforcement agencies. Others have developed a “resources committee” that comes together to share resources, identify ways to address gaps in services, and determine ways to work together to share costs. In all of these efforts, a key element for the process to be successful included building trust. Enhancing mental health services has evolved as a primary activity for several communities. The Collaborative in those communities was viewed as the best avenue to address the issue due to its cross-membership and use of collective impact processes. This work resulted in finding successful strategies to enhance mental health services in these communities.

The cross-agency work expedited communities’ ability to activate the necessary supports for flood victims. As one



community reported, within the first 24 hours of flooding they had multiple agencies providing case management to families in the shelters and in other communities they helped provide legal assistance for flood survivors, manage grief and loss of victims through access to behavioral health services. The collective impact work of these communities provided the foundation that enabled them to address the disaster efficiently and effectively. One FEMA administrator reported how remarkable it was that the community had come along so far just one week after the disaster.

Cross-community collaboration. Cross-community collaborations occurred through both structured events and individualized meetings. For example, the annual Peer-to-Peer Homeless Symposium provided round table discussions where participants shared ideas with other communities regarding strategies that worked and were less effective.

Data helps guide the work of the Collaborative. In the South Sioux community area, a tri-state strategic planning effort was initiated. They presented the idea of collecting community data over a broader area to better reflect the needs of the community. They developed a team comprised of professionals like the director of One Siouxland, the director of GCC, the director of Siouxland District Health, the director of SHIP, the director of Siouxland Cares, and the director of the United Way to participate in the Collaborative effort. The group felt that the tri-state area could look at its strengths and gaps and better determine how to serve the community as a whole through examination of regional data. This beginning planning effort points to the importance of using shared measurement as part of the planning process.

What are the challenges faced by the Collaboratives in adopting a collective impact approach?

Increasing Collaborative membership. Several Collaboratives were pleased with their growing membership, while others experienced turnover in membership. In both situations, this can be a challenge with large numbers of individuals with diverse interests and backgrounds joining the Collaborative. It is essential that new members be well versed in the work of the Collaborative. Coordinators reported the need to onboard new members and as part of this onboarding process, reconfirm their common agenda. One Collaborative coordinator coined this “transformation collaboration,” a process that requires a commitment of all partners to build and sustain relationships over the long term as they work toward a common agenda.

Need to revitalize the collective impact processes. A good reminder from one Collaborative was that collective impact practices need to be cultivated on an ongoing basis. Their Collaborative could see that there was a breakdown in trust, less effective cross-agency communication, and a shift towards working in silos. Their Collaborative is working to re-establish a common vision in order to build a strong foundation that will drive changes in their community.

Turnover of key staff. Several Collaboratives reported one of their biggest challenges was turnover of key staff, including their executive director, coordinator, or central navigator.

“

Partners now come to meetings with ideas and proposals to share and the commitment to the work has been sustained, understanding deepened, and interest broadened.

A CWB Collaborative Coordinator

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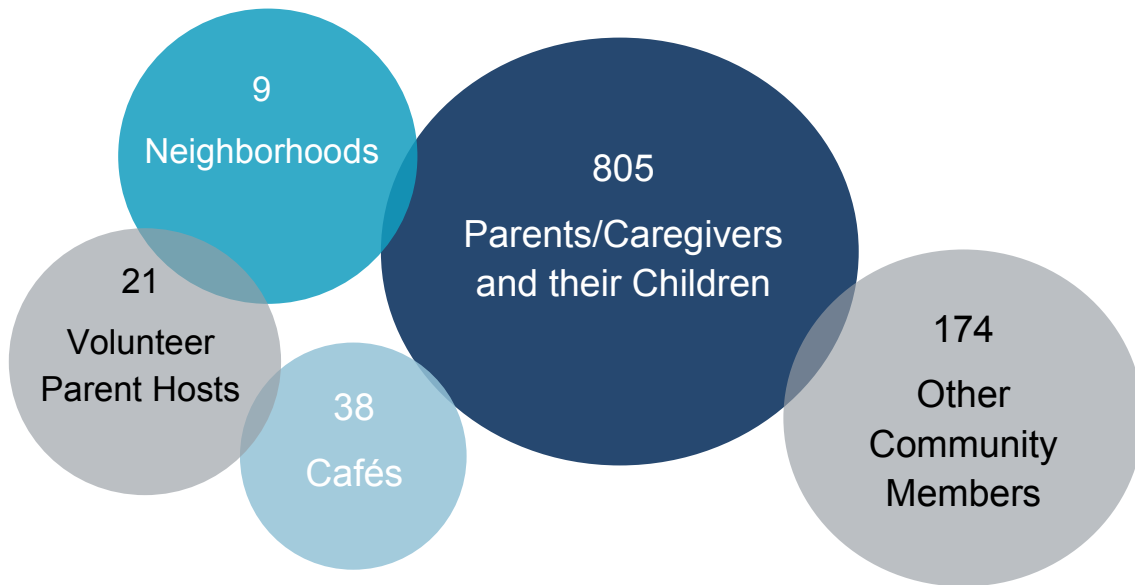
A Collaborative Success Story

Dodge County experienced flooding in March that essentially made our community an island for a few days. This was a crisis a majority of community members had never experienced before. Now that we are few months out, we are so thankful for the foundation that Fremont Family Coalition (FFC) has built the past seven years. We have been told time and time again from FEMA, Red Cross, and other outside agencies how remarkable it was to come to a community that was so far along just one week in. What our community was able to accomplish in one month they say normally takes three plus months. Within the first 24 hours of the flooding we had multiple agencies provide case management to the shelters and hotels where affected families were staying. Within a few days they completed around 800 immediate need assessments! During this time we also relied on the collaborative connections with our school and health systems. Fremont Public Schools opened the middle school to be a shelter and we worked with Fremont Health to have a nurse at each site available to assist with medications, assess for sickness, and work with the case managers to purchase needed medical supplies. We are still a work in progress and will be for some time to come, but it is humbling to look back at those first few days and replay the countless hours of collaboration that took place between a diverse group of sectors. This strengthening of partnerships truly benefited the collaborative and made the community an even stronger unit moving forward. Now that we are in the recovery phase of the disaster, a long term recovery group (LTRG) was formed. Through strategic conversations, it was decided the community coordinator should chair the LTRG to keep the work aligned with FFC especially in areas such as housing and case management. Already having these work groups formed we wanted to keep the duplication to a minimum. Essentially we see the LTRG as a branch of FFC. This will also allow for new partners that sit around this group to become knowledgeable of work happening outside of flood related efforts.

COMMUNITY CAFÉS

The Community Café approach strengthens families and communities to create more inclusive and equitable systems. Community Cafés spotlight neighborhood wisdom and transform it into community action. The Cafés are planned, led and monitored by family members who can relate to the participants and build on the assets of their community to strengthen families.

In 2018-2019, Community Café teams hosted Café's in Lincoln, Auburn, and Norfolk, Nebraska. A few examples of the successes in the 2018-2019 series of Cafés are summarized here.



Strengthening Families

- Community Cafés provide a safe, respectful space to include diverse perspectives; participants learn from each other and build relationships. As a parent host noted, “The greatest benefit to communities and families from Cafés is the connection, getting to know each other which in turn strengthens community. It creates a space for people to be somewhat vulnerable as well as get to understand other people’s experiences better. Cafés increase the strength within the community. It gets people talking but in a less superficial way. It cultivates deeper relationships.”

The following are some common examples that happened in the past year:

- Parents made new connections which led to opportunities to help each other in challenging situations such as transportation, accessing community resources, and providing social-emotional support.
- Many parents reported increased resiliency as a result of their Café participation.
- Meaningful relationships among parents and between parents and community organizations were developed as the Cafés were safe spaces to share beyond the surface and understand others’ experiences better. This led to more family involvement in community activities.

Increased parent engagement and leadership

The Community Café approach assumes all participants are valuable members of the community. To maximize participation interpreters were used. As one parent host expressed, “In the latest Café, all of the major foreign languages at the school were represented and supported by interpreters. That became a proud moment that this isn’t just about me and my co-host, it’s something bigger.”

Parent engagement and leadership was cultivated in ways such as the following:

- Café Host teams took turns to facilitate and circulate responsibilities; teamwork was emphasized in all teams.
- Parents who would not typically participate in community meetings due to barriers such as language and lack of positive experience became enthusiastic contributors.
- Staff partners invited Café Hosts to participate in other leadership activities which built their leadership skills.
- Café Hosts in one location created a neighborhood Strengths Directory which became part of a resource table at every Café.
- A Café Social enabled all Lincoln host teams to gather, reflect on their experiences, and compare and share resources, successes and challenges to sustain and grow their work.

“

The best thing that I have seen happen at Cafés are the social connections that are made and the feeling of comfort they produce, demonstrating that we’re not alone, that we’re all feeling the same way and have the same hopes for our children.

A School Community Coordinator

”

“

“The goal was to not only encourage families, friends, and community members across Lincoln to connect in new ways, but also to proactively change the mindset surrounding the neighborhood into one of beauty, safety, uniqueness, and security.”

A Staff Partner

”

Increased partnerships with families for community change

Community Café conversations built social capital among family members and between parents and community members. The following are a few of the many examples that occurred as a result of these new relationships:

- Local businesses provided support for food, childcare, hosting spaces, and additional resources.
- Attendance by local school officials, civic and state officials and law enforcement, built trust and resulted in changes in service practices and programs.
- School Family Literacy Coordinators helped advertise Cafés and provided interpreters for four languages.
- Parents developed partnerships with organizations to coordinate neighborhood clean-ups, several family activities such as block parties and picnics, free swim lessons, art classes, and film screenings, parent hotline groups and monthly meetings over coffee to share parenting struggles and strengths.

NCAPF Public Awareness Summary 2018-2019

Bring Up Nebraska – Pinwheels for Prevention Campaign

Many grantees participated in the Pinwheels for Prevention Campaign. A description of activities is summarized in the following section.

Pinwheels and Prevention Products. Seventeen local child abuse prevention councils and Community Well-Being coalitions across the state displayed approximately 24,000 pinwheels and distributed over 12,600 campaign products to engage the public.



Radio Ads. 292 radio ads ran on KIOs, NET and Nebraska Radio Network stations from April through June. The ads reached over 300,000 people an average of 5.8 times for 1,776,800 gross impressions.

Paid Social Media. Media included four targeted ads in English and Spanish.

Facebook: Impressions = 310,985 Reach = 105,240

Instagram: Impressions = 158,017 Reach = 67,676

Other Social Media.

Facebook: Reach: 4,814

Twitter: Impressions: 3,726

Website. 1,502 page views with an average session time of 1:38 minutes.

April Events

- Governor's Proclamation of April Child Abuse Prevention Month
- Pinwheel Garden planting at Governor's Residence
- DHHS Child Abuse Prevention Month press release
- Distribution of pinwheel lapel pins and information cards to state senators
- Child Abuse Prevention Month events across the state, e.g., Wear Blue Day for prevention in Fremont and Grand Island and family events in Beatrice, York, O'Neill and other communities.



Evaluation Findings: Individual-Level Prevention Strategies

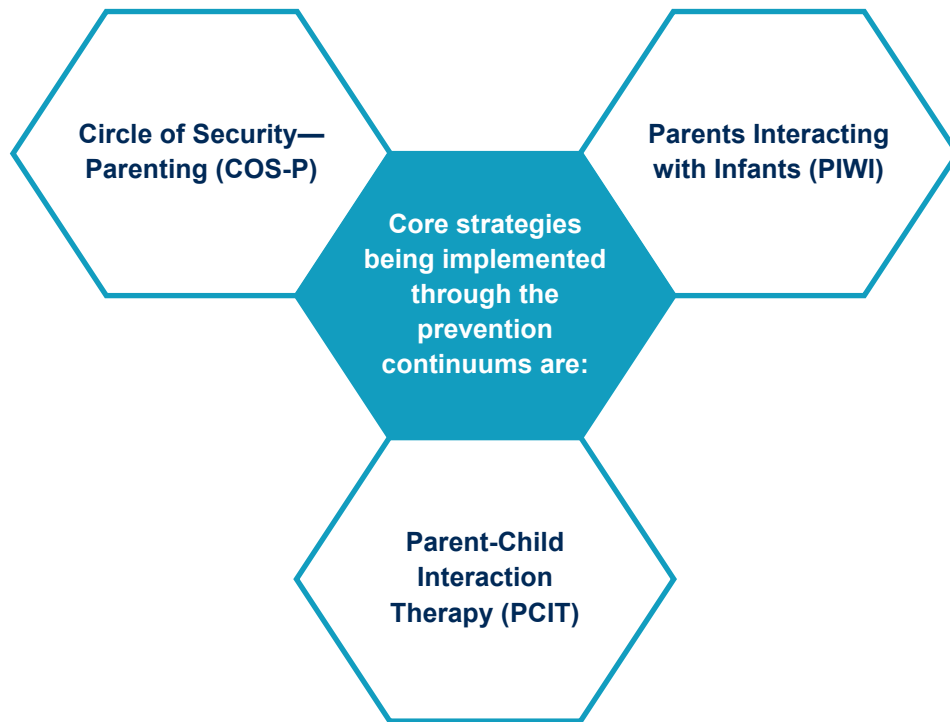
As a complement to systems-level work, Nebraska Children also funds and supports the development of a continuum of strategies to meet the needs of children across the age span (i.e., birth through 25). Below is a comprehensive list of the prevention strategies adopted by communities and supported by NCAPF during the 12 month evaluation year. Starred strategies are those that were core to NCAPF’s work during the past evaluation year. Additional information about the ratings listed on the table is provided in the paragraph below.

Evidence-Based Practices. The President’s Office of Management and Budget (OMB) within the Federal Government asks states to monitor progress in adopting evidence-based programs. The assumption is that adoption of evidence-informed or -based programs and practices will result in positive outcomes for children. This year, grantees adopted 13 strategies or initiatives that were evaluated using PART. The results showed that NC has three strategies that are well-established and were shown to demonstrate positive results for children and families within the prevention system (Promising II or Supported III) based on previous research. Communities also adopted a number of strategies to meet their community needs that have identified outcomes and are collecting data as part of their evaluation (Emerging I).

NCAPF Prevention Strategies, Participating Communities, and Evidence-Based Ratings

Strategy	Community(ies)	Rating/Level
Circle of Security – Parenting*	NAEYC in 11 communities	Promising II
Community Cafés	Lancaster County, Norfolk Family Coalition, Auburn	Emerging I
Parent-Child Interaction Therapy (PCIT)*	Community & Family Partnership, Fremont Family Coalition, Families 1 st Partnership, Growing Community Connections, Hastings One Stop Shop, Norfolk Family Coalition, Saline-Jefferson Rooted in Relationships, York County Health Coalition, Zero2Eight	Supported III
Parents Interacting With Infants (PIWI)*	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition, Saline/Jefferson Rooted in Relationships, York County Health Coalition, Zero2Eight	Emerging I





OVERALL SUMMARY OF CHILDREN AND FAMILIES SERVED

During the 2018-2019 evaluation year, NCAPF Grants provided funding and other support to nine communities to promote children’s safety and well-being through a range of prevention strategies. Communities served large numbers of families and their children across multiple strategies. Overall, more than 300 families and more than 400 children were served directly in the past 12 months. More than three quarters of these families were at risk due to poverty and approximately 39 percent identified as Hispanic, Black, Native American, or other. More children and families were served this year than in 2017-2018.

Most caregivers identified as women (91%). More than three quarters of the families served were at risk due to poverty (92%).

OVERALL SUMMARY OF CHILDREN AND FAMILIES SERVED¹	2018-2019	2017-2018
Number of Families Served Directly	329	319
Number of Children Served Directly	442	261
Number of Parents with Disabilities Served Directly	7	5
Number of Children with Disabilities Served Directly	24	8
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served ²	4	0
Number of Families Served Indirectly		
Number of Children Served Indirectly	243	242

¹ This table does not include the 805 parents and children that attended Community Cafés.

²Number of children directly served, who were later part of a substantiated case of child abuse or neglect. Based on provider and/or family self-report; at times reports are made by providers in partnership with parents when all prevention efforts fail to meet the full need.



Evaluation Findings: Core Strategies

CIRCLE OF SECURITY – PARENTING (COS-P)

Circle of Security – Parenting is a Family Support Service. Circle of Security is a relationship-based intervention designed to change young children’s (Birth to 5) behavior through changes in parents’ behavior and enhanced attachment between parents and children.

Research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery. Circle of Security – Parenting, a statewide strategy, was implemented over the past 12 months in four CWB funded communities—specifically, Families 1st Partnership (North Platte), Growing Community Connections (Dakota), Hall County Community Collaborative, and the Panhandle Partnership.

Most caregivers identified as female (68%). Half of the families served were at risk due to poverty (50%).

The following is a summary of the demographics of the children and families served by all Community Well-Being communities currently implementing Circle of Security – Parenting. This section includes COS-P sessions that were funded by either CWB or NCAPF. For Circle of Security-Parenting, racial and ethnicity demographics were reported separately. Of the families served, 16% reported Hispanic or Latino as their ethnicity. The data show that, as compared to the prior evaluation year, there was an increase in families served—from 85 to 165.

STRATEGY: CIRCLE OF SECURITY-PARENTING (COS-P)	
Number of Families Served Directly	165
Number of Children Served Directly	288
Number of Staff Participating	23
Number of Organizations Participating	20



EVALUATION FINDINGS

Were parenting strategies improved?

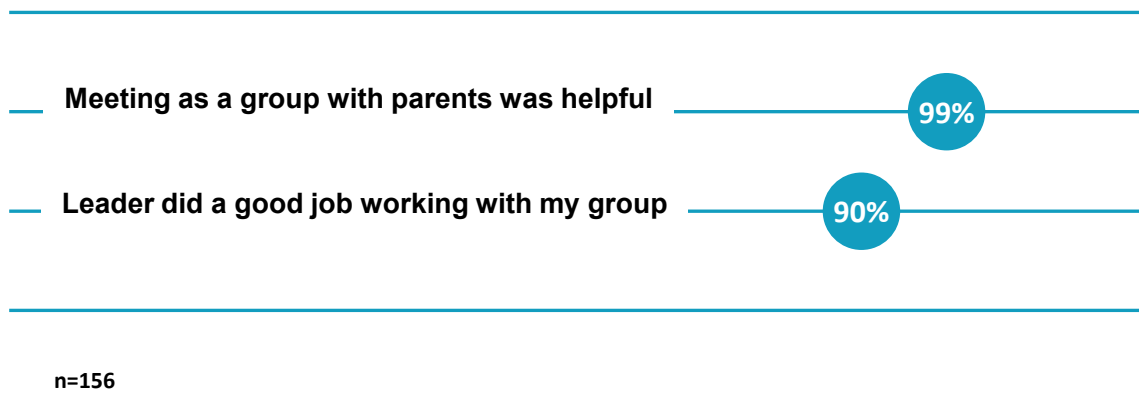
Participants were asked to rate a series of questions that were related to caregiver stress, their relationship with their children, and confidence in their parenting skills. These ratings were completed based on a 5-point Likert scale. Families who had overall ratings of 4 or 5 (high quality) were considered as reaching the program goal. One hundred and sixty-five (165) individuals completed the survey. A paired t-test was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program identified outcomes. There were statistically significant positive differences found between overall scores at the beginning of the group and scores at the groups' conclusion related to parenting [$t(158)=-20.867, p<.001, d=2.198$]; relationships with their children [$t(162)=-10.269, p<.001, d=0.805$]; and decreased stress [$t(164)=-10.919, p<.001, d=0.850$]. These results suggest a strong meaningful change, suggesting that COS-P is positively supporting parents in gaining skills to interact with their children. Although there were statistically significant improvements in reduced parenting stress, the majority of the parents continued to rate their stress in the moderate to high range (55%).



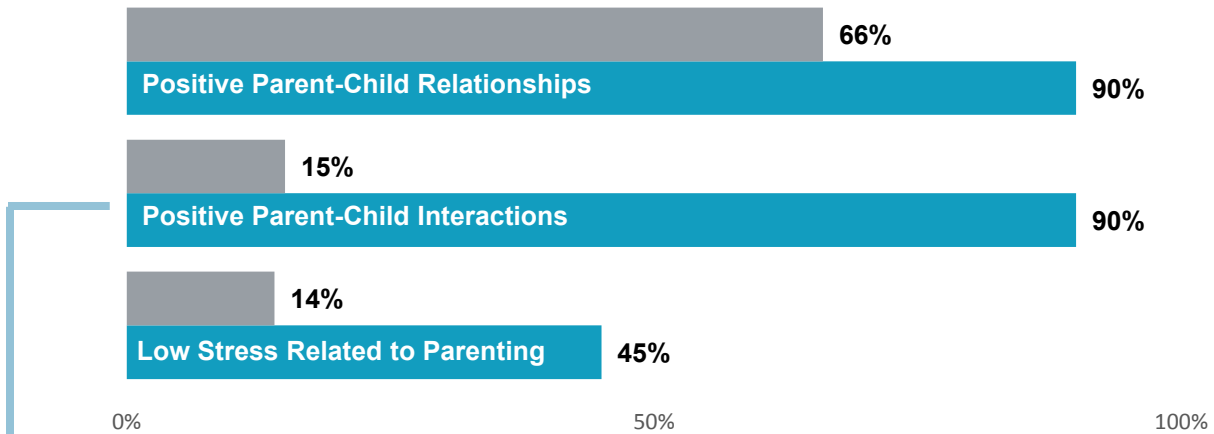
Were parents satisfied with Circle of Security-Parenting?

Overall, the parents that were served by COS-P reported that meeting with a group of parents was helpful (99%). The majority felt the leader did a good job working with the group of parents (90%).

Were parents satisfied with COS-P?

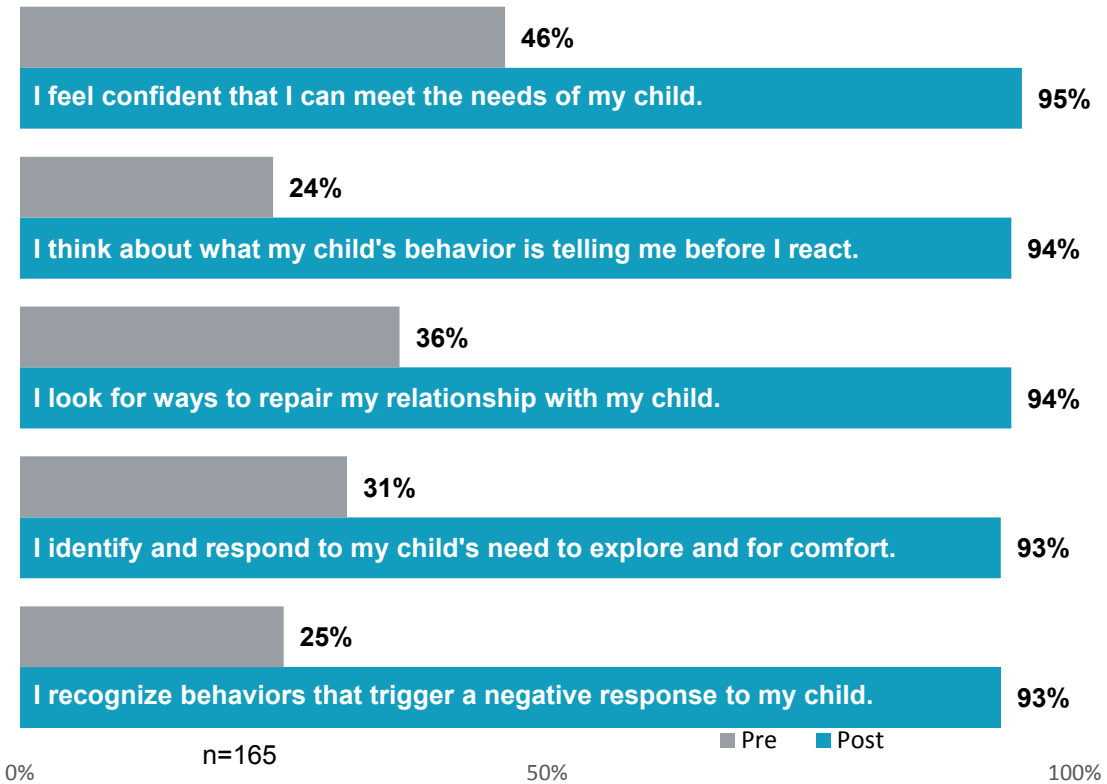


Most of the participants met the program goal (a rating of 4 or 5) in adopting positive parent-child interactions and positive parent-child relationships.
 More parents rated their stress level lower by the end of the COS-P session.



Positive Parent-Child Interaction Items: Parents make significant gains across all areas.

The most gains were made using the child's behavior to understand their needs and recognizing the triggers for a negative response to their child.



PARENT-CHILD INTERACTION THERAPY (PCIT)

PCIT is a Family Support service. It is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. Outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting effectiveness.

PCIT was implemented in five Nebraska Community Well-Being communities (Community & Family Partnership, Fremont Family Coalition, Families 1st Partnership, Growing Community Connections, and Norfolk Family Coalition) and two communities supported by the Fund board (Adams and Saline Counties). Nine therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 40 families and 91 children participated in PCIT sessions during the past 12 months.

Two (2) CWB communities provided attendance data from PCIT sessions. Families participated in PCIT with varying numbers of sessions attended, ranging from one to 20 sessions. Overall, average attendance across communities was seven sessions. Parents participated in 69% of their possible sessions.

Most caregivers identified as women (83%). More than three quarters of the families served were at risk due to poverty (94%).

“

[We] learned many new ways to deal with behaviors and emotions and were able to build better connections with each other.

A PCIT parent

”



STRATEGY: PARENT-CHILD INTERACTION THERAPY (PCIT)

Number of Families Served Directly	40
Number of Children Served Directly	40
Number of Parents with Disabilities Served Directly	2
Number of Children with Disabilities Served Directly	4
After Enrollment, Number of First Time Children with Substantiated Child Abuse Who Were Directly Served ¹	4
Number of Children Served Indirectly	51
Number of Staff Participating	5
Number of Organizations Participating	5

¹ Number of children directly served, who were later part of a substantiated case of child abuse or neglect. Based on provider and/or family self-report; at times reports are made by providers in partnership with parents when all prevention efforts fail to meet the full need.

White, 79.5%

Hispanic or Latino,
20.5%

EVALUATION FINDINGS

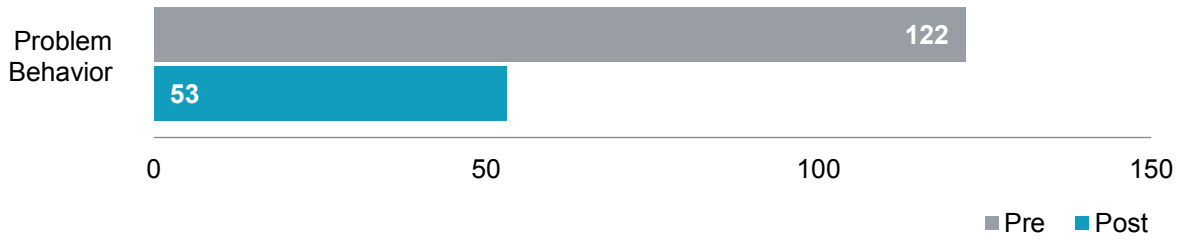
Did children's behavior improve?

The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Score, which judges the severity of the conduct problems as rated by the parents. It also includes a Problem Score, which indicates concern related to their child's conduct.

This assessment was used for the PCIT project to determine if participation in the sessions improved children's behavior. Twenty-five (25) children had pre-post ECBI data. There was a statistically significant decrease in intensity of the problem [$t(25)=6.158$; $p<.001$; $d=1.231$]. There was also a statistically significant decrease in parents' perception of the behavior as being problematic [$t(25)=2.713$; $p=.012$; $d=.542$]. These data reflect a strong meaningful change. These results suggest that the majority of the children who participated benefited by demonstrating improved behavior through the reduction of problem behaviors. On average, the intensity of children's behavior was below the "problem behavior" range. Although there were significant reductions in children's conduct, on average, parents' concern regarding their child's conduct was still in the high range.

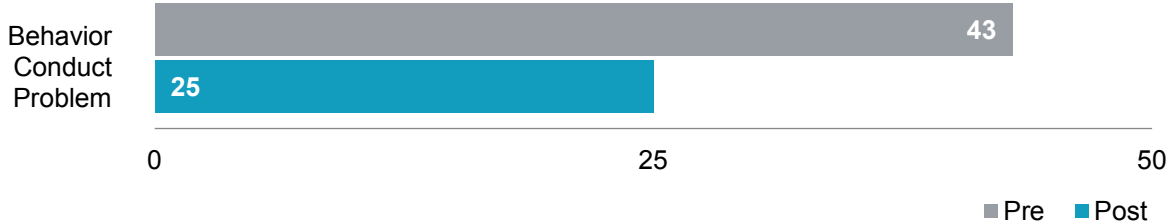
The intensity of the children's behavior was significantly reduced.

A score of 131 or higher reflects problem behavior



Children significantly reduced problem scores related to child conduct.

A score of 15 or higher reflects parent concern regarding child's conduct

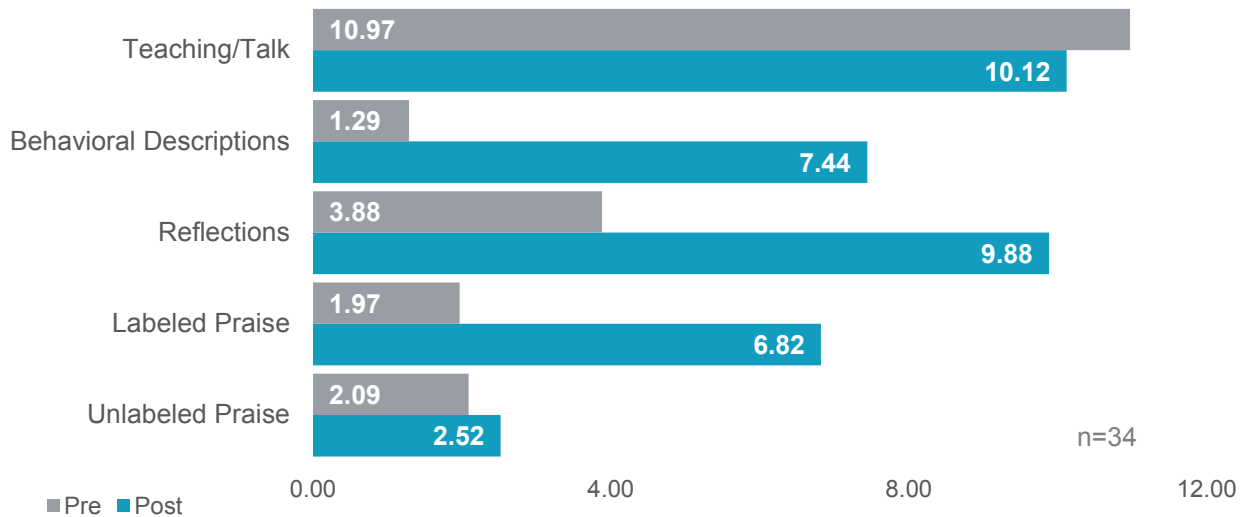


Did the parents improve their parent-child interactions?

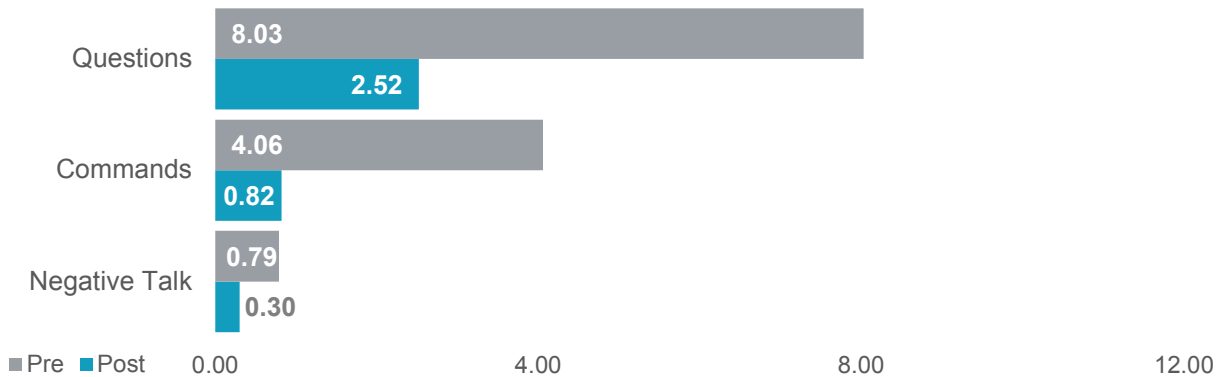
The Dyadic Parent Child Coding System (DPICS) is a behavioral coding system that measures the quality of parent-child social interactions. It is used to monitor progress in parenting skills during treatment and provides an objective measure of changes in child compliance after treatment. Parents' interactions with their children were observed and coded documenting the total number of times positive and negative (use of questions, commands or negative talks) parent interactions occurred. The following summarizes the total number of behaviors observed at baseline to the most current assessment. Time between assessments varied by client.



Parents' interactions with their children significantly improved across all areas except for Teaching/Talk.



Parents significantly decreased their negative interactions with their children.



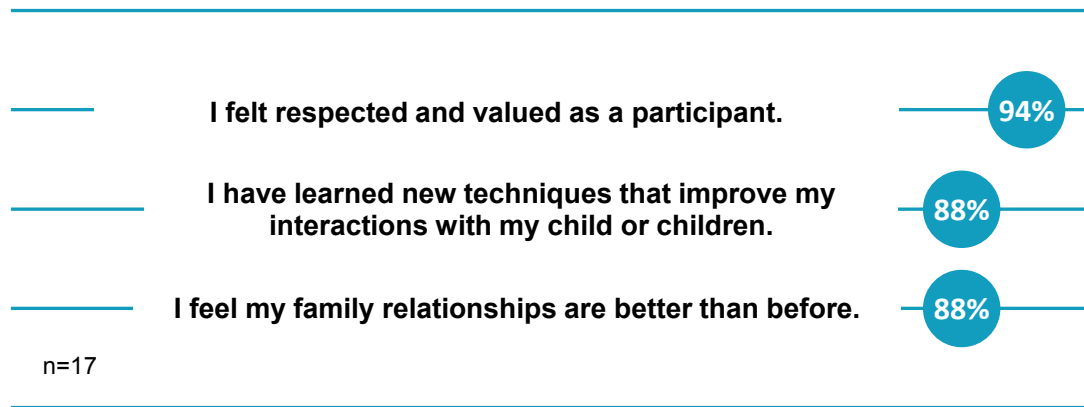
A paired t-test analysis found that there were statistically significantly improved positive behaviors over time including use of behavioral descriptions [t(33)=-7.061; $p < .001$; $d = 1.21$]; reflections [t(33)=-5.210; $p < .001$; $d = .89$]; and labeled praise [t(33)=-6.024; $p < .001$; $d = 1.03$] and significantly decreased use of questions [t(32)=4.436; $p < .001$; $d = .772$]; commands [t(32)=2.990; $p = .005$; $d = .520$]; and negative talk [t(32)=2.180; $p = .037$; $d = .376$]. These results suggest that parents improved their interactions with their children after participation in PCIT.

Are parents satisfied with the services provided?

A satisfaction survey was completed to receive input from the families regarding satisfaction related to the PCIT strategy. Overall, the parents rated the program implementation very positively. Families rated all areas in the high range. Most families agreed that the program improved their relationship with their child (88%), they learned new techniques (88%), and reported feeling respected (94%).



Parents demonstrated high levels of satisfaction with the services provided by PCIT therapists.



PARENTS INTERACTING WITH INFANTS (PIWI)

Parents Interacting with Infants (PIWI) model (Yates & McCollum, 2012) is a Family Support service based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often do not have the information or experience to know how to provide responsive, respectful interactions with their young children. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

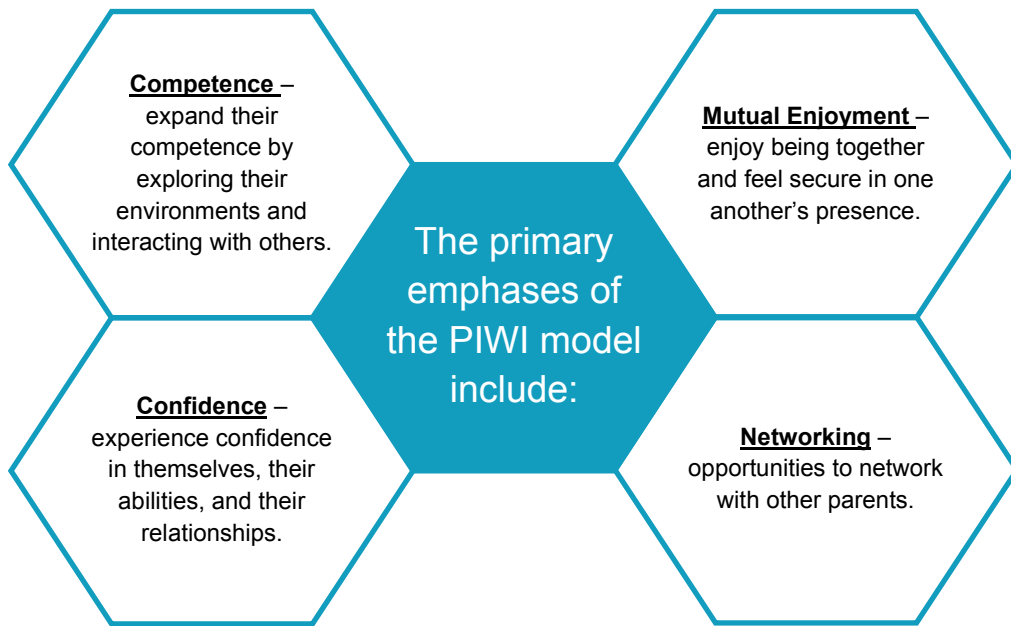
“

Classes were amazing. As first time parents, classes have truly enhanced our communication and interaction with our little one.

A PIWI parent

”





Most caregivers identified as women (89%). More than three quarters of the families served were at risk due to poverty (92%).

Four communities including the Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, and the York County Health Coalition and one Fund Board-funded community (Saline County) implemented PIWI.

Parents participated in the PIWI groups with varying attendance. Parent attendance ranged between one and ten sessions. The average attendance was four sessions, or 53% of the offered sessions. A total of 124 families and 124 children participated in PIWI classes during the past 12 months.

STRATEGY: PARENTS INTERACTING WITH INFANTS (PIWI)

Number of Families Served Directly	124
Number of Children Served Directly	124
Number of Parents with Disabilities Served Directly	5
Number of Children with Disabilities Served Directly	20
Number of Children Served Indirectly	192
Number of Staff Participating	8
Number of Organizations Participating	6

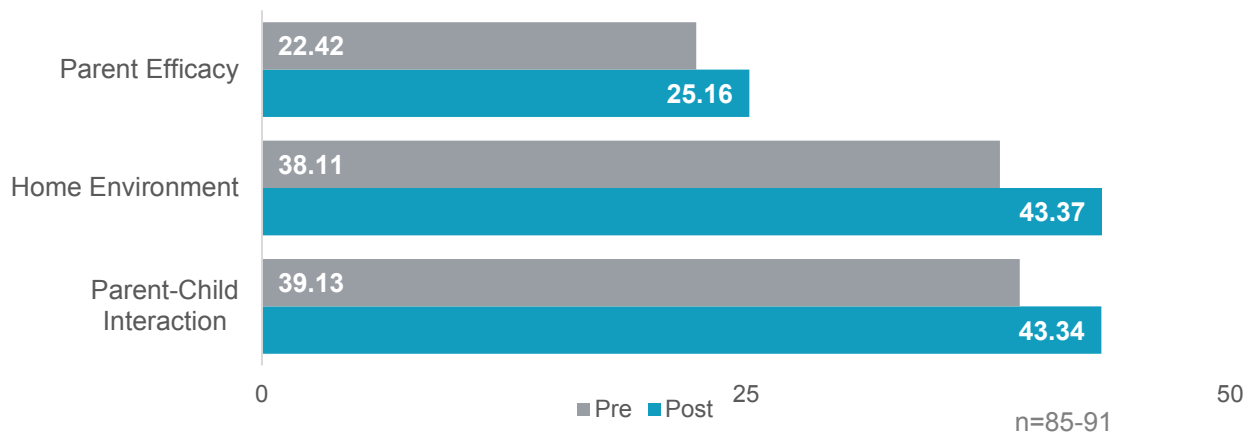


EVALUATION FINDINGS

Did parents' interactions with the children improve?

The Healthy Families Parenting Inventory (HFPI) was completed by parents at the beginning and end of the PIWI sessions. The HFPI subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent-Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent sense of efficacy. The results found that there were statistically significant increases with large meaningful change across all areas: Parent Efficacy [$t(84)=-6.697$, $p<.001$, $d=-0.697$]; Home Environment [$t(88)=-8.439$, $p<.001$, $d=-0.894$]; and Parent-Child Interaction [$t(90)=-7.989$, $p<.001$, $d=-0.837$]. The parents' strengths were in the areas of parents supporting their Home Environment and Parent-Child Interaction.

Parents made significant and meaningful changes across all areas of parenting skills. Families' strengths were in supporting the areas of Home Environment and Parent-Child Interaction.

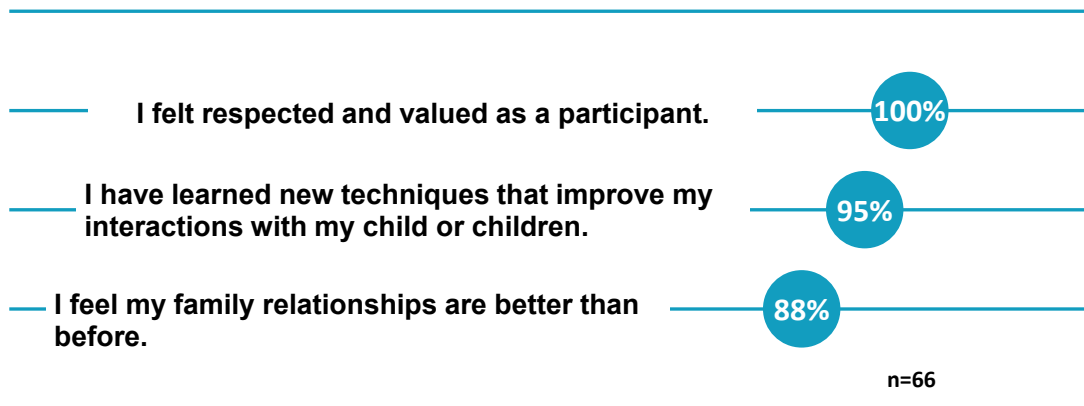


How satisfied were the families?

A satisfaction survey was completed to obtain input from families regarding satisfaction of their participation in PIWI. Overall, the parents rated the program implementation very positively. Highest ratings were in the areas of feeling respected and valued by their provider (100%) and learning a new technique to use in their interactions with their children (95%). Slightly fewer parents indicated that their relationship with their child improved (88%).



Were parents satisfied with Parents Interacting With Infants (PIWI) services?



“

Poder entender mejor los comportamientos de nuestros hijos como sus emociones para saber que hacer en un momento así.

A PIWI parent

“Able to better understand our children’s behavior, such as their emotions so we know what to do in those moments.”

”

CROSS-STRATEGY SATISFACTION: QUALITATIVE RESULTS

How satisfied were the families?

For each strategy that parents participated in, they completed a satisfaction survey. As part of the satisfaction survey, parents were asked to comment on the strategies' benefits. Several themes emerged, learning new parenting skills, improved growth in their family, new social connections, and access to needed services.

New parenting skills. Parents described many areas that supported them improve their parenting skills. They discovered new ways to help their child learn and had fun as they engaged with their child in these learning activities. They expressed that they could see their child learn new skills. Parents also reported learning ways to “discipline him better.” Learning strategies to support their child’s social skills was equally valued.

Social networking. Several parents expressed that they benefitted from the social networking that was available. This was beneficial to them and their children. As one parent commented, “having fun and playing with other children” was helpful for her child. Another expressed, “meeting other families from our area was a benefit to her.”

Growth as a family. The goal of many of the Child Well-Being strategies is support the family as a whole. This was a positive outcome for several families as they reported they found “new ways to cope with each other,” “solve their own family issues,” and to “deal with their behaviors and emotions.” In addition, they enjoyed the opportunity to spend time together as a family.



Conclusion

NCAPF grants supported communities to build prevention systems through a continuum of strategies that improve the health and well-being of children and families in Nebraska. Using a Results Based Accountability process, UNMC evaluated both the implementation of the strategies, as well as child, family, and community outcomes.

INDIVIDUAL-LEVEL PREVENTION STRATEGIES

How much did they do? Nine communities funded throughout Nebraska directly served 329 families and 442 children using a range of strategies. Less than 1% of the children were a part of substantiated child abuse or neglect for the first time after participating in services. Analysis shows that, as compared to the prior evaluation year, more families and children were served directly.

How well did they do it? Consistently across strategies, families reported that they were respected by program staff and therapists. The majority of the families indicated they had a better relationship with their child as a result of their participation and felt that they learned new techniques to use with their child. Analysis shows that, as compared to the prior evaluation year, families reported similar but slightly lower levels of respect and similar but slightly lower levels of improvement in relationships with their children. There were similar but higher levels of families that felt they learned new techniques to use with their child.

Families positively rated the CWB services they received.

Is anyone better off? Shared measurement was established for the three core strategies: COS-P, PIWI, and PCIT. Analyses based on these common measures is summarized below.

SYSTEM APPROACHES

COMMUNITY WELL-BEING COLLABORATIVES

The CWB communities worked to build their capacity to meet the needs of the children and families in their communities through working together based on collective impact approaches. Four primary outcomes of collective impact were monitored including training, policy support, and funds leveraged and parent engagement.

CWB Collaboratives:

- Trained over 4,000 individuals across 154 events.
- Leveraged over 8 million dollars.
- Built their capacity and influenced policy at the local, state, and federal level.



INDIVIDUAL LEVEL PREVENTION STRATEGIES

CIRCLE OF SECURITY – PARENTING



Parents after participating in COS-P:

- Improved their interactions with their children.
- Improved their relationship with their children.
- Decreased the stress related to parenting.

PARENT-CHILD INTERACTION THERAPY



Parents after participating in PCIT:

- Improved their interactions with their children by using more positive and fewer negative strategies.

Children after participating in PCIT:

- Decreased the intensity of their behaviors and their negative conduct scores.

PARENTS INTERACTING WITH INFANTS



Parents after participating in PIWI:

- Improved their interactions with their children.
- Improved how their home environment supported child learning.
- Improved their sense of efficacy.

Cross-Year Summary of Results

Numbers Served (Direct and Indirect)

	Families		Children	
	2017-2018	2018-2019	2017-2018	2018-2019
Fund Board Funded Projects Overall	319	329	281	442
Circle of Security – Parenting (COS-P)	85	165	196	288
Parent-Child Interaction Therapy (PCIT)	69	40	75	40
Parents Interacting With Infants (PIWI)	99	124	224	124

Participant Survey – Circle of Security – Parenting (COS-P)

Statistically significant change over time?

	2017-2018	2018-2019
Positive Parent-Child Relationships	✓	✓
Positive Parent-Child Interactions	✓	✓
Low Stress Related to Parenting	✓	✓

Eyberg Child Behavior Inventory (ECBI) – Parent-Child Interaction Therapy (PCIT)

Statistically significant change over time?		
	2017-2018	2018-2019
Problem Behavior	✓	✓
Behavior Conduct Problem	✓	✓

Dyadic Parent Child Coding System (DPICS) – Parent-Child Interaction Therapy (PCIT)

Statistically significant change over time?		
	2017-2018	2018-2019
Teaching/Talk	N/A	
Behavioral Descriptions	✓	✓
Reflections	✓	✓
Labeled Praise	✓	✓
Unlabeled Praise	N/A	
Questions	N/A	✓
Comments	N/A	✓
Negative Talk	N/A	✓

Healthy Families Parenting Inventory (HFPI) – Parents Interacting With Infants (PIWI)

Statistically significant change over time?		
	2017-2018	2018-2019
Parent Efficacy	✓	✓
Home Environment	✓	✓
Parent-Child Interaction	✓	✓



Appendix A: Results-Based Accountability Tables

Circle of Security Parenting Based Accountability Plan				
Circle of Security Parenting (COS-P): COS-P is a relationship based early intervention program designed to enhance attachment security between parents and children				
*Data collected at the end of the sessions. Reported by each Community Well Being site or other coalition grantee annually.				
Population indicators: Substantiated abuse and neglect (rate); high school graduation (rate); reading proficiency at 3 rd grade				
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>	
				#
	# of families that participated in strategy (i.e. the count of parent/caregivers served directly, and the count of children served directly)	107	# and % who strongly agree or agree that meeting with a group of parents was helpful to me.	154/156 99%
	# of children that indirectly benefitted from strategy/# of children served indirectly (i.e. the count of children of parents who participated)	Not Reported	# and % who strongly agree or agree that the leader did a good job working with my group.	156/156 100%
			Average number of sessions completed	
			# and % of parents reported statistically significant reduced parenting stress**.	165 **
			# and % of parents reported statistically significant improved relationships with their child/children**.	165 **
Effort			# and % of parents reporting statistically significant improved confidence in their parenting skills **.	165 **



Strategy: Parent Child Interaction Therapy (PCIT)					
	Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	40 Parents 40 Children	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	16/17	94%
	Average # of sessions completed (attendance record)	7 on average	# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	15/17	88%
	# of children indirectly served (attendance record)	51	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	15/17	88%
Effect <i>Is anyone better off? (Outcomes)</i>	# and areas where parents reported statistically significant improved ratings**: (Eyberg)				
			Intensity Problem Scale	25 25	** **
	<i>(The Intensity Scale measures the degree that the parent rates their child as having a conduct problem. The Problem Scale measures the degree that the parent is bothered by the conduct problem.)</i>				
	# and areas where parents reported statistically significant improvement in their interactions with their children**. (DPICS)				
			INCREASED:	#	
			Behavioral Descriptions	34	**
			Reflections	34	**
			Labeled Praises	34	**
			Teaching/Talk	34	--
			DECREASED:		
			Commands	33	**
			Negative Talk	33	**
			Questions	33	**
			Unlabeled Praise	33	--
	<i>(The DPICS is a count of the number of times parents use a number of strategies: Number of Behavioral Descriptions; Number of Reflections; Number of Labeled Praises; Teaching/Talk; and Commands and Negative Talk.)</i>				



Strategy: Parents Interacting with Infants (PIWI)						
		Quantity <i>How much? (Inputs, Outputs)</i>		Quality <i>How well? (Process)</i>		
Effort	# of parents/children directly served (attendance record)	124 Parents 124 Children	Average number of sessions completed (attendance record)	4 (53%)		
			Completion of PIWI fidelity guide checklist (onsite visit)	1 completed		
	# of sessions (attendance record)	Range of 1 to 10 sessions	# and % who strongly agree or mostly agree that they felt respected and valued by the therapist or staff.	66/66	100%	
			# and % who strongly agree or mostly agree that they have learned new techniques to teach their child new skills.	63/66	95%	
	# of children indirectly served (attendance record)	192	# and % who strongly agree or mostly agree that they feel the relationship with their child is better than before.	58/66	88%	
	# and areas where parents reported statistically significant improvement in their interactions with their children**. (DPICS)			#		
1) Parent-child interaction			91	**		
2) Home Environment			89	**		
3) Parent Efficacy			85	**		

Nebraska Child Abuse Prevention Fund Board



**Evaluation Report prepared by
Barbara Jackson*, Ph.D.
Kelsey Tourek, M.S.
Interdisciplinary Center of Program Evaluation
The University of Nebraska Medical Center's
Munroe-Meyer Institute: A University Center of Excellence for
Developmental Disabilities**

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