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The Duke Endowment Child Abuse Prevention Initiative: A Midpoint Assessment

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The Child Abuse Prevention Context

Child abuse is not a new phenomenon. Since the first parent-child dyad, adult caretakers have struggled with the demands presented by their children (deMause, 1974; TenBensel, Rheinberger, & Radbill, 1997). In an effort to meet these demands, parents have drawn on the modeling of their own parents and extended family members, support and advice from friends, and the assistance provided by local services and related resources. Over the past 30 years, prevention advocates have designed and implemented hundreds of interventions to address a parent's lack of knowledge and skills, to create extended networks of formal support, and to alter normative and societal standards for childrearing and education. Whether one talks about the family support movement, the early childhood movement, or child abuse prevention, these and similar efforts have created a plethora of programs that have, in the eyes of many, significantly improved conditions for children (Daro, 1988; Schorr & Schorr, 1985; Willis, Holden, & Rosenberg, 1992; Daro & McCurdy, 2007).

Throughout this history, both basic and applied research have played a critical role in shaping prevention programming and assessing its impacts on children and families. From Henry Kempe's landmark research in the 1960s through the brain research of the 1990s, those developing, implementing, and funding child abuse prevention efforts have been driven, in part, by what the data have told them. Indeed, the current emphasis on community-based prevention efforts reflects a rich database that has linked community context and neighborhood resources to a child's relative risk for maltreatment and poor developmental outcomes. Neighborhood conditions have influenced child maltreatment rates (Garbarino, Kostelny, & Dubrow, 1991), juvenile delinquency (Brody et al., 2001), early child behavior problems (Linares et al., 2001), and later deviance (Simons et al., 2002). *How* neighborhoods shape these developmental pathways, however, is less clear (Burton & Jarrett, 2000; Leventhal & Brooks-Gunn, 2003). One proposed explanation suggests neighborhood conditions impact child development by shaping a

parent's normative values and resource options (Chaskin, 1997). These options, in turn, influence parenting practices, the quality of the home environment (Leventhal & Brooks-Gunn, 2003), and the availability of parenting resources (Jencks & Mayer, 1990)—all of which may produce individual or collective effects on children. It is not surprising, therefore, that efforts to enhance community capacity or "to alter the context in which parents rear their children" have emerged as promising strategies for improving outcomes with respect to child abuse, infant mortality and morbidity, school performance, juvenile crime, and youth violence (Gorman-Smith & Tolan, 1998; Shonkoff & Phillips, 2000; Daro & Dodge, 2009).

The Duke Endowment's Child Abuse Prevention Initiative

The Duke Endowment's Child Abuse Prevention Initiative reflects this most recent thinking regarding prevention. Building on the Endowment's longstanding commitment to enhancing the welfare of children in the Carolinas, substantial support was provided to planning teams in both North and South Carolina to develop, implement, and test a range of strategies designed to create multifaceted systems for improving supports and services for parents and young children. The two programs emerging from this planning process, the Durham Family Initiative and Strong Communities, embrace a range of strategies designed to improve parental capacity and functioning, community capacity and collective efficacy, and the public service response to child protection. Both projects operate within conceptual frameworks that reflect a keen understanding of the diversity and interdependency among the varied causes of child abuse, including aspects of individual functioning, familial and cultural values, and local social and institutional capacity. Both focus on reducing maltreatment rates by insuring that parents are in a better position to meet the needs of their children and live in communities more able to support them in this task. However, each operates under a distinct theory of change and has placed different emphasis on the individual, community, and public policy strategies essential for achieving their core objectives.

The **Durham Family Initiative (DFI)**, under the direction of Dr. Kenneth Dodge at Duke University, targets Durham County, with particular emphasis on six neighborhoods within the city of Durham that have the highest reported rates of child maltreatment. The effort focuses on expanding the consistency and scope of universal assessments designed to more effectively identify high-risk families or those in need of prevention services and to link these families to appropriate resources. The initiative theorizes, as outlined in its annual reports, that child abuse prevention is best accomplished by addressing the risk factors and barriers that affect the healthy development of parent-child relationships. Adopting an ecological perspective, DFI has worked

to strengthen and expand the pool of available evidence-based direct services, to identify and secure meaningful public policy reforms, and to build local community capacity. Beginning in July 2007, DFI began planning an aggressive campaign to provide an initial assessment and facilitate appropriate service linkages for the estimated 4,000 babies born each year in Durham County. This effort, called Durham Connects, builds on existing early intervention services operated by the county's health department, which provides approximately 85 percent of all infants access to a pediatric practice visit within 48 hours of their birth. Durham Connects' goal is to augment these services by offering at least one home visit by a public health nurse to all newborns in the county. In addition to completing a standard comprehensive psychosocial risk assessment, the nurse home visitor will be charged with ensuring that the family is linked to a medical home and that any immediate needs identified through the risk assessment process are addressed through an appropriate service referral.

The **Strong Communities Initiative**, under the direction of Dr. Gary Melton from Clemson University, focuses on building within the community a collective sense of shared ownership and reciprocity. The initiative targets five diverse communities within Greenville County along the I-85 corridor, ranging from semi-rural small towns to robust suburban developments. In 2005, the project added a sixth service community in adjacent Anderson County. Project strategies are designed to assist the general public as well as local service providers in understanding the relationship among child maltreatment risk factors and how their individual and collective efforts can directly address this complex and often destructive web of interactions. The project's logic model argues that once residents feel that their neighborhood is a place where families help each other and, indeed, the expected normative behavior is that individuals ask for and offer help, public demand will drive service expansion and system improvement. A broad array of community engagement activities have been implemented over the initiative's initial 5 years including recruiting volunteers through pledge card drives; hosting various community wellness fairs and events centered around "back-to-school" planning; widespread educational efforts around the issue of Shaken Baby Syndrome; "Blue Ribbon" Sabbath campaigns within local churches each year during Child Abuse Prevention Month (April); media outreach; and public awareness campaigns. Efforts to increase direct services to young children and their families have experienced variability over time. Most recently, the project established Strong Families, an effort designed to draw together a variety of community resources to increase supports for parents.

Although each project adopted unique strategies based on its own theory of change, the two efforts share a common set of objectives as defined by The Duke Endowment. These objectives include:

- A reduction in child abuse rates
- An improvement in parenting practices and behaviors

- The strengthening of community service systems (i.e., formal supports)
- An improvement in a community's capacity to protect children and support parents (i.e., informal supports)

Chapin Hall's role, as the initiative's cross-site evaluator, has been to document the extent to which each site is moving toward these core objectives and to provide a comparative analysis of each project's implementation trajectory and replication potential. Our assessment has been guided by the trends observed in repeated surveys of a random sample of households in the intervention and matched comparison communities and by administrative and survey data collected by the individual sites. In interpreting these data, we have placed particular emphasis on drawing out key lessons with respect to the initiative's overall theory of change, the relative efficacy of various strategies promoted by the sites, and the most promising areas for replication.

Assessment Measures and Analytic Approach

Capturing the impacts of complex community change initiatives is a daunting task. Not only are outcomes broadly defined, they often seek change at the institutional and individual level among participants that may have had only limited contact with any of the initiative's core strategies. The key operating assumption in such efforts is that change initiated in one sector will have measurable spillover effects into other sectors. Further, the process assumes that individuals provided information or direct assistance will change in ways that eventually alter normative behavioral assumptions across the population. This gradual and evolutionary view of change is reflected in many public health initiatives that, over time, have produced dramatic improvements in such areas as smoking cessation, reduction in drunk driving, use of seatbelts, and increased conservation efforts.

Assessing such efforts is complicated not only by this transformative change process but also by the fact that these initiatives often alter their initial operating assumptions and strategies in response to the progress or lack of progress achieved in the early stages of implementation. Thus, traditional evaluation methods that employ random assignment to treatment and control conditions and assume a "fixed" intervention that adheres to standardized protocols have limited utility in determining efficacy or in producing useful implementation lessons. On the other hand, focusing only on the level of effort and ignoring early impact trends misses a critical opportunity to provide the information needed for informed mid-course corrections.

Chapin Hall has examined the initiative from two perspectives. First, over the past 3 years, we have identified each site's core operating assumptions and strategic approaches and have followed the implementation of these strategies. These assessments have been informed by regular site visits, interviews with key staff and members of each site's Advisory Committees, and reviews of each project's annual reports. Chapin Hall has provided regular summaries to The Duke Endowment staff regarding project implementation and challenges. In this report, we have

developed a schema of this implementation process, paying particular attention to how both sites have gradually refined their strategies and introduced more ambitious attempts to provide direct contact to parents of young children within their service areas.

Second, we identified, in partnership with The Duke Endowment and site staff, multiple indicators to monitor progress toward accomplishing the initiative's four core outcomes. Where feasible and appropriate, these indicators also were monitored in a comparable set of communities in which coordinated, community-wide prevention strategies were not available. Although this use of matched comparison communities is not as strong a design with respect to assessing impacts as a randomized controlled experiment, the method offers a viable and useful lens for determining whether changes observed in the intervention communities represent potentially unique program effects.

We have utilized a variety of sources to obtain data relevant to these indicators. Two sources of administrative data were used to assess change over time with respect to child safety—***child welfare data,*** which monitored trends in child abuse investigations and substantiations occurring between July 1999 and June 2006, and ***hospital intake and emergency room data,*** which identified trends on the number of cases which involved at least one diagnostic code suggestive of child maltreatment from FY 2000-2001 through FY 2004-2005.

In addition, Chapin Hall, in partnership with Westat Associates, conducted **in-person interviews** with a random sample of parents caring for young children living within each project's service area or in similar communities not currently benefiting from either the Durham or Greenville efforts. A baseline survey comprised of 1,205 respondents was completed in 2004 and a subsequent survey comprised of 1,470 was completed in 2007. Each survey captured descriptive information on a range of constructs central to the initiative's core outcome areas, such as abusive and neglectful parenting behaviors, positive parent-child interactions, a parent's ability to effectively access informal supports, and perceptions of neighborhood quality and collective efficacy. Both surveys achieved response rates between 78 and 89 percent in all of the target communities, contributing to our high level of confidence in the data's validity.

Finally a number of site-specific data collection strategies also were included in our assessment. Specifically, we drew on the Strong Communities volunteer and organizational database to enhance our understanding of the extent to which this program successfully generated local capacity for child protection. Strong Communities staff also provided secondary data analysis regarding perspectives of children, parents, and teachers on children's safety, parent involvement in the schools, and school-home relations as reported in annual surveys conducted by the South Carolina Education Oversight Committee (EOC).

With respect to the North Carolina project, we obtained findings from repeated surveys conducted by DFI staff of random samples of local professionals working in either Durham or Guilford Counties. These efforts provided an additional indicator of parental practices and overall child safety beyond those available through administrative data systems and the household survey. DFI also provided descriptive information on their system of care initiative and the results of their own household survey regarding the specific impacts of their outreach worker in connecting families with formal and informal supports. The site also provided additional administrative data on patterns in overall hospitalization rates and infant mortality within the service and comparison communities.

Core Findings

The purpose of this report is to asses the initiative status after an initial 5 years of support. Although conceived as a decade-long endeavor, at this midpoint it is both appropriate and prudent to evaluate the extent to which each site has operationalized its theory of change and to determine whether measurable progress can be observed toward each of the initiative's core objectives. The initiative's ultimate or distal objectives may indeed require at least a decade to accomplish and to be embraced by the community in a manner that can assure sustainability. If the underlying theory has merit, however, one would expect to see some initial progress toward these objectives in the form of improved parental capacity, community support, and institutional change. This report addresses five primary questions:

- Are the efforts underway in North and South Carolina preventing child maltreatment?
- What can we say about how these changes were accomplished?
- Which aspects of the initiative offer the greatest promise or opportunities for replication?
- Can impacts be enhanced over time?
- Should the Child Abuse Prevention Initiative continue?

Although these data are not perfect and not all trends are consistent within or across sites, the evidence gathered is sufficiently robust to provide initial answers to our core questions.

Are the efforts underway in North and South Carolina preventing child maltreatment?

The data provide encouraging but tentative evidence that significant and unique change has been achieved in both the DFI and Strong Communities service areas, as summarized in Table 1.

Table 1. Significant Program Effects after Controlling for Comparison Areas Characteristics and Trends Over Time[1]

Indicator	Strong Communities	DFI	
		County	Neighborhood
Administrative Data			
Maltreatment report rates	Inconclusive	Significant □	
Confirmed maltreatment rate	Inconclusive	Significant □	
MRDC hospitalization rates	Inconclusive	Significant □ [2]	
Household Survey: Abuse Behaviors			
Self-report positive affection			
Self-report positive activities	Significant		
Self-report disengaged			Significant
Self-report physical assault			
Self-report physical neglect			
Combined positive parenting	Significant		
Combined neglect	Significant		
Observed positive parenting	Significant	Significant	
Observed abuse			
Observed inadequate parent			Significant
Household Survey: Personal Functioning			
Perceived social support			
Parenting efficacy			Significant
Parenting stress			Significant
Household Survey: Community Perception			
Collective Efficacy		Significant	

[1] Shaded areas denote significant ***positive*** findings suggesting performance in the intervention area was more favorable over time than in the comparison community.

[2] Although comparisons between MRDC hospitalization rates did not yield significant findings within the initial observation period nor with the "not unduplicated data," a significant intervention effect on these rates was observed for children ages 0-4 using unduplicated data and extending the observation period through 2006-2007. These analytic options were not available in South Carolina.

The most compelling support for DFI's impacts rests with the administrative data, which showed that trends in the intervention areas were more favorable than those observed in the comparison areas. Steady and significant reductions in the rate of child abuse reports and substantiated cases of maltreatment, as well as recent declines in overall hospitalization rates, hospitalizations related to conditions suggestive of possible maltreatment, and infant mortality provide compelling evidence of a measurable reduction in the rate of child victimization.

Unfortunately, the household survey did not show these reductions. No positive trends in the household survey data were observed in the Durham County-wide sample, a pattern in sharp contrast to the significant declines in negative parent-child interactions, improvements in parental efficacy and more positive community perceptions reported by respondents in the Guilford County sample. Respondents in DFI's targeted Durham city neighborhoods, however, did report less frequent parenting behaviors suggestive of physical abuse or neglect. Although these declines were comparable to improvements observed in the Guilford neighborhood sample, the DFI neighborhood residents surveyed in 2007 reported unique and important gains with respect to enhanced parental efficacy and reduced parental stress, changes that were not observed in the comparison communities.

Unlike the trends we observed in North Carolina, we found no significant or consistent pattern of improvement over time in the South Carolina administrative data. Neither the child welfare nor hospitalization data indicate a reduction in child abuse reports, substantiated cases of maltreatment, or hospitalizations suggestive of maltreatment. Evidence supporting an intervention impact in the Strong Communities service area, however, emerged in the household survey data. Respondents to the most recent survey reported substantially fewer parenting behaviors reflecting potential neglect and substantial increases in a variety of positive parenting practices. No comparable changes were observed in the comparison community, which supports the hypothesis of a unique program effect on parenting behaviors within the Strong Communities' service area.

Further, the project-generated data provide numerous examples in which those engaged in Strong Communities developed a keener awareness of local service needs and made a more concerted effort to develop safe havens for children. The substantial number of volunteers generated by this project and the increased engagement of local churches and other organizations speak to the ability of community events and awareness activities to engage the public around the issue of child safety. The household data, however, showed no evidence that these efforts resulted in measurable improvements in levels of social interactions among residents in the service area. The 2007 survey sample, in contrast to the 2004 survey sample, reported fewer instances of providing or receiving tangible help around parenting issues from their neighbors; fewer general social exchanges with their neighbors; less involvement in faith-based, education, or neighborhood associations; and less-favorable perceptions of neighborhood satisfaction and social cohesion.

Although it is possible that Strong Communities altered resident interactions and perceptions in ways not captured in the survey, the absence of impacts of these key indicators is disappointing, particularly in light of the major role these concepts play in the site's overall theory of change.

The differential impacts observed across the two sites may reflect differences in their strategic approach. The DFI intervention placed specific emphasis on improving interagency collaboration and on developing a more consistent response in how families were provided services. Moreover, this project adopted a more targeted approach to its efforts, placing particular attention on families living in communities with the highest reported rates of maltreatment. Although we found minimal evidence that the average or normative parenting practices in these targeted communities changed in the initial years of the intervention, the household survey did not track the most egregious parenting practices. The improvements we noted in parental efficacy and levels of parental stress may have helped some proportion of parents living in these highly distressed communities to avoid the serious and chronic abusive or neglectful parenting that can result in formal child welfare intervention.

In contrast, Strong Communities adopted a more diffused strategy and sought to engage all community residents in the job of child protection. Emphasis was placed on providing positive opportunities for supportive parent-child and neighborly interactions. Although the program's array of special events and volunteer opportunities does not appear to have increased the level of social exchange or perceptions of collective efficacy, the activities may have created a context in which nurturing a child through an array of positive activities and personal interactions became easier and more natural. Such changes, while important for fostering positive child development, may have more modest impacts on families being reported to child welfare officials for suspected maltreatment. More directed and focused efforts may be needed to alter the trajectory of parenting among families facing the greatest challenges or who are unable or unwilling to access support even when it becomes more widely available.

Collectively, these data suggest that the two interventions may be having different impacts in their communities—DFI may be restructuring the public response and reducing negative parenting among those at highest risk, while Strong Communities may be strengthening the capacity of a broader spectrum of parents to nurture their children. Neither impact provides an absolute or more important indicator of progress toward the complex goal of preventing child abuse. Rather when viewed together, they suggest that change in both communities has occurred, but that such change has been limited in both scope and intensity.

What can we say about how these changes were accomplished?

In most of the multivariate models we examined, a respondent's personal functioning (e.g., parental efficacy, level of parental stress, and perceived social support) was the strongest and most consistent predictor of her parenting behaviors. In contrast, a respondent's perception of her community and her level of interaction with her neighbors demonstrated minimal predictive power in explaining the frequency of various parent-child interactions. These patterns suggest that, if either intervention had a direct or indirect impact on maltreatment rates or behaviors suggestive of maltreatment, that impact most likely resulted from the program's ability to alter a parent's personal functioning as opposed to changing her perceptions of her community or levels of social interactions. If these types of contextual issues had a unique and powerful influence on parent-child interactions, one might have expected to see negative parenting behaviors increase as perceptions of collective efficacy and neighborhood satisfaction declined. In fact, however, we observed just the opposite pattern—parenting practices improved despite the fact that we observed dramatic declines over time in reported levels of social interaction and perceptions of community efficacy across all of the survey samples. This pattern suggests that how respondents perceive their community or their levels of tangible support and interactions with their neighbors may have only marginal impact on how they interact with their children. What matters most in predicting these interactions is how parents feel about themselves and their personal capacity to meet their parenting obligations. To the extent The Duke Endowment wants to maximize impacts on child maltreatment levels, supporting strategies that create specific opportunities and linkages to achieve this type of parental change appears most promising.

Which aspects of the initiative offer the greatest promise or opportunities for replication?

Given the very personal nature of community-change initiatives, it may be difficult to replicate the entire DFI or Strong Communities approach within another community. The selection and intensity of each site's strategies has been determined, in large part, by the specific needs, challenges, and opportunities presented within each service area. Replicating all of these contextual conditions within another community seems unlikely. However, specific strategies or strategic decisions within each site can be transported to other communities to extend a prevention initiative's reach and impact. The following strategies appear most promising:

- Developing a common understanding across key public agencies regarding the appropriate response to parents facing challenges in caring for their children
- Engaging the faith community in meeting the child protection challenge both within their own congregations as well as within the larger community

- Constructing early intervention systems that reach all newborns and their parents to determine critical needs and appropriate service referrals
- Involving first responders (e.g., local police and fire departments) in identifying families in need of assistance and linking them to appropriate support
- Establishing resource centers for families by galvanizing existing resources within a community's network of community-based organizations and resident volunteers
- Generating a pool of volunteers engaged in activities to support families and strengthen public awareness around child protection

Although not all of these strategies have been fully implemented within the sites and are still evolving, these and similar efforts provide tangible lessons on which others can build. Successful replication of any strategy, however, will require specific protocols that articulate each strategy's primary objectives, relevant participants or target populations, methods of engagement, initial indicators of progress, and key lessons that have been learned from initial implementation efforts.

Can impacts be enhanced over time?

Continued improvement in both trends reflected in administrative data and self-reports regarding parental practices will be contingent on three factors—program focus, implementation rigor, and contextual changes within the broader economic and political environment. Child abuse rates have long been sensitive to local and national economic conditions as well as to public policies that shape the availability and quality of local health, education, and social services. Over the next several years, it is quite possible that residents in both service areas will face increased economic hardship as a result of slowing economic growth and problems within the housing industry. Such changes are predicted to place significant stress on families with low to moderate incomes, stress that might well put children at higher risk for maltreatment. In addition, economic uncertainty may result in additional constraints on federal, state, and local budgets that will be challenged by increased demands for services and potentially declining revenues. To the extent both projects rely on continued support from local public and private service providers and volunteers to augment their Duke Endowment dollars, these contextual changes may present serious implementation challenges over the next several years.

Although neither the projects nor The Duke Endowment can control economic progress or public budgeting priorities, both can enhance the likelihood of continued success by establishing a clear focus and set of operational objectives, articulating an effective strategy for achieving these objectives, and outlining clear implementation strategies with multiple progress indicators and opportunities for midpoint corrections. As noted earlier, the household data confirms what has

long been suggested as the primary pathway for improving parent-child interactions—parental practices are primarily influenced by parental functioning and by the capacity of parents to access supportive resources within their community. Looking at the historical development of the sites, both DIF and Strong Communities have crafted at least one strategy designed to generate greater potential for drawing families into a network of supports (formal and/or informal) that will enhance their capacity to care for their children. In DFI, this approach is called Durham Connects. In Strong Communities, it is called Strong Families. Both strategies are built on each site's implementation lessons and represent two unique pathways for reaching families and building community. The Strong Families approach draws together existing organizational and human resources to collectively address the needs of families. No one is asked to make a big investment but everyone (or everyone who does engage) is asked to make some investment. In contrast, Durham Connects will be seeking significant investment over time from the health department to support initial universal home visits to all newborns and their parents and other agencies to meet the personal and parenting needs that will surface as a result of this identification and assessment process.

Going forward, The Duke Endowment's Child Abuse Prevention Initiative may best be served by placing special emphasis on such strategies and on building the infrastructure necessary to take them to scale and sustain them over time. Although strategies that focus on community capacity building or strengthening collective efficacy within a neighborhood clearly have merit, the data indicate such strategies may not be the most effective or efficient pathway to altering negative parenting practices, particularly among those living in the most challenged communities or struggling with the greatest personal limitations and stress.

Should the Child Abuse Prevention Initiative be continued?

Empirical evidence can provide only a partial answer to this question. Although the data clearly demonstrate progress toward the initiative's primary objective, the challenges faced by the sites in implementing their efforts over the past 5 years underscore the difficulty in designing and sustaining community-based prevention strategies. As both sites move to expand their efforts, they no doubt will continue to face notable obstacles, which could limit the magnitude of the initiative effects. Careful planning and monitoring can reduce these risks, but they cannot fully eliminate them.

From the outset, the Endowment's Child Abuse Prevention Initiative has reflected bold thinking and a degree of risk. DFI and Strong Communities represent significant departures from the traditional approach of addressing a social problem through targeted, clinical interventions. Both programs represent an array of strategies that seek simultaneous change within individual families, the communities in which they live, and the institutions that provide them support. Over

time, the sites have refined their strategies and adjusted their operations to reflect what they have learned about the needs of local residents and the capacity of local formal and informal resources to address these needs. Their efforts have improved community service systems, developed an expanded awareness of personal and collective responsibility for child safety, and have had measurable impact on various indicators of child maltreatment. Moreover, their experiences have provided valuable lessons for the growing number of state agencies, legislators, and philanthropists seeking new ways to reduce child abuse, improve health access, and enhance early child development and early learning. For these and similar reasons, continued investment in both sites merits serious consideration.

In moving forward, however, it is critical to be true to both the data and the initiative's original intent to move beyond targeted, clinical interventions. Strong Families and Durham Connects are far more than the typical "direct service intervention." To be effective, each will require fundamental change in how organizations partner with each other and establish a shared mission; change in how public resources are prioritized; change in how families determine access and utilize support to meet their childrearing responsibilities; and change in how communities perceive their collective responsibility for child protection. Both will require careful planning, consistent implementation, and rigorous evaluation in order to successfully mobilize their respective communities to fully address the needs of children and their families. To contribute *meaningful* information to the broader field, however, care needs to be taken to clearly define these strategies, establish explicit benchmarks for assessing progress (e.g., number of families enrolled/contacted, number of agencies engaged in the effort, number of families provided tangible assistance, etc.), and embrace a willingness to make midpoint corrections if core benchmarks are not achieved. If this can be accomplished, the two approaches represent an innovative and important opportunity to build learning for the field and provide sustainable mechanisms of support for families in both the greater Greenville area and Durham County.

Next Steps

Following a careful review of Chapin Hall's full evaluation report and subsequent conversations with both programs, The Duke Endowment Board elected to discontinue funding for Strong Communities in October 2008. This decision reflected the fact that the program's theory of change, suggesting that changes in community cohesion and levels of mutual reciprocity among residents would precede and influence changes in parent-child interactions, was not supported by the household survey data. Although the data found some improvements in parent-child interactions, these changes were not attributable to changes in either personal parental functioning or community perceptions of levels of interaction among neighbors. In addition, the primary focus of Strong Communities shifted away from its initial attempt to create universal access to support for families, as demonstrated by Strong Families. At present, the program is more heavily invested in creating support opportunities for children whose parents have been incarcerated and parents needing direct assistance in caring for their children either through voluntary placement arrangements or ongoing intensive support. These efforts, while meeting important service needs in the community, are not aligned with The Duke Endowment's focus and interest in expanding community-based primary prevention efforts.

The Duke Endowment has continued funding the Durham Family Initiative and is supporting the full implementation of Durham Connects.

To further guide the development of community child abuse prevention strategies and to identify key lessons for future policy in this area, Chapin Hall conducted in-depth implementation studies of both Strong Communities and the Durham Family Initiative. These reports, available on the Chapin Hall website, underscore the complexity of both initiatives and the importance of achieving a balance between the careful implementation of planned strategies and the strategic selection of new opportunities as they emerge.

Over the next several years, Chapin Hall will continue to monitor the implementation of Durham Connects. The focus of this subsequent work will be determining the extent to which parents from diverse socioeconomic backgrounds and risk levels elect to access voluntary support services and

the extent to which this innovation influences the capacity and level of coordination among local service providers.

References

Brody, G., Ge, X., Conger, R., Gibbons, F., McBride, V., Cerrard, M., et al. (2001). The influence of neighborhood disadvantage, collective socialization, and parenting on African-American children's affiliation with deviant peers. *Child Development, 72*, 1231-1246.

Burton, L. M. & Jarrett, R. L. (2000). In the mix, yet on the margins: The place of families in urban neighborhood and child development research. *Journal of Marriage and the Family, 62,* 1114-1135.

Chaskin, R. (1997). Perspectives on neighborhood and community: A review of the literature. *Social Service Review*, *71*, 521-547.

Daro, D. (1988). *Confronting Child Abuse: Research for Effective Program Design*. Free Press, New York.

Daro, D. & Dodge, K. (2009). Creating community responsibility for child protection: Possibilities and challenges. *Future of Children*, *19:2*, 67-94.

Daro, D. & McCurdy, K. (2007). Interventions to Prevent Child Maltreatment. In Doll, L., Mercy, J., Hammond, R., Slett, D., & Bonzo, S. (Eds.). *Handbook on Injury and Violence Prevention Intervention*. New York: Springer Publishers, pp. 137-156.

Garbarino, J., Kostelny, K., & Dubrow, N. (1991). What children can tell us about living in danger. *American Psychologist, 46,* 376-383.

Gorman-Smith, D. & Tolan, P. (1998). The role of exposure to community violence and developmental problems among inner-city youth. *Development and Psychopathology*, 10, 101-116.

Jencks, C., & Mayer, S. (1990). The social consequences of growing up in a poor neighborhood. In L. Lynn, Jr., & M. McGeary (Eds.), *Inner-city poverty in America.* Washington, DC: National Academy Press, 111-186.

Leventhal, T., & Brooks-Gunn, J. (2003). Children and youth in neighborhood contexts. *Current Directions in Psychological Science, 12,* 27-31.

Linares, L. O., Heeren, R., Bronfman, E., Zuckerman, B., Augustyn, M., & Tronick, E. (2001). A mediational model for the impact of exposure to community violence on early child behavior problems. *Child Development, 72*, 639-652.

Schorr, L., & Schorr, D. (1985). *Within Our Reach*. New York: Anchor Press/Doubleday.

Shonkoff, J. & Phillips, D. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Academy Press, Washington D.C.

Simons, R.L., Lin, K.H., Gordon, L.C., Brody, G.H., Murry, V., & Conger, R.D. (2002). Community differences in the association between parenting practice and child conduct problems. *Journal of Marriage and Family, 64,* 331-345.

Willis, D., Holden, E.W., & Rosenberg, M. (Eds.). (1992). *Prevention of Child Maltreatment: Developmental and Ecological Perspectives*. New York: Wiley.

About Chapin Hall

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

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