

REPORT TO
NEBRASKA CHILDREN'S COMMISSION

MODEL FOR COMMUNITY OWNERSHIP OF CHILD WELL-BEING

Submitted by the Community Ownership of Child Well-Being Workgroup

INTRODUCTION

This model was developed based on input gathered through five community listening sessions held in May and June 2013, research presented to the Nebraska Children’s Commission by Dr. Deborah Daro on June 18, 2013, and research on collective impact conducted by FSG. The model is adaptable to any size community and can also be used successfully on a regional basis as evidenced by the Panhandle Partnership which includes 11 counties in the Panhandle. It is based on the premise that no single organization can create large-scale, lasting social change alone. There is no “silver bullet” solution to systemic social problems such as juvenile crime, child abuse and neglect, school dropout, teen substance abuse, teen pregnancy, etc.; and these problems cannot be solved by simply scaling or replicating one organization or program. Strong organizations are necessary but not sufficient for large-scale social change. It requires organizations—including those in government, the private sector, and nonprofit sector—working collaboratively toward a shared vision for child well-being and shared outcomes for all children. The model outlined in this document is designed to help communities build strong collaborations that are necessary to support community ownership of child well-being and the achievement of better outcomes for children.

PRINCIPLES

- Improving the well-being of children is the opportunity and responsibility of the entire community. It requires cross-sector collaboration involving nonprofits, government, businesses and the public sharing responsibility and working together for a shared vision for change.
- Prevention efforts build on what already exists, honoring strengths and current evidenced-based and evidence-influenced efforts and engaging established organizations.
- Community priorities and outcomes are developed through ongoing assessment, data sharing and collaborative processes.
- Broad-based community collaborations function in an environment of reciprocity and cross-system understanding.
- Change is community wide. Outcomes and evaluation strategies are identified for direct service clients, the larger population, collaborative functioning and system change.
- Creates common expectations for “all” children and empowers residents to accept responsibility for change.
- Creates an open sharing environment in which residents are engaged in supporting each other and in creating a community of wellness and safety for all children.

OUTCOMES

- Improvements in child well-being for the general population. Measured by priority indicators aligned with children are safe, healthy, ready and successful in school and supported in quality environments.
- Children do not enter the child welfare system
- Family protective factors are enhanced
- Increased Informal supports
- Parent engagement and leadership is enhanced
- A broad-based community collaborative that holds members accountable and is focused on collective impact. Measured by collective impact indicators
- Public and private systems function to maximize opportunities for children and families, support prevention, support informal support systems and works to prevent the need for more intense levels of intervention

NECESSARY COMPONENTS OF COLLABORATIVE INFRASTRUCTURE:

- Community collaboration focused on child well-being that is developed by a broad base of community stakeholders and residents.
- The community collaboration is a public/private partnership that blends funding streams to work across partnering organizations and address the gaps in services.
- Establishment of a 501(c)3 or utilization of another neutral “backbone” organization that is not in competition for funding and supports the decisions made by the collaboration.
- Agreed upon policies and procedures for the collaboration that facilitates decision making, communication, sharing of data and mutual support and accountability.
- The backbone organization must exemplify the characteristics and functions of a backbone. It acts as a portal for state/federal public/private grants and does all of the backroom work to blend and leverage funding streams, support continuous communication, and facilitate assessment, planning, evaluation, and implementation.
- Training for leadership development, community inclusion, systems change strategies, and the tools used in assessment, planning and evaluation.
- An outside coach skilled in collaboration to support the development and work of the community collaboration.
- The collaboration integrates and serves as a collaborative for Substance Use Prevention Coalitions, Juvenile Justice Coalitions, Child Abuse Prevention teams, Systems of Care for Mental Health, Early Childhood Collaborations, Early Learning Connection Partnerships, Home Visiting Coalitions, and other collaborative efforts required by funding and related to the outcomes for child well-being.
- Braiding of public and private funding plus flexible funding is needed for prevention.

PHASES OF DEVELOPMENT: COMMUNITY COLLABORATION FOCUSED ON CHILD WELL-BEING

PHASE ONE: INITIATE ACTION

- **Identify Champions, Funders and Partners to focus on Child Well-Being.** Participants include DHHS, Public Health, Early Childhood, Schools, City, Faith-based Organizations, Behavioral Health, Nonprofits, Courts, Police, Parents, Volunteers, etc.
- **Assess and Analyze Community Landscape.** The broad-based collaboration conducts a community-wide needs assessment and service array process to establish strengths, gaps and needs.
- **Facilitate Community Outreach.** The community establishes mechanisms for inclusive participation (above) including those who are least likely to participate or to have an ongoing voice

PHASE TWO: ORGANIZE FOR IMPACT

- **Create Backbone and Collaborative Infrastructure.** Establish a 501©3 or align with another neutral backbone organization that serves as coordinating body and fiscal agent and supports an infrastructure that includes collaborative bylaws, procedures, policies, workgroups, org chart, membership-owned decision making that promotes participation from all entities. The backbone organization retains neutral facilitation/coordination, is transparent and exists to focus on the needs and outcomes of the collaborative. The backbone acts as a portal for state/federal public and private grants and does all of the backroom work to blend and leverage funding streams to support evidence-based practices, continuous communication, and the facilitated planning, evaluation and reporting.
- **Create Common Agenda.** The collaboration creates a vision for the well-being of all children. Using the service array and data assessment, protective factors are mapped to develop and support a community-owned priority plan that everyone can work on for prevention. The model depends on community ownership of the plan/outcomes. The priority plan cannot be directed or predetermined on where to focus efforts; it needs to be based on the community's gaps and strengths and established priorities. The collaboration develops and through braided funding implements a plan for prevention that addresses multiple risk factors for all children and families.
- **Engage Community and Build Public Will.** These data and other assessment information are utilized to make the case for how everyone in the community is needed to reach the child well-being outcomes.
- **Establish Shared Metrics/Shared Accountability to Outcomes.** The collaboration establishes performance measures for strategies and population measures for child well-being. (Mark Friedman RBA).

PHASE THREE: SUSTAIN ACTION AND IMPACT

- **Support Implementation/Alignment to Goals and Reinforcing Activities.**
 - Training to establish a process for selection of evidence-based practices and evidence-informed practices that fit the needs and outcomes of the target population.
 - Training for professional workforce provided to all community providers/members.
 - Actions focus on changing the community context (e.g. power and influence, real family engagement, family-centered practices, cultural inclusion, family-friendly policies, etc.) in order to create the “we” in communities.
 - Disproportionality rates in systems used to develop practices for inclusion and a safe environment to address concerns.
 - The coordinated service delivery system focuses on the gaps where families fall through the cracks, builds positive parent-child interaction, enhances the Protective Factors, provides community informal supports and inclusion so higher systems of care are not utilized.
- **Collect, Track & Report Progress**
 - Members of the collaboration establish a continuous quality improvement cycle including assessment, planning and implementation, evaluation and sustainability process.
- **Focus on Sustainability**
 - Collaboratives do not focus on the sustainability of programs. Instead focus on sustaining outcomes. Resources are enhanced for community organizations rather than creating competition for scarce resources. A shared community fund development plan based on the priority plan is created.
 - The collaboration is a public/private partnership that blends funding streams to support the work across partnering organizations and to address the gaps that public funding streams create due to eligibility criteria.

BARRIERS TO COMMUNITY OWNERSHIP FOR CHILD WELL BEING:

- Need flexible funds to afford communities the opportunity to fill gaps and to braid funds as needed.
- Establish, encourage and honor one comprehensive community planning process which services multiple system needs.
- Establish and honor one collaborative evaluation process. Many times federal grants require this and it is possible to have more than one occurring in a community at the same time. If the state/community partners could agree on and implement one process, then future state grants could help fund the one process rather than many.
- Especially in greater Nebraska, consult communities before establishing policies and practices.
- Rural vs. urban issues—gather input from small communities as well as big communities.
- Work through legal barriers to serving families that are subjects of screened out child abuse and neglect intake reports. Reaching these families is an essential component of communities' prevention strategies.
- Provide networking and peer mentoring opportunities for communities.
- Funding for prevention efforts is key. Funding should encourage collaboration in communities rather than competition. Having funding flow through the community collaborations promotes collaboration and community buy-in which helps with sustainability. Allow for local decision making as much as possible.
- Let local areas define themselves. Do not force partnerships.
- Need organization such as NCFE to continue to provide technical assistance to communities and to support development of collaborations. Funding has helped but boots-on-the-ground technical assistance and support has been valuable.
- The State should think about funding indirect costs to support backbone organizations.
- There is a Summit for every issue—have one summit to work across systems for prevention.