

Community Action Plan Toolkit

Connecting Communities to Support Families and Well-Being

No one knows what works best for communities better than the people living and working there themselves. This toolkit offers a guide on how to bring relevant partners, providers, and members together to respond to the collective needs and gaps present in their area when it comes to strengthening the child welfare to promote child safety and support family's ability to thrive.

The result of these conversations is the development of an Action Plan which includes specific goals on how to support local well-being at an individual, familial, and group level to strengthen support and decrease common stressors that lead to risk and crisis. Also included is a template for tracking and organizing specific tasks and objectives for each goal with coordinating timelines for execution.

There comes a point where we need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in. (Desmond Tutu)



Photo credit: [@creative.clinical.psychologist](https://www.instagram.com/creativeclinicalpsychologist)

Developed by:



Prepare for Action Planning

The goal of this toolkit is for communities to develop an Action Plan for primary child abuse and neglect prevention. The following includes steps for communities to take to come together and develop solutions:

1. **Create a planning team.** The first step in shifting the focus on child abuse and neglect from reactive to proactive for individuals and families is to decide who to bring to the table. The planning team would include a small group of community partners willing to lead the work. Key responsibilities entail establishing goals and articulating what you hope to accomplish in the community, setting the timeline, and deciding who will take specific roles.

Throughout this process, it is important to ensure that prevention remains the key focus and that problem areas are targeted with an upstream approach—before they occur.

Roles include:

- **Logistics.** In charge of organizing the meeting space, refreshments, supplies, audiovisual needs, etc. For virtual meetings: creating polls, setting up breakout rooms, building in meeting breaks and opportunities to maintain engagement.
- **Outreach.** Take point on inviting community partners to attend. Think of standout businesses, service providers, leaders, and client-facing staff. This can also include groups already coming together around prevention work who may need support in collaborating and combining efforts.
- **Content.** Do the initial data scan (current data on child abuse and neglect cases in the area from both the child welfare agency and the courts). Take point on setting the agenda, inviting speakers (spotlight community partners), and facilitating the discussion.

2. **Logistics.** Planning for and taking care of the logistics ahead of time will help the process go smoothly.

Here are some things to plan for:

- **Meeting space.** Choose a location that is accessible and welcoming to all community members. Decide whether attendance and engagement would be better served through an in-person or virtual meeting.
- **Room setup.** If possible, have tables of 6 to 8 which will allow for small group discussions. For virtual meetings: plan and test virtual engagement tools such as screen sharing, reaction icons for nonverbal feedback, the chat feature, the built-in music player, and breakout rooms.
- **Supplies.** You will need flipchart paper (and easels if not self-sticking), sticky note pads, markers, and dot stickers. You may want to use nametags and a sign-in sheet. For a virtual meeting, you will need access to virtual note-and-poll-taking platforms such as Mentimeter or Jamboard.
- **Audiovisual/technology needs.** Plan to have a laptop, projector, and screen available for a data presentation. In larger rooms, a microphone could be needed. A video conferencing camera may be needed for hybrid meetings.

- **Refreshments.** You might want to offer drinks, snacks, and/or lunch to participants. For virtual meetings, gift cards can be mailed or emailed to participants to cover the cost of their refreshments at their chosen teleconferencing location.
 - **Print materials.** Gather relevant data in advance of the meeting to distribute in-person. For virtual meetings, attach data and slides to follow-up emails to all those in attendance.
3. **Outreach.** Depending on the specific needs and gaps of your target area, there are numerous community representatives to consider inviting. The list below also includes community representatives that provide secondary or tertiary services, which are necessary to have at the table as they can help identify what supports would have been helpful to keep families from needing their services.

Invites include:

- **Educators** – family resource coordinators/Family Resource Youth Service Centers (FRYSCs), teachers, child care providers, community college leaders and staff
 - **Health professionals** – school nurses, pediatricians, OBs/OBGYNs, public health department leaders (HANDS, WIC), hospital administrators and workers (case management), therapists
 - **Child welfare/juvenile justice system** – biological parents with lived experience, former foster youth, foster parents, kinship and fictive kin caregivers, CASA volunteers, judges, public defender, court designated workers, guardian ad litem, Department of Community Based Services (DCBS) representatives, county attorneys
 - **Faith-based organizations** – leaders from local houses of worship, ministerial alliances
 - **Peer support specialists** – Supportive Mental Health and Addiction Recovery Treatment (SMART) Mentors, Kentucky Strengthening Ties and Empowering Parents (KSTEP), Kentucky Partnership for Families and Children (KPFC)
 - **Human service providers** – food pantries, private child caring agencies, sexual assault providers, domestic violence shelters, substance abuse treatment providers, community mental health providers, homeless shelters
 - **Community resource providers** – libraries, Extension offices, job training programs, YMCA, Salvation Army, Goodwill
 - **Law enforcement** – police chief, emergency responders
 - **Potential funders** – local foundations, businesses or hospitals who might be able to bring financial support to the action plan
4. **Content.** This process will begin with data gathered from community sources, such as the Department for Community Based Services and the Courts, as well as primary and secondary prevention resources in the community. It will end with an action plan which contains specific, measurable, and achievable goals for preventing child abuse and neglect in the determined area.

Before Getting Started

Before the community partner leads get started in developing the action plan, review key terms such as the two list below and those highlighted in the **Mini Guide + Glossary to Primary Prevention Strategies** at the end of this toolkit.

Primary prevention includes factors and resources accessible to the general population that indirectly attempt to stop maltreatment before it occurs. They are not a response to a risk; they are available to all and promote strong and healthy communities with equitable access to protective factors. All members of the community may benefit. These are services and public amenities like parks, before and after school programs, affordable child care, opportunities for social connections, food and housing access, and transportation. Not having these neighborhood features increases familial stress and can become a root cause of or exacerbate existing risk factors, like mental health, substance use, and violence.

Secondary prevention is offered to populations that have one or more risk factors associated with child maltreatment that can be managed with support, such as mental health and substance use treatment and programs for pregnant teens.



Protective Factors Approaches in Child Welfare: A protective factors approach to the prevention of child maltreatment focuses on positive ways to engage families by emphasizing their strengths and what parents and caregivers are doing well, as well as identifying areas where families have room to grow with support.

Develop the Action Plan

The first step in drafting the Action Plan to promote child, family, and community well-being is to identify 2-3 short term (within 12 months) and 1-2 long term (18-36 months) goals that would serve to prevent the need for future child welfare agency involvement.

The goals need to be SMART – specific, measurable, actionable, and realistic within the designated time frames. (See *graphic below and template on page 10.*)

A small group (up to 10 people) of community partner leads will be responsible for taking a leadership role by tracking and measuring the goals and keeping this work moving forward.

The graphic is a dark blue rectangular box with five columns, each representing a letter of the SMART acronym. Each column contains a large white letter on a colored square background, an icon, the word in all caps, and a short paragraph explaining the concept. At the bottom, the title 'SMART GOALS EXPLAINED' is written in large white letters, and the logo for 'THE COACHING TOOLS COMPANY.COM' is in the bottom right corner.

S	M	A	R	T
SPECIFIC	MEASURABLE	ACTIONABLE	REALISTIC	TIMEBOUND
Be clear and specific so your goals are easier to achieve. This also helps you know how and where to get started!	Measurable goals can be tracked, allowing you to see your progress. They also tell you when a goal is complete.	Are you able to take action to achieve the goal? Actionable goals ensure the steps to get there are within your control.	Avoid overwhelm and unnecessary stress and frustration by making the goal realistic.	A date helps us stay focused and motivated, inspiring us and providing something to work towards.

SMART GOALS EXPLAINED

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Sample timeline:

Three months is an ideal amount of time for planning a community conversation, but it can be done in a shorter timeframe. The community partner leads will also need to determine the frequency of meetings – whether monthly or quarterly – and **adapt the sample timeline below accordingly:**

3 months out:

- Planning team meets, assigns roles, and decides best way to communicate
- Establish goals for the community conversation
- Brainstorm invitation list
- Develop suggestions for meeting date and location
- Create an invitation and registration form

2 months out:

- Finalize the meeting date and location

- Send save the date to community partners
- Finalize the agenda, assign roles

1 month out:

- Send invitations to community partners
- Make arrangements for refreshments

1-2 weeks out:

- Send reminder email to partners who have RSVPed, including agenda and zoom link (if virtual)
- Follow up with partners who have not responded
- If in person, gather needed supplies (markers, sticky notes, flipchart paper, etc.) and make plan for how to set up the room
- Confirm audiovisual needs with speakers/facilitators

Day of:

- Set up the room and test technology (at least 1 hour before start time)
- Have a sign-in sheet to keep a record of who attended
- Ensure someone from planning team is taking notes

Follow up, within 1 week:

- Email participants to thank them for attending, confirm next steps
- Debrief and celebrate with the planning team

Sample invitation:

Subject: You're invited! Join us for a Collaborative Action Planning session in [the area you are covering]

Dear [Name],

(Restate the purpose of the action plan to strengthen communities with primary and secondary child abuse and neglect prevention and remind community partners/relevant stakeholders of their role at the table).

Why participate: Participation is critical to helping shape the way that your local area effectively responds to and supports families who are at risk of child abuse and neglect. Your connection to the community equips you to play a role in keeping children safe, helping families thrive, and promoting individual and collective well-being.

Date:

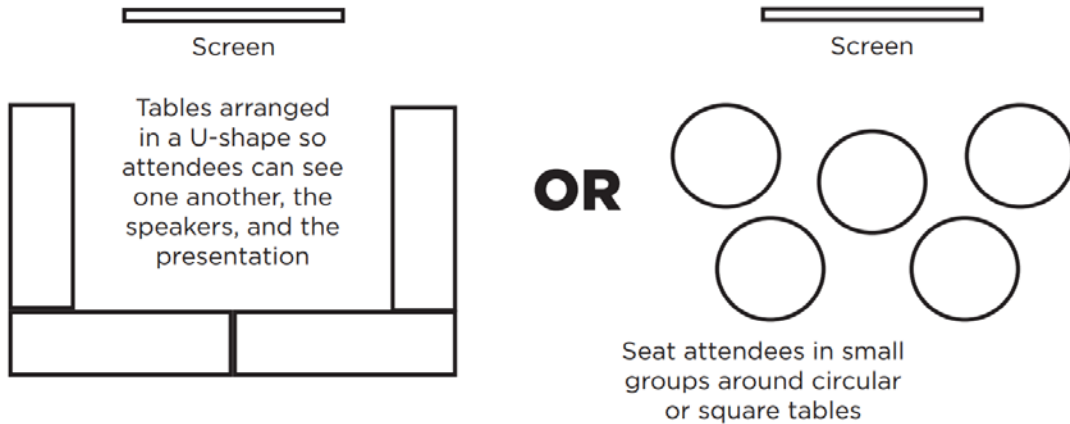
Time:

Location:

RSVP info.

(Reminder about refreshments and what data materials will be available.)

Sample room layout:



Sample meeting agenda/facilitator guide:

Each meeting agenda will vary based on the community's meeting frequency, needs, and goals. Here are ideas to get community partner leads started:

Set the stage: Open the conversation in a way that creates a sense of urgency balanced with optimism. What inspired the planning team to have this conversation? Is there any unlikely ally that can speak to the importance? You might consider inviting someone to share their personal story, if appropriate.

Facilitated discussion:

- Content creation
 - Determine trends facing children and families (prevention strengths and gaps)
 - Brainstorm solutions to address community needs for support
- Timeline
 - Using the proposed solutions, what are measurable goals? Which are short-term? Longer term?
- Assign roles
 - Who will be responsible for executing the goals? Monitoring the progress of the goals?
 - How often will this small group meet?
- Analysis and Reflections
 - How will the goals impact prevention and mitigate crisis for this specific region?
 - Do they target problem areas before they occur/are they upstream enough?

Sample Plan: Prevention Strategies and Levels of Prevention Addressed (example)

Prevention Strategies	Prevention Objectives	Levels of Prevention Addressed	Projected Timeline
Prevention Strategy 1: Expand parenting education programs, including positive parenting	1.1 High school parenting education	Primary	
	1.2 Parent cafés and community support groups SMART goal example: Host 3 community conversation parenting events using the protective factor conversation guides within the next 6 months.	Primary and secondary	Short term: 6 months
	1.3 Parent-Child Interaction Training Therapy	Secondary	
Prevention Strategy 2: Increase access to quality, affordable child care and early intervention	2.1 Early Head Start and Head Start Programs	Secondary	
	2.2 Resource awareness and expansion of high-quality childcare options SMART goal example: Open 5 more certified family child care homes in the area within the next 15 months.	Primary	Long term: 15 months
Prevention Strategy 3: Increase public awareness of community services and supports for families and children	3.1 Online resource directory (up-to-date, accessible) SMART goal example: Create a web-hosting option of the current print form resource directory within the next 3 months	Primary	Short term: 3 months
Prevention Strategy 4: Encourage help-seeking behaviors for parents and families	4.1 Advertise family programs, such as HANDS SMART goal example: Increase enrollment in HANDS program by 20% within 12-15 months	Primary and secondary	Long term: 12-15 months
	4.2 Provide incentives for support seeking (gift cards, prizes) SMART goal example: Partner with local faith-based organizations to collect \$500 in donations for gas and grocery gift cards to distribute to community providers	Secondary	Short-term or long-term

Plan Template: Prevention Strategies and Timeline

Prevention Strategies	Prevention Objectives	Levels of Prevention Addressed (Primary and/or Secondary)	Projected Timeline (Short term or Long Term)
Prevention Strategy 1:			
Prevention Strategy 2:			
Prevention Strategy 3:			
Prevention Strategy 4:			

Sample SMART Goal Maker:

GOAL #1:

Draft objective:	
Key Component	Objective:
Specific – What is the specific task?	
Measurable – What are the standards or parameters?	
Achievable – Is the task feasible?	
Realistic – Are sufficient resources available?	
Time-Bound – What are the start and end dates?	
SMART objective:	

Sample SMART Goal Maker template adopted from [Evaluate SMART Objectives Template.doc](#) and [Develop SMART Objectives \(cdc.gov\)](#).

Sample Action Plan Tracker

Guiding Questions: <i>How can we strengthen individual and family supports in our community to prevent child abuse and neglect before it occurs?</i> <i>As a community, what is our vision for change?</i>					
What Strategies Will Our Community Adopt to Make This Change? <i>What will be done, when, and by whom?</i>	Expected Outcome/Performance Measures <i>What form of prevention do these goals target and how will they impact prevention?</i>	Progress Measures <i>(Data, tools, methods for tracking progress)</i> <i>What activities will you conduct to implement the strategies and realize the outcomes?</i>	Resources for Implementation <i>The staff, technical assistance (both short-term and long-term), and financial resources allocated or needed to support this initiative</i>	Person(s)/Agencies Responsible	Status

Sample Action Plan Tracking Template adopted from buildthefoundation.org.

The following are additional resources where community partner leads can find more information and tools for developing and implementing child abuse and neglect prevention plans:

- [Building Protective Systems: A Public Health Approach to Preventing Child Maltreatment](#)
- [Working Across the Prevention Continuum to Strengthen Families- Child Welfare Information Gateway](#)
- [Violence Prevention Home Page \(cdc.gov\)](#)
- [Visioning for Prevention: Protecting Children Through Strengthening Families](#)
- [Conversation Guides - National Child Abuse Prevention Month - Child Welfare Information Gateway](#)
- [SMART Goals Guide for Coaches \(plus .PDF\) | The Launchpad - The Coaching Tools Company Blog](#)
- [Develop SMART Objectives \(cdc.gov\)](#)
- [Collaboration-Agendas_Final.pdf \(buildthefoundation.org\)](#)

A Mini Guide + Glossary to Primary Prevention Strategies:

The following terms, graphics, and resources provide further context to primary prevention strategies and protective factors.

Primary prevention using universal strategies involves offering services and support to the general public to prevent child abuse and neglect from occurring. **Universal strategies** are available to all.

Both primary and **secondary prevention** (available to those with the presence of risk factors) aim toward increasing protective factors for individuals, families, and the community as a whole. **Protective factors** offset or eliminate risk factors for child maltreatment.

Not everyone has equal access to essential well-being. Increasing opportunity to promote and strengthen protective factors should be the focus of primary prevention. These are examples of protective factors from the [CDC](#):

Protective Factors for Child Abuse and Neglect

Protective factors may lessen the likelihood of children being abused or neglected. Identifying and understanding protective factors are equally as important as researching risk factors.

Individual Protective Factors

- Caregivers who create safe, positive relationships with children
- Caregivers who practice nurturing parenting skills and provide emotional support
- Caregivers who can meet basic needs of food, shelter, education, and health services
- Caregivers who have a college degree or higher or specialized vocational training and have steady employment

Family Protective Factors

- Families with strong social support networks and stable, positive relationships with the people around them
- Families where caregivers are present and interested in the child
- Families where caregivers enforce household rules and engage in child monitoring
- Families with caring adults outside the family who can serve as role models or mentors

Community Protective Factors

- Communities with access to safe, stable housing
- Communities where families have access to high-quality preschool
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to safe, engaging after school programs and activities

- Communities where families have access to affordable medical care and mental health services
- Communities where families have access to economic and financial help
- Communities where adults have work opportunities with family-friendly policies like paid parental leave



For more information

Please call 919-829-8009 or email
info@preventchildabusenc.org

PreventChildAbuseNC.org



**Prevent Child Abuse
North Carolina™**

Graphic from Prevent Child Abuse North Carolina, available at www.preventchildabusenc.org/resource-hub/protective-factors/.

Kentucky's Socio-Ecological Continuum of Primary/Universal Prevention Strategies

Accessible by the General Public Prior to the Occurrence of Child Abuse and Neglect



Kentucky's Socio-Ecological Continuum of Secondary/Selected Prevention Strategies

Accessible by the General Public Prior to the Occurrence of Child Abuse and Neglect



Adapted from the Florida Prevention of Child Abuse, Abandonment and Neglect Plan: July 2010-June 2015

Primary Prevention in Kentucky communities:

- Access to basic needs of food, shelter, education, and health services
 - Safe, stable housing
 - Medical care and mental health services
- Education services for parents/caregivers of newborns
- Parenting skill-building, such as:
 - Household management
 - Discipline
 - Trauma-informed parenting
 - Parent-child interaction – safe, positive relationships with children
- Community development and community supports for families, which includes increased access to the following:
 - Economic and financial help
 - Workforce opportunities
 - Accessible public transportation
 - Higher education opportunities
 - Work opportunities with family-friendly policies
 - Public parks, community gardens, community fridges, book boxes/little free libraries
- Family Supportive Programs/Services
 - High-quality preschool
 - Nurturing and safe child care
 - Safe, engaging after-school programs and activities
 - Community fitness centers with on-site child watch
 - Opportunities to build social networks – community events, park programming, parent night-outs, drop-in care centers, parent cafes, library programs
- Community role models and mentors (Boys & Girls Club, etc.)
- Information Referral and Helplines
- Public Awareness and Education Campaigns

Kentucky specific primary prevention (universal) examples:



Secondary Prevention in Kentucky communities – targeted supports

- WIC
- Early Head Start/Head Start, Scholar Houses
- First Steps
- Pregnancy resource centers
- Substance use and mental health treatment centers
- Case management services
- Respite care
- Crisis care
- Programs and organizations such as:



Tertiary Prevention and Intervention in Kentucky

- Child protective services involvement – Department for Community Based Services

A visual of Kentucky's Thriving Families, Safer Children efforts:



Tertiary prevention activities focus on families where maltreatment has already occurred, seek to reduce the negative consequences of the maltreatment, and to prevent its recurrence (Child Welfare Information Gateway, 2022). The scope of work and responsibilities for the Prevention Evidence-Based Practices Branch include the administration of all Family First Prevention Services programming, Family First Preservation and Reunification Services, Kentucky Strengthening Ties and Empowering Parents, Sobriety Treatment and Recovery Teams, and prevention pilots, such as administration of the Intercept and Multisystemic Therapy evidence-based practices. These programs are aligned with and supported by the Family First Prevention Services Act of 2018. Services to families under these programs are administered by contracted prevention providers, who are required to utilize evidence based practices (EBPs) approved by the federal Prevention Services Clearinghouse. These services are provided to families with children who have been identified by the child welfare agency as “candidates for foster care”. Federal requirements for administration of these programs require fidelity monitoring of each of the evidence based practices, as well as intensive continuous quality improvement procedures, which include case reviews of a sampling of prevention cases. These federally required activities are administered by the Prevention Evidence-Based Practices Branch. This branch is also responsible for the state’s federally required Title IV-E Five Year Prevention Plan.