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Community Prevention of Child Maltreatment:

Lessons Learned and Promising Practices
During the COVID-19 Pandemic



OPRE Report 2023-11

Abt Associates and
Child Trends



building capacity to evaluate
**CHILD WELFARE
COMMUNITY
COLLABORATIONS**

Community Prevention of Child Maltreatment: Lessons Learned and Promising Practices During the COVID-19 Pandemic

The Child Welfare Community Collaborations (CWCC) initiative is a set of cooperative agreements funded by the Children’s Bureau at the Administration for Children and Families (ACF) “that support the development, implementation, and evaluation of primary prevention strategies to improve the safety, stability, and well-being of families through a continuum of community-based services and supports.”¹ The cross-site process evaluation of CWCC (see Box 1) is designed to describe grantees’ experiences and programmatic strategies.²

At the onset of the COVID-19 pandemic, cohort 1 CWCC grantees had just begun implementing their grant activities, and the cross-site process evaluation team had not yet begun data collection. Given the likelihood of widespread effects of the pandemic, the cross-site process evaluation team sought to learn about grantees’ experiences with the COVID-19 pandemic. This brief, which draws on information collected in the summer of 2020, describes the ways the COVID-19

BOX 1

About the CWCC Cross-Site Process Evaluation

The purpose of the CWCC initiative is to mobilize communities to develop and evaluate multi-system collaboratives that provide a continuum of services to prevent child abuse and neglect. ACF awarded 5-year CWCC grants to thirteen states, communities, and Tribes: a first cohort of four grantees in 2018 and a second cohort of nine grantees in 2019.

In an effort to advance the evidence around collaborative approaches to preventing child abuse and neglect, the Office of Planning, Research, and Evaluation (OPRE) within ACF, in collaboration with ACF’s Children’s Bureau, contracted with Abt Associates, and partners Child Trends and Dr. Sharon McGroder, to (1) conduct a cross-site process evaluation of the CWCC grants to better understand how communities came together to develop and implement the CWCC approaches, and (2) provide evaluation technical assistance to each CWCC grantee’s local evaluator.

The cross-site process evaluation includes multiple waves of surveys, document reviews, and interviews with key staff from CWCC projects. Interview questions included probes about how grantees were adapting in the face of COVID-19. This brief is one of several products the Abt-Child Trends team will produce as part of the cross-site process evaluation.

¹ Community Collaboration to Strengthen and Preserve Families, Funding Opportunity No. HHS-2018-ACF-ACYF-CA-1351 (2018). [https://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/126890.pdf?r=1&rpp=10&upp=0&w="+NATIVE%28%27RECNO%3D126890%27%29&m=1](https://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/126890.pdf?r=1&rpp=10&upp=0&w=)

² Cross-Site Process Evaluation Research Questions: Q1) What are the promising approaches and challenges in identifying, establishing, and maintaining new and existing partnerships? Q2) How are data being linked and used within and across partners to: (1) identify families in need of child abuse and neglect (CAN) prevention services; (2) identify the specific needs of families; (3) make informed decisions about service provision; (4) inform continuous quality improvement; and (5) track outcomes? Q3) How are grant implementation activities structured and operationalized, within and across grantees? Q4) What factors—including state and local policies, geographical location (rural vs. urban), resources, staff and organizational capacity, training, cross-partnership coordination, and existing infrastructure—promote or impede implementation of the child welfare community collaborations, within and across grantees? Q5) To what extent are grantees planning to sustain activities beyond the current grant, and what factors do they believe will help or hinder these efforts? Q6) Who is being served by these collaborations, and what does their participation look like?

pandemic and related restrictions affected cohort 1 CWCC grantees' efforts to support families during this unprecedented time. Many of the pandemic-related challenges encountered by CWCC families and service providers may resonate with communities across the country. By sharing these challenges, and the ways that CWCC grantees adapted their service offerings and operations to address them, other program implementers and developers in the field of child welfare can learn from the CWCC grantees' experiences as they strive to ensure children and families obtain needed supports.

The brief begins with a short overview of the four cohort 1 CWCC projects. Next, the brief highlights the pandemic-related challenges grantees reported experiencing and how they adapted to continue their project activities and serve families. The brief's final section presents overall findings and their implications.

Using semi-structured interview protocols tailored to collect information about COVID-19 response efforts,³ the cross-site process evaluation team conducted 28 teleconference interviews (six to eight interviews per grantee) between July and August 2020 with individuals associated with the four cohort 1 grantees. Interviewees included project directors and program managers from grantees and their partner organizations, as well as frontline staff and data managers involved in the CWCC grant project. Interviews lasted between 55 and 90 minutes each.

Overview of the Cohort 1 CWCC Grantees

While all the CWCC projects support the overarching goal of the CWCC initiative, each is implementing distinct project activities to meet the unique needs of their communities. Cohort 1 grantees are located in Alaska, Texas, Nebraska, and New Hampshire. Figure 1 provides more information about each of the cohort 1 grantees, including the grantee organization, the project name, and key project activities. Note that this figure describes the project activities as designed as of August 2020; later sections of this brief describe adaptations to program activities and services resulting from the COVID-19 pandemic.

³ We intentionally did not ask interviewees in-depth questions about the trauma they were experiencing or their coping strategies to avoid retraumatizing them. While we did create space for respondents to talk about personal experiences, we did not record and analyze these sentiments.

Figure 1. CWCC Cohort 1 Projects

			
Grantee			
Cook Inlet Tribal Council, Inc.	El Paso Center for Children	Nebraska Children and Families Foundation	New Hampshire Department of Health and Human Services
Project Name			
Luqu Kenu – Prevention	Strong Families – Community Change Initiative	Douglas County Community Response Collaborative	Community Collaborations to Strengthen and Preserve Families
Location			
Anchorage, AK	El Paso, TX	Omaha, NE	Manchester, Lakes Region, and North Country, NH
Key CWCC Activities ^a			
<ul style="list-style-type: none"> • Mobile outreach to recruit and enroll families • Family Navigation to connect families with mental health services and prevention resources • Training service providers on integrating culture, trauma-informed practices, and a protective factors approach • Developing jointly owned, whole-family outcome measurement within the prevention system 	<ul style="list-style-type: none"> • Parent Cafés^b to promote protective factors • System Navigation to provide concrete supports and help families navigate systems of care • Provider Cafés to build a common language of prevention and protective factors among service providers • Expanding the Family Leadership Council, a local multi-system collaborative, to incorporate protective factors • Family Advisory Council to inform all aspects of the project 	<ul style="list-style-type: none"> • Community Response, including coaching to support parents’ access to services, funding to support parents in crisis, and access to resources through the faith community • Shared community training/education for staff across the continuum of care • Community Cafés to build parent leaders in the community and increase protective factors • Collective Impact Integration activities to build system-level collaboration to address community needs 	<ul style="list-style-type: none"> • Boundary Spanning Leadership Training to support adaptive leadership among Community Implementation Teams • Family Prevention Navigation to help families navigate the systems of care • Statewide Integrated Data System to support service integration • Plan-Do-Study-Act cycles that focus on family recruitment and retention • Predict-Align-Prevent^c to provide activities to fit families’ needs

^a The activities in this table reflect the grantees’ activities at the time of data collection for this brief.

^b Parent Cafés are a tool used to engage parents directly in building protective factors for themselves and their families. It facilitates structured, small-group conversations that bring parents together to discuss issues that are important to them <https://www.childwelfare.gov/glossary/>

^c The Predict Align Prevent Program identifies high-risk places for child maltreatment and aligns resources to prevent child maltreatment <https://www.predict-align-prevent.org/>

CWCC Grantees' Perceived Implications of COVID-19 and Related Restrictions on Families Served by their CWCC Projects

While research on the effects of the COVID-19 pandemic on families and child maltreatment is still emerging, in our interviews, cohort 1 grantees and partners discussed their perceptions of the implications of the pandemic as context for their work during the early stages of program implementation. In addition to the health implications of COVID-19, pandemic mitigation restrictions, such as lockdowns, social distancing, and school and business closures, placed hardship on families. CWCC interviewees mentioned several pandemic-related concerns for the families they aimed to support, including:

- Increasing unemployment caused additional economic stress for families.
- School and childcare closures
 - Limited access to important school-based support services such as free/reduced-price meals and health screening;
 - Increased stress on families because children were at home all the time; and
 - Increased risk of unreported maltreatment because children were in contact with fewer mandated reporters (see Box 2).

Interviewees also noted that reports of child maltreatment in their communities declined during times when schools and businesses were closed due to the pandemic. Early in 2020, national reporting of suspected child abuse and neglect (CAN) had already dropped compared with the same period in the previous year.⁴ Interviewees said they were concerned that the decline in reports meant that true instances of maltreatment were being missed. Corroborating our interviewees' concerns, researchers noted that the decrease in reporting likely represented a reduction in children's interaction with mandated reporters rather than a reduction in CAN itself; Nguyen (2021) estimated that up to 200,000 children may have been missed for prevention services and substantiated cases of CAN over a 10-month period (March to December, 2020) as a

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BOX 2

Concerns about the Negative Impacts of the Pandemic and Related Mitigation Measures on Children and Families

“COVID-19 has added so many dynamics and stressors. What we have been seeing is an increase in severity in abuse and neglect. Because our numbers of intakes or report([s]) are very low because kids aren't in school. A lot of things – even counseling – is telehealth. So, the eyes that are laid on families is not what it used to be before COVID. My agency has seen an increase in severity.”

—Cohort 1 Interviewee

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⁴ Campbell A.M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 2, 10089. <https://doi:10.1016/j.fsir.2020.100089>

result of a “precipitous drop in CAN investigations” at the onset of the COVID-19 pandemic.⁵ CWCC interviewees further expressed concerns of increased severity of cases of abuse and neglect accompanying pandemic restrictions. One interviewee noted her organization had seen maltreatment cases that were more severe, on average, compared to pre-pandemic cases. Indeed, this trend was also seen in national data: the number of CAN-related emergency department visits in 2020 was lower than for the same period in 2019, while there was an increase in CAN-related hospitalizations.⁶

CWCC Grantee Adaptations to Pandemic-Related Challenges

The cohort 1 CWCC grantees designed their projects in 2018-2019 to collaborate with community partners and connect families to services in order to prevent child maltreatment in their communities. The onset of the COVID-19 pandemic in early 2020 led to significant changes in the ways grantees could carry out this work. During interviews conducted in the summer of 2020, representatives from cohort 1 grantees reported that one of the greatest challenges was having to contend with state, local, and organizational social distancing policies implemented to curb the spread of the virus. To comply with social distancing mandates, many grantees’ own organizations and their partner organizations either fully or partially shut down in-person operations. The resulting shift to telework platforms created challenges for grantees’ organization operations, partnerships and collaboration activities, and reaching and serving families.

While interviewees across the four grantees noted many challenges to continuing their CWCC work during the pandemic, they also described adaptations and solutions they undertook to continue to collaborate and meet the needs of families in their communities. This section describes the pandemic-related challenges CWCC grantees faced and their corresponding adaptations (see Box 3).

BOX 3

Summary of CWCC Grantee Adaptations in Response to Pandemic-Related Challenges

- Using virtual meetings to facilitate communication and collaboration
- Leveraging partnerships to bolster recruitment efforts in a virtual setting
- Using virtual platforms and phone apps to continue providing direct services virtually
- Adding project activities and/or services such as concrete supports to address additional hardships caused by the pandemic

Virtual Meetings to Address Communication and Collaboration Challenges

CWCC interviewees explained that COVID-19 mitigation measures, including social distancing mandates and telework contingency plans, affected collaboration and communication within grantee organizations and across partners. Interviewees from three grantees explained that their organizations grappled with

⁵ Nguyen L.H. (2021). Calculating the impact of COVID-19 pandemic on child abuse and neglect in the U.S. *Child Abuse & Neglect*, 118:105136. <https://doi:10.1016/j.chiabu.2021.105136>. Nguyen used statistical modeling to compare reporting, and concomitant investigations, over the period 2013-2019 in four large jurisdictions to reporting in March-December of 2020; the author then projected estimates to the whole US. They estimated nearly 86,000 children missed for prevention services (and over 104,000 missed CAN cases).

⁶ Swedo E., Idaikkadar N., Leemis R., Dias T., Radhakrishnan L., Stein Z., Chen M., Agathis N., Holland K. (2020). Trends in U.S. Emergency Department visits related to suspected or confirmed child abuse and neglect among children and adolescents aged <18 years before and during the COVID-19 pandemic - United States, January 2019-September 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(49):1841–1847. <https://doi:10.15585/mmwr.mm6949a1>.

these communication challenges. One interviewee said, “...that was a challenge, moving all of our services to telework and trying to maintain connections within teams.” Another interviewee noted that remote work and the inability to have face-to-face meetings reduced staff engagement.

CWCC grantees and partners also said pandemic-related communication challenges between grantee and partner organizations made collaboration more difficult. As interviewees from lead grantee organizations noted, it was more difficult to get in touch with their partners after the start of the pandemic. This was possibly due to pandemic-related demands within their own organizations, as the pandemic and mitigation strategies had only begun a few months prior to the interviews.

Interviewees from one partner organization felt a lack of communication contributed to confusion about the project, including their organization’s role, the grantee’s expectations of them, and the status of grant project activities. Partners from this organization also felt the lead grantee did not incorporate their voices when making decisions about the future direction of the project. As one partner interviewee noted, “We were pulled in for the beginning, the first year of implementation, we had a role, we were involved in [project services], we did do more, but I just don’t feel that we were in the main compartments of the decision-making process other than on paper. And I want that to change, but I still don’t feel very informed on where the project’s going due to COVID.”

To promote communication and collaboration, grantees and partners used online video-conferencing platforms. These platforms allowed people to continue working together—and allowed them to see one another—even when working from home. Interviewees said that, in some ways, it was easier to connect with partners virtually—particularly with leadership at the partner agencies—when they weren’t limited to face-to-face communication (see Box 4).

While video platforms served to promote collaboration and communication, they also presented their own challenges. Even when grantees and their partners were able to connect virtually, some interviewees from one project still expressed frustration about the general lack of clarity on partner roles and activities. One interviewee noted “As much as we’re all on, I felt like we weren’t aware of how other agencies were responding to COVID, didn’t know if people were offering free therapy for kids in person or tele-med or if places were even open. There was so much uncertainty and not a lot of information out there.”

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BOX 4

Video Conferencing to Enhance Communication

“Because of the remote work, and everything is either a Zoom or phone call away, I think the relationships have strengthened...But I think prior, when our meetings were face-to-face...the back-and-forth communication doesn’t necessarily happen the way you want it to. But because of COVID... I definitely feel more comfortable with [project leadership]. I feel like we can move forward and talk to them about the project and collaborate with them about it and say what’s on our mind.”

—Cohort 1 interviewee

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BOX 5**Zoom Fatigue**

“At first, I was like how in the world can we do this? Zoom helped. But little meetings keep popping up – I’ve never had so many meetings as I did during the pandemic. I feel like I’m playing whack-a-mole – need time to just take a break...”

—Cohort 1 interviewee from lead grantee organization

“I feel like I’m Zoom-exhausted all the time because that’s how we roll now.”

—Cohort 1 interviewee from partner organization

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In addition, some interviewees said the use of video conferencing platforms resulted in an overabundance of meetings. With everyone online and presumably “available,” one interviewee felt virtual work created an inaccurate perception of availability to attend planned and ad hoc meetings, which contributed to “Zoom fatigue” (see Box 5). Another interviewee from a partner organization similarly stated it was challenging to coordinate meetings across grant partners and to attend the expected number of meetings. Grantees continued to work through these challenges.

Conducting Virtual Outreach to Families

Grantees said that COVID-19-related building closures resulted in outreach and recruitment challenges. Interviewees explained that before the pandemic, they might have used recruitment venues such as schools or public housing authorities to host in-person events and disseminate program information to large groups of families. One interviewee explained that the shift to individual phone outreach was more time

intensive than the large group, in-person recruitment. With phone outreach, staff had to follow-up more than usual to enroll families in activities.⁷ Interviewees also said that because families often faced pressing issues raised by the pandemic such as job loss or family illness, they had less bandwidth for CWCC services such as parenting education classes. These challenges in recruitment contributed to lower-than-expected numbers of families served.

To better reach families, given these outreach and recruitment challenges, grantees leveraged partnerships. One interviewee said their food bank and early childhood coalition partners provided resources and information about the CWCC project to community members. Some grantees were also able to bring on new community partners to help recruit and engage families in CWCC activities while reducing barriers to participation, such as stigma. For example, one interviewee said their agency developed new partnerships with churches and a women’s shelter, and that these partnerships increased engagement with project activities.

Shifting to Virtual Service Provision

Once social distancing mandates went into effect and offices shut down, grantees transitioned from in-person to virtual service provision. However, the shift wasn’t instantaneous. Many interviewees said their organizations needed time to pivot to virtual service provision, which often meant they had to temporarily pause client services and activities. For example, one agency had to delay service delivery

⁷ Note that prospective participants may not have had (or used) email addresses and could only be reached by phone or text message (once their phone number had been discovered).

until staff could be trained to provide services virtually. Some interviewees also said the transition was burdensome and led to staff fatigue, and some said they believed virtual services to be less effective.

Once grantees made the transition to virtual service provision, they faced additional challenges:

- Grantees reported that **virtual service provision hindered trust and relationship building**. Grantees struggled to conduct virtual intake assessments or referral calls, which required families to share sensitive information about personal challenges or needs. Many families did not trust that information shared over the internet would be safeguarded, though staff assured it would be, and some suspected that their participation in virtual activities might somehow jeopardize a spouse’s work or access to benefits.

Interviewees from one grant project reported lower levels of parent engagement in services after moving to a virtual platform. They attributed lower engagement to challenges in building trust virtually, including parents’ reluctance to discuss sensitive matters virtually and cultures that value personal contact highly. Several interviewees said their communities’ cultural mores were incompatible with virtual communication (see Box 6).

- **Some families lacked the technological resources needed to participate in virtual services**. Interviewees from two grantee projects explained that some families in their service areas lacked access to computers or cellphones and reliable or affordable internet. Others had never used Zoom or other virtual collaboration platforms or, according to one interviewee *“possibly [had] some pre-existing challenges and stressors that influence how they interface with technology.”* A different interviewee explained that project staff provided a lot of technical support to families unfamiliar with virtual platforms: *“...a lot of our families are not computer savvy, that’s not their thing. So, to then tell them, ‘Okay, you have to press this button to go to a breakout room.’ So, it took a lot of tech support from our staff to teach our families.”*

Interviewees also described benefits and opportunities for innovation in virtual service provision. One interviewee explained their agency successfully pivoted to using FaceTime—a family-friendly virtual platform—to provide services (see Box 7). Several interviewees also said that virtual service delivery had resulted in fewer “no-shows” because transportation was no longer a barrier for attendance. Some interviewees also said their organizations were considering continuing virtual adaptations once they were able to meet with families in person to allow greater flexibility for families.

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BOX 6

Virtual Services as a Barrier to Trust-Building

“Another piece is that most of our children’s services workers are doing Zoom sessions, which does nothing to build relationships, which is not culturally appropriate for [our] community...So, this is not conducive to building family relations or any kind of family support... It is really hard for that particular sub-population to open up about the violence they have endured. Then you are asking them to do it over the phone and that is really hard.”

—Cohort 1 interviewee

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BOX 7**Innovation in Service Delivery**

“I think COVID has intensified our need and willingness to be innovative. We are doing things from scratch. All of our assumptions, my assumptions, that we wouldn’t be able to reach our participants are wrong. People have phones and use FaceTime and we are finding different ways to connect. People are being clever about how to get things done... It is going to be rocky but at least so far I am seeing more unity and more operational unity.”

“...we’re already really talking about how to have a balance of virtual and in-person situations, we’re looking at how we can set our parent education rooms up to where we can have people in person and also offer the class streaming so if people can’t be there, they can still dial in and be a part of the group... And...prior to this, if a family would have a scheduled home visit and they had to cancel for some reason, now we know we have the bandwidth to be able to do it virtually. That’s something to be able to offer to the family.”

—Cohort 1 interviewees

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Adapting Project Activities in Response to COVID-Related Community Needs and Organizational Capacity

Because of the COVID-19 pandemic and resulting mitigation measures, many families that CWCC projects aimed to support faced barriers such as economic insecurity, food insecurity, lack of childcare, and large amounts of stress. Several interviewees said their organizations leveraged existing partnerships and relationships to gain a better understanding of community needs during the pandemic in order to tailor grant activities to best support families. For example, one interviewee said their project convened their partners to discuss impacts of COVID-19 in the community and plan appropriate responses.

After assessing community needs during the pandemic, many CWCC projects pivoted to provide more concrete supports. Grantees said that the pandemic exacerbated families’ basic needs, such as food, housing, and financial support; these unmet basic needs often lead to an increase in family stress or crisis. Grantee and partner organizations worked together to provide families with items such as food, diapers, and formula themselves or they referred families to other agencies providing these supports (see Box 8). One interviewee said the CWCC

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BOX 8**Cross-System Collaboration to Address Pandemic Hardships**

“Food insecurity hit really quickly...so we actually coordinated across all of those systems [CARES Act, SNAP, electronic benefits, WIC, state funds, local funds, local food banks], we established a food security team that navigated that system.”

—Cohort 1 interviewee

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project team worked with families to help them set up a bank account so they could access their COVID-19 stimulus checks. Grantees said that concrete supports also facilitated CWCC activity recruitment by attracting families to the CWCC project and helping to build trust with families.

To further provide families with concrete supports during the pandemic, two grant projects applied for and received Coronavirus Aid, Relief, and Economic Security (CARES) Act funding. One project used the CARES Act funding to address basic housing needs for families by starting a new emergency hotel shelter program. Another used these funds to provide emergency cash support to meet families' needs.

While grantees described adding concrete supports to meet community needs, they also said the pandemic caused some partners to limit services (see Box 9). For example, interviewees said that some of their partners limited the services available to CWCC populations either because of business closures (e.g., transportation companies previously used to support families' transportation needs went out of business) or because of COVID-19 mitigation measures (e.g., some community partners stopped providing recreation programs for children and families).



BOX 9

Pandemic Hardships Led to Limited Program Services for Some Partners

“We don’t have the cab company anymore [because they have gone out of business as a result of COVID]...[Before] I could send transportation, but now I do not have that resource...That is [a] big deal, particularly in winter. We have a poor public transit situation... That seems small but it is a huge loss. We are going to continue to see some impacts like that [loss of key partners].”

“I think of our children in our community and what the [community partner] has done for our community. [The community partner] has those rec programs over the summer for our kids...they’ve had to step back and not be able to serve our children and families, which doesn’t help when you look at families that are stressed out. They’ve come up with some creative things as far as doing a respite type of care for our families and trying to look at safety measures for that, but it has been difficult for agencies like that.”

—Cohort 1 interviewees



Conclusions

The interviews with CWCC grantees and their partners during the early months of the COVID-19 pandemic tell a complex story about the challenges that child- and family-serving organizations were facing, and the adaptations and solutions developed to continue to support families during this time. It is clear the pandemic created challenges in carrying out CWCC grant work. In our interviews, CWCC grantees voiced concerns that state, local, and organizational COVID-19 pandemic mitigation strategies (such as lockdowns that limited in-person schooling and childcare), and the increased stress placed on families, were contributing to what they saw as *reductions in reports* of child maltreatment but *increases in the risk and severity* of child maltreatment. At the same time, grantees reported that much of their work on these projects does not translate easily to virtual methods. However, grantee project teams found new ways to collaborate with their partners, working together to leverage their deep understanding of their communities to create innovative adaptations and solutions designed to increase community collaboration and serve families. While not without challenge, CWCC projects incorporated accessible virtual platforms to continue to interact with families and with project partners. Projects pivoted to provide concrete supports to meet families' needs, using new and existing partners and CARES Act funding to do so. The provision of concrete supports also helped bolster recruitment efforts. During the pandemic, many organizations and agencies that had worked separately towards the same goals of supporting families and preventing child maltreatment were compelled to join forces to build cross-sector collaboration in their communities. These partnerships helped to identify and address families' needs and to continue the work of CWCC projects.

Some of the adaptations, such as strategically identifying community needs, coordinating services, streamlining access to services, and providing services virtually, appeared beneficial to both service provider organizations and to families seeking support and could be adopted as standard practices moving forward. Organizations may consider offering hybrid services that give families the option to attend in person or virtually. Some families had fewer barriers (such as transportation, time constraints) to accessing virtual appointments with caseworkers, telehealth providers, or counselors, resulting in lower "no-show" rates. Continuing to offer hybrid services could increase attendance after the pandemic as well.

Overall, we found the CWCC grantees were eager to serve the families in their communities. They pivoted and adapted to ensure CWCC grant activities could be implemented as close to their original plan as possible, while also responding to additional needs of their communities that arose during the pandemic.

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