



# Visioning for Prevention

Protecting Children Through  
Strengthening Families



Capacity Building  
CENTER FOR STATES

## Conversation Starters

How can the child welfare system shift focus from reacting to child maltreatment after it has already occurred to preventing it in the first place? To start, child welfare agency leaders, administrators, and managers must take action to engage their own staff, other agencies, community partners, service providers, family, and youth to create a shared vision for transformation. Together, agencies and their partners can envision a system that builds family protective factors to keep children safe within their families and strengthens families as a primary means to prevent child abuse and neglect.

## Getting the Conversation Started

Co-creating a vision for a more integrated and equitable system that empowers and strengthens families begins with conversations. You can hold these conversations in person or virtually with a variety of teams and at multiple times.

### Use this if:

You want to **engage partners, reframe the child welfare conversation, and begin to co-create a vision** for moving toward a more prevention-focused system.

Conversation starters will **help you and others talk** about the language, patterns of thought, behaviors, and messaging that keep the current system in place and begin to **co-create a vision** for a system that focuses on strengthening families to prevent child abuse and neglect.

The three activities in this resource will help teams identify and sharpen specific elements of your collective vision for strengthening families:



**“What If” Conversations** will help you find the language, mindsets, and attitude shifts to embody in your vision.



**Looking Through the Community Healthcare Lens** will help you identify the elements of a prevention approach to include in your vision.



**Envisioning Your Prevention Future** will help you determine the long-term goals and aspirations for your vision.

## **As you plan** for conversations, consider:

- ◆ What work has already been done to create a collective vision for prevention?
- ◆ Which activity might work best for this point in time?
- ◆ Who needs to be talking to each other to create a shared vision for a prevention-focused system?
- ◆ How are you including family and youth in planning conversations?
- ◆ How are you including BIPOC and LGBTQ+ representation as part of the planning?
- ◆ What data can you consider that may help you determine who needs to be engaged?
- ◆ What public and private organizations support family and child well-being and mitigate risk factors for child abuse and neglect?
  - ◆ Public and mental health
  - ◆ Substance abuse treatment
  - ◆ Domestic violence
  - ◆ Financial assistance
  - ◆ Housing
  - ◆ Parent education
  - ◆ Juvenile justice
  - ◆ Court system
- ◆ Are you talking with people who impact legislation and policy and those who provide direct services?
- ◆ Are the conversations the same for different groups?
- ◆ Once created, how can you broadcast the shared vision to the larger community?
- ◆ How can the media help to carry the new vision forward?

**Before, during, or after activities**, use a short digital resource from the [Visioning for Prevention: Protecting Children Through Strengthening Families](#) series to engage people, prepare them for conversations, and inspire them to take action.

**As you complete each activity**, record and share highlights from the conversation with others to keep the discussion moving forward.



# “What If” Conversations

Help internal staff, external partners, and stakeholders think through the language, thought patterns, behaviors, and messaging that keep the current system in place. Together, consider what it would take to move to a system focused on prevention.

Select a few of the “what if” pairings from the table below. Use the prompts to drive discussion. If you made the shift from the table’s left-hand column to the right-hand column:

- ◆ What would be different?
- ◆ How would our roles change?
- ◆ How would the change affect different groups? Consider:
  - ◆ Families, youth, and children
  - ◆ Service and resource providers
  - ◆ Kinship caregivers
  - ◆ Resource parents
  - ◆ Mandated reporters
  - ◆ Child welfare agency staff
- ◆ Would it shift the way we see each other? In what way?
- ◆ What are the benefits:
  - ◆ For families, youth, and children?
  - ◆ For service and resource providers, including child welfare agencies?
  - ◆ For communities?
  - ◆ For advancing racial equity and reducing systemic disparity?
  - ◆ For you?

What if instead of this:	We moved to this:
Response system	Well-being network
Mandated reporters	Mandated supporters
Prescriptive response for all	Tailored approaches for unique needs
Focus first on investigations	Focus first on family’s need for resources, services, and care
Child welfare agency as a catch-all providing assessment and services	Child welfare agency that can focus on more serious cases of child abuse and neglect and address safety concerns
System that is funded to investigate for deficits	Network that funds prevention services in communities to leverage assets
Siloed system that works internally within agencies	Collaborative system that works integrally with courts, sister agencies, and community groups
Rescuing children from “bad” parents	Helping families thrive and getting them the support they need to remain together
Interventionist system	Referral system to assess and mitigate risk and identify needs
Families needing to prove they deserve support	Assumption that all families need support
Focus on individual responsibility	Focus on community conditions
Well-being as a check-off item	Well-being as the centerpiece of strong families
Investing in recruiting more foster homes	Investing more supports and resources to prevent removal

## Deeper Dialogue

Push the conversation further with these prompts to challenge what upholds the current system and examine what might stimulate change:

- ◆ Where are the challenges in making these shifts?
- ◆ What is keeping the current system in place?
- ◆ What other examples reflect a shift to a more prevention-focused system?
- ◆ Who is missing from discussion and action planning now?
- ◆ How might they become actively engaged?
- ◆ What are we doing to normalize asking for help?
- ◆ Do we have conversations that make it clear that asking for help is a good thing?
- ◆ How can we make it less complicated for families and youth to ask for something that supports their needs (daycare, groceries, transportation)?
- ◆ Consider the specific actions a family must take to receive help (process, forms, providing proof, etc.). What are we doing that deters people from telling us what they need?
- ◆ How do we recruit, train, and prepare people differently for prevention-oriented work?
- ◆ What could help us move beyond the challenges?





# Looking Through the Community Healthcare Lens to Understand Our System

Step outside of the familiar and examine how a shift from a reactionary approach to a prevention approach impacts a parallel system like community healthcare. Use this exercise when group members have differing degrees of experience with the child welfare system or to help people break from entrenched ways of thinking.

- 1 Consider the experience of an individual with multiple risk factors for a common health problem like heart disease: a woman in her thirties who smokes a half-pack of cigarettes daily and has a cocktail or glass of wine after work to wind down from her high-stress job. Her work is sedentary. She has little time for exercise, frequently relies on fast food, and is overweight. Both her brother and her mother have been diagnosed with heart disease and diabetes.
  - a. **Discuss the characteristics** of a community with a reactionary healthcare system that invests in treatment after an accident, illness, or disease.

What might characterize a community with a reactionary approach to healthcare? For example:

    - ◆ Initial treatment comes after a crisis event like a heart attack
    - ◆ Treatment is in emergency rooms (ERs) by overworked ER staff
    - ◆ Racial disparities impact treatment due to insurance, proximity of healthcare facilities, availability of fresh foods
  - b. **Discuss the characteristics** of a community with a prevention-focused healthcare system that invests in multiple strategies to prevent accident, illness, or disease.

What might characterize a community with a prevention-focused approach to healthcare? For example:

    - ◆ Health education and peer support groups are promoted to the general public
    - ◆ Green space and fresh foods are available in the community
    - ◆ Weight loss plans, stress reduction, and treatment for high cholesterol were available at the community health center
    - ◆ Free or low cost health screening events were available within the community such as for high cholesterol, mammograms, cancer screens, eye exams, and dental exams
  - c. **Discuss the impact** of these two different systems on the individual with multiple risk factors.

What might characterize her experience and likely outcome if she lived in the community with the reactionary approach? What impact could it have on her future, work, family, and community?

What might characterize her experience and likely outcome if she lived in the community with the prevention-focused approach? What impact could it have on her future, work, family, and community?
- 2 After using the case study to talk about the differences between the two models through a healthcare lens, use the discussion questions below to draw comparisons to the child welfare system.

## Discussion Questions

- ◆ How is the reactionary healthcare scenario similar to the child welfare system?
  - ◆ Fill in corresponding child welfare characteristics in the right-hand column of Table 1. Reactionary System Design.
- ◆ What would need to change to move from a reactionary child welfare system to one that invests in prevention?
  - ◆ Fill in corresponding child welfare characteristics in the right-hand column of Table 2. Prevention-Focused System Design.
- ◆ What are the benefits and challenges of each approach (reactive and preventative)?
- ◆ What are the barriers to change?
- ◆ What keeps the status quo of a reactionary system in place in the child welfare system?
- ◆ What can interrupt the status quo in the child welfare system?

**Table 1. Reactionary System Design**

Reactionary System Design				
Disparity	Health Costs	Financial Costs	Social Costs	Low Rewards
Health Care		Child Welfare		
Treatment after crisis event like a heart attack				
Treated in ERs				
Overworked ER staff				
Damage to heart				
More trauma to individuals and family				
More expensive, less effective treatments				
Negative impact on future productivity				
Higher mortality rate				
Racial disparities in effective treatment due to insurance, proximity of healthcare facilities, and other factors				

**Table 2. Prevention-Focused System Design**

Prevention-Focused System Design				
Support Networks	Co-Creation	Concrete Resources	Collaboration	Community Connections
Health Care		Child Welfare		
Investment at multiple levels: <ul style="list-style-type: none"> <li>◆ Primary prevention strategies for the general public</li> <li>◆ Health education</li> <li>◆ Green space and fresh foods available in communities</li> </ul>				
Secondary targeted strategies for those at higher risk: <ul style="list-style-type: none"> <li>◆ Weight loss plans</li> <li>◆ Stress reduction</li> <li>◆ Treatment for high cholesterol</li> </ul>				
Tertiary prevention and mitigation for those with heart disease: <ul style="list-style-type: none"> <li>◆ Medication</li> <li>◆ Surgery</li> </ul>				
Focus on broader factors: Diet, exercise, social connections, stress management				
Shared responsibility: professionals (nutritionists, doctors, fitness experts), individuals, and communities				
Primary and secondary strategies that also prevent other common health issues like diabetes, high blood pressure, stroke, depression, and anxiety				
Better wellness outcomes				



# Envisioning Our Prevention Future

Imagine making a vision board—a collage of images and words that represent what it would look like for a child welfare agency to operate within a system designed to help families thrive—with your team. Use this activity with a small implementation team, workgroup, or work unit to connect the larger vision with their daily work. Disrupting the status quo and co-creating a prevention-focused system is a bold venture. It will take a tremendous amount of energy and focus to envision and implement, and you and your team will need things to inspire you during challenging times. Begin your journey by co-creating a vision of a future world in which your agency is part of an integrated prevention-focused system. Take it a step further by making an actual vision board\* to refer to during the year for encouragement.

## Picture This

What **images and words** will motivate you and remind you of your values, goals, or dreams?

What does it look like:

- ◆ To be an integral part of a larger system designed to prevent child abuse and neglect before it happens?
- ◆ To help families thrive and get them the support they need to remain together?
- ◆ If strengthening families is the primary approach to preventing child abuse and neglect?
- ◆ As your own work changes?

## Prepare Your Team in Advance

In advance of the session, share the [Visioning for Prevention Infographic](#) and [Vision Tracking Matrix](#) and conversation highlights from previous activities for inspiration.

**Ask the team to:**

- 1 **Imagine a future world** in which your agency is part of an integrated, prevention-focused system. What does that world look like? Dream big, but also think about the realistic changes you will need to see within your agency and within the larger system.
- 2 **Think about pictures and words** that represent your agency's prevention goals or symbolize the future you wish to create.

\*If you plan to create an actual vision board together, ask the team to bring photographs, magazine cutouts, or words and images from the web. As another option, think about how you might use technology to create a virtual vision board.

## Build the Vision Board

- 1 **Bring your team together to build your vision.**
- 2 Ask individuals to **share words and images** that represent the future you wish to create. Record the group's work on a whiteboard.
  - ◆ How does the selected word or image convey a reimagined future?
  - ◆ What emotions do the words or images evoke?
  - ◆ What surprises you most about the words or images?
- 3 Together, **discuss and discover common themes** that more clearly delineate your goals for a prevention-focused future. Arrange words and images to reflect common themes.
  - ◆ What common themes do you see across the words or images?
  - ◆ What do these themes say about the values?
  - ◆ How can you use this to inform your work?
- 4 Share the group's work after the session to help motivate and remind the team of their values, goals, or dreams for the future.
  - ◆ How do you keep these images at the forefront of your work?

\*If you plan to create an actual vision board, have on hand: old magazines, scissors, glue sticks, markers, and poster boards. Use common themes to **organize the vision board**. As another option, explore the use of a virtual platform to create a shared vision board.



## Revisit the Board

The way you think and feel affects your actions. When your team meets to work on implementing prevention strategies, revisit the vision board work for inspiration, to remind you of your goals, and to remind you of your “why.”

## What’s Next?

Now that you’ve started the conversation, continue the work to co-create a vision that will withstand the test of administration and leadership changes, current trends, and competing priorities. Use the Vision Tracking Matrix to plan your process of establishing, embracing, and embodying a vision for a system that focuses on strengthening families to prevent child abuse and neglect.

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