**Prevention System Definition**:

A Prevention system includes coordinated services and supports to prevent children from entering the child welfare system and to promote protective factors in families. We will work to understand and recognize families at risk for entering the child welfare system, and coordinate a response to best serve children, youth and families, and have access to needed supports and services.

***THE PREVENTION SYSTEM includes three levels of prevention strategies***

**Primary prevention** – Low Risk Universal Strategies *Primary* prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment.

**Secondary prevention** – “At Risk” Targeted Strategies *Secondary* prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

**Tertiary prevention** – High Need Individual Strategies *Tertiary* prevention activities focus on families where maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

***Protective Factors:***

* ***Nurturing and Attachment:*** *Nurturing parents and other caregivers for healthy physical and emotional child development;*
* ***Knowledge of parenting and child development:*** *Accurate information about raising young children and appropriate expectations for their behavior;*
* ***Parental resilience:*** *The ability to cope and bounce back from all types of challenges;*
* ***Social connections:*** *Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents;*
* ***Concrete support in times of need:*** *Financial security to cover day‐to‐day expenses and*

*unexpected costs that come up from time to time, access to formal supports like TANF and Medicaid, and informal support from social networks;*

* ***Children’s social and emotional development and competence:*** *A child’s ability to interact positively with others and communicate his or her emotions effectively.*

**Classification System for Evidence Based Juvenile Justice Programs in Nebraska (Wiener, Hobbs and Spohn, July 2014)**

1. **Model Program/ Fully Evidence Based Practice** – The program satisfies the following five criteria:
2. The program demonstrated effectiveness with a randomized experimental study (RCT) or two quasi-experimental studies in which the treatment group showed a significant difference on the target outcome as compared to the control group.
3. The effect lasted for no less than 1 year after the intervention.
4. There is at least one independent replication with a RCT or two more quasi-experimental evaluations.
5. The combination of designs adequately addressed all the threats to internal validity (i.e., the design allowed for a strong inference of causality).
6. The program has produced no compromising negative side effects.
7. **Effective** – One RCT or two quasi-experimental designs document the program’s effectiveness. Furthermore, an evaluator has replicated the program’s effectiveness with an RCT design or two quasi-experimental designs but the researcher was not an independent investigator.
8. **Promising** – There has been one successful RCT or two quasi-experiments that document the effectiveness of the program but there was no replication study available **OR** the program matches the dimensions of a successful meta-analysis practice.
9. **Inconclusive** – There has been one successful RCT or two quasi-experimental evaluations of the program but there are contradictory findings in these or additional studies OR the program would be promising or effective but the effects are short in duration.
10. **Ineffective** – The RCT or two quasi-experimental evaluations failed to show significant differences between the treatment and control group.
11. **Harmful** – The RCT or two quasi-experiments showed that the control group scored higher on the targeted outcome than did the treatment group and the difference is statistically significant.
12. **Insufficient Evidence** – There is no RCT or less than two quasi-experimental evaluations of the program to date.

The following list of EBPs were identified using the following:

* CEBC – California Evidence-Based Clearinghouse
* SAHMSA – Substance Abuse and Mental Health Services Administration
* OJJDP – Office of Juvenile Justice and Delinquency Prevention

CBCAP – Community Based Child Abuse Prevention checklist