**PRIMARY PREVENTION IMPLEMENTATION PLAN GUIDE**

Primary Prevention efforts are a critical piece of domestic violence providers’ work to end violence. Primary prevention includes efforts to change the social conditions, policies, practices, as well as attitudes and beliefs that lead to and enable people perpetrating violence. Domestic violence providers in Florida have been working for almost two decades to develop prevention strategies and programming and build Community Action Teams. Prevention efforts work to make communities safer and prevent violence perpetration. As such it is critical that providers continue to provide robust and meaningful prevention services, even as those services and strategies adapt to our changing landscape.

Primary prevention is more than teaching young people about dating violence or bringing awareness about domestic violence. It is a comprehensive set of activities, programs and strategies that seek social change. [The CDC has identified several Focus Areas to help frame prevention efforts.](https://www.cdc.gov/violence-prevention/php/resources-for-action/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/communicationresources/pub/resource-for-action.html) These may provide guidance in creating a prevention plan or understanding the wide array of efforts that are primary prevention.

Focus Areas:

* Teach Safe and Healthy Relationship Skills
* Disrupt the Developmental Pathways Towards Partner Violence
* Engage Influential Adults and Peers
* Create Protective Environments
* Strengthen Economic Supports for Families
* Support Survivors to Increase Safety and Lessen Harms

This guide will assist providers in developing a plan to sustain prevention services throughout the year. Each provider has created prevention strategies for the past five fiscal years to enhance their prevention programs and to supplement other deliverables. Providers are encouraged to reflect on their past strategies, their long-term goals, and build upon the ongoing work from their previous plans.

Each provider shall submit a prevention plan for the current fiscal year within 90 days of contract execution and July 1st thereafter. The plan must include planned activities for the year, a description of how the activities fit together to work towards the provider’s goals and overall prevention strategies, and how the activities will address youth engagement/leadership, community action, and social change.

The questions below will help the provider to create a strategic prevention plan. Visualizing your plan may be helpful. One example of this would be:

Effective planning often starts at the end. By beginning to think about your long-term goals, you can work backwards to identify activities that will help move your community closer to those goals and strategies.

**Long-Term Goals:** What are the provider’s long-term goals? Where would you like to see your community in five years or ten? What would a community without domestic violence look like? In this section dream big. This helps to keep short term goals and actions in perspective.

**1 Year/Short-Term Goals:** Looking at your long-term goals, what are some shorter-term goals that might be possible over a year? Remember that goals are about the change you want to see- not the activities you plan to do. A goal might be that more students receive prevention education or that there is better coordination between agencies with regards to prevention.

**Activities:** Activities are concrete efforts that will move you towards your goals. An activity can be a process, tool, event, technology, and/or an action required to implement a strategy. Looking at your short-term goals, what action steps are needed to move closer to those goals? Be as specific as possible.

Another visual might be a logic model. Though a logic model is not necessary, it can be helpful for planning purposes. We have included an example below of a logic model. For more guidance on logic models visit: [Using Logic Models for Planning Primary Prevention Programs – Prevent Connect E-learning](https://www.learn.preventconnect.org/courses/using-logic-models-for-planning-primary-prevention-programs/).

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| Domestic/Intimate Partner Violence Primary Prevention Program Logic Model |
| Goal:  |
| Inputs: |
| External Forces: |
| Programs or Activities | **Outcomes** | **Long-Term Impact** | **Process Measures** | **Outcome Measures** |
| *What are the prevention activities that will be implemented to meet this goal?* | *What specific changes do we expect to see after we implement this activity?* | *What will be the* ***long-term effects*** *of this activity?* | *What will we do to measure HOW these activities are implemented?* | *What will we do to measure if the expected change/outcomes happened?* |
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Successful prevention planning requires addressing how these activities work into the overall strategies and prevention program. This means that the strategies are implemented so that they are complementary to the work being done in multiple settings, or populations, and addresses most or all the levels of the social ecological model.

Centers may want to refer to [Strategic Prevention Solution’s “Prevention Programming Planning and Evaluation Workbook.](https://www.strategicpreventionsolutions.com/product-page/revised-program-planning-evaluation-workbook)” Each center received a copy in 2020. Additional resources are listed below to help centers with planning and capacity building.

After identifying activities for the year, the center shall put those into a plan. A separate template has been provided at the end of this guide. The remainder of the guide provides additional information on each section of the template. **Providers do not have to use the provided template but should provide a clear view of their plans for the year in the chosen format**. **Providers when submitting their plan should label their plans according to naming conventions as stated in contract i.e., *Prevention Implementation Plan (Template 4).***

**Plan Template Guide**

**Provider Name**

**Prevention Staff Contacts** Include the contact information of any staff who should be included on communications about prevention programming.

**Focus Area/Risk or Protective Factor/Root Case to be addressed:** Considering the focus areas listed above, as well as risk and protective factors, describe the contributing factors of domestic violence to be addressed by this plan. Some focus areas or risk/protective factors may overlap.

**Goals for the fiscal year:** Goals are the results of the planned activities. Some goals will be concrete and easily quantified, for example: 100 6th grade students will receive 8 sessions of prevention programming, or 5 new members of the Community Action Team will be identified and engaged.

Other goals may be more qualitative, for example: County Middle School will increase its capacity to provide a trauma informed environment to students. These goals help serve as evaluation markers. At the end of the year, these goals could help the provider to assess if their completed activities moved them in the direction that they had planned.

**Activities:** Describe the activities to be conducted throughout the year. Keep in mind that activities should address different levels of the social-ecological model, and work towards meeting the 1-year goals of the center.

Consider being as specific as possible. What groups would the provider be engaging with for their prevention efforts? How many rounds of programming would the provider plan on conducting? How many schools/teachers/students/parents/community members would you like to reach? These may be written as goals, for example: “Center will conduct rounds of programming with parents. Each round will have 8 sessions. The goal is to conduct 5 rounds of programming during the year: 3 at library A and 2 at daycare center B.”

Providers may decide to use past strategies as a guide to activities. Some activities may also be more difficult to quantify, for example: “Provider has a goal of increasing relationships with local youth serving organizations. This will be worked towards by meeting one on one and in groups with leaders and staff of three local organizations, possibly providing training/cross training for their staff, and working together to assess the needs and gaps regarding prevention services for young people.” In this activity, a specific number of training or meetings isn’t necessary, because there is information about the purpose of the meetings.

The Office of Domestic Violence recognizes that activities may change throughout the year. This is a plan and should be used as a guidance document to direct the provider’s work throughout the year, but new activities can be added as appropriate, and activities may change if needed.

Levels of Change Addressed: Consider the social-ecological model. Comprehensive prevention efforts would address change at all levels of the model. What levels of the SEM does your plan work on?



For more information on the model see: [About Violence Prevention | Violence Prevention | CDC](https://www.cdc.gov/violence-prevention/about/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html)

Providers may want to use a work plan to describe their prevention efforts for the year. Work plans could include Activities, person/people responsible for activities, timeline, evaluation. An example is below. Additional columns may be added to track other aspects of the plan or to create more specific internal deadlines than the ones shown in the example.

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| --- | --- | --- | --- |
| Activity | Who is Responsible? | Timeline | Output/Evaluation |
| Round of programming | Prevention Coordinator | 2nd Quarter | Completed surveys. 8 sessions conducted |
| Quarterly meetings with prevention subcommittee of DV Task Force | Outreach Director and Prevention Coordinator | Quarterly | Meeting notes and agenda. Efforts will work to increase partnership from updates to coordination of efforts. |

Certified Domestic Violence Providers have done extensive work over the years to develop their prevention programming based on the previous deliverables and the needs of the local community. Past deliverables emphasized efforts to:

* Engage partners and community members in community action.
* Support young people by:
	+ Raising awareness about dating violence
	+ Teaching healthy relationship skills
	+ Develop and support youth leadership,
* Work towards broad social change efforts in the community.
* Ensure that prevention advocates received support, training, and capacity building.

In developing your center’s plan for prevention consider these areas and detail what activities or strategies will address each one.

**Community Action:** What community partners will you be working with? What will that look like? Will you continue Community Action Team meetings? How often? Consider how you will increase partnership and collaboration with others to have meaningful community action.

Comprehensive prevention efforts rely on many organizations and/or community members joining together to create change. Partnerships and collaboration exist on a continuum. Some partners may be in an earlier stage of partnership- providing general information on services and programs, keeping each other updated. As partnerships increase programs may begin planning events together, getting input on each other’s programs. In a fully collaborative Community Action Team, members would have aligned values and goals related to preventing violence and work together and separately to move towards those goals.

**Youth Engagement Efforts:** Young people are a critical part of social change efforts and the movement to prevent dating and domestic violence. Primary prevention efforts work to change attitudes, beliefs, and behaviors that contribute to domestic violence and to change the social conditions that make violence possible. Young people should be partners in our efforts to prevent violence.

Youth engagement efforts have historically included providing rounds of programming to young people to provide education on understanding and recognizing dating violence, knowing how to help a friend, and learning about healthy relationships. Some youth programming efforts also support young people as leaders.

Keep in mind the [9 principles of effective prevention programming](https://www.wcsap.org/prevention/concepts/9-principles-prevention) as seen left. Specifically, these principles show that people benefit from multiple doses of information- a multi-session or on-going group with the same group of people makes more change than several one-time sessions with many different people. Additionally, education and programming should be culturally relevant and age appropriate. Everyone can learn about prevention and healthy relationships- building skills in communication, respect, and consent.

Over the years, Florida domestic violence programs have identified core components of ongoing programs to ensure that education is meaningful.

These are:

* Promotes the Development of Healthy Relationships,
* Focuses on Bystander Behavior and Intervention,
* Focuses on Oppressive Behavior,
* Addresses the Use of Power and Control in Interpersonal Relationships,
* Supports the Development of a Trusting Relationship Between Youth and Adults,
* Promotes Non-Violence in Relationships.

**Social Change:** Preventing domestic violence requires fundamental changes to our society and larger communities. Social change efforts frequently function on the outer layers of the SEM (referenced above). What efforts is the provider engaging in to address the community and society levels of the SEM? How do the activities work to change culture, policy, and practices on a broader scale? Learning about the social determinants of health can assist in conceptualizing the activities that can be accomplished to create social change.

An example of what social change can look like in practice:

For more information on how social change is a part of primary prevention see: [Clearing Up Social Norms Change and Social Marketing for Sexual and Domestic Violence Prevention – PreventConnect.org](https://www.preventconnect.org/2019/07/clearing-up-social-norms-change-and-social-marketing-for-sexual-and-domestic-violence-prevention/)

For more information about the social determinants of health: [Social Determinants of Health | Public Health Gateway | CDC](https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html)

**Capacity Building:**

Think about what is necessary to establish sustainability and to support the activities of your prevention plan and the overall prevention program. This can look like having a formulized long term prevention plan that guides all your prevention activities and strategies to create a comprehensive program. Creating a desk manual for every position on your prevention team to reduce programmatic gaps if staff leave the agency or are out on extended leave. Keeping a list of collaborative partners and community contacts that includes their role in your prevention work and their contact information. Developing and keeping a current timeline of all program planning, implementation, and evaluation activities that are all on the same timeline. If there is the capacity, developing and using an evaluation plan to guide all your prevention strategies. Additionally, this is any training, staffing, and structural support necessary to carry out the prevention activities and strategies.

For resources on what capacity building can look like for your program please utilize the links below:

<http://www.calcasa.org/wp-content/uploads/2012/04/Embracing-Prevention-as-Social-Change-How-to-Build-Organizational-Capacity-for-Prevention.pdf>

<http://www.preventconnect.org/past-web-conferences/>

**Additional Activities/Activities not fitting in other categories:**

Not all prevention efforts may fit easily into the above categories. Include any additional activities here.

**Resources:** To be able to conduct the planned activities, it is important to have the appropriate resources. Use this section to consider what resources the provider has and what is needed to effectively implement the above activities. If resources are needed, how will they be obtained?

Resources are not limited to physical things, but could also include training for staff or partners, meeting space, MOUs or other agreements.

**Community Partners:** Who is engaged with the provider already? What partnerships can be strengthened? Ask, who is missing? What voices and experiences are not a part of your efforts (think about specific community partners that serve/ represent the community you serve)? How can you work to fill these gaps?

**Anticipated Challenges:** No strategy is without challenges. Some challenges may be easily addressed with appropriate consideration and resources. Other challenges may be ongoing. Either way, what challenges are anticipated and what is the providers plan to address these challenges? How might these challenges effect the activities planned? Assess the above activities to see if additional actions need to be planned.

**Assistance completing the Implementation Plan:**

Technical assistance (TA) and training is available from the Departments contracted TA and Training providers. Providers are encouraged to discuss and request technical assistance regarding their plans and all other contractual prevention service tasks with the contracted providers. We have provided below links the Departments TA and Training providers for Domestic Violence Services:

* [Florida Partnership to End Domestic Violence](https://www.fpedv.org/request-technical-assistance/)
* [Florida Domestic Violence Collaborative](https://www.fldvtraining.org/technical-assistance)

**PREVENTION IMPLEMENTATION PLAN FORM**

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| **Provider Name/ Contract Number:** | **Preparer:** |
| **Fiscal Year:** | **Preparer’s email:** |

**Purpose:** The purpose of this initiative plan is to develop a plan to sustain prevention services throughout the year. Certified domestic violence providers are to reflect on their past strategies, long term goals, and develop this plan for the current fiscal year. This plan must include planned activities for the year, a description of how these activities fit together towards the provider’s goals, and how the activities will address the focus areas listed below. **This plan is due within** **90 days of contract execution and July 1st thereafter to the provider’s contract manager at the Department of Children and Families.** **Providers may provide an alternative format for their implementation plan; however, it must address the questions below.**

1. **Please describe the following to be addressed by this plan. Please note that some of the following may overlap with one another, please include this in the narrative of each section.**
	1. **Focus Area(s);**
	2. **Risk and Protective factors addressed;**
	3. **Root causes of Violence addressed;**
	4. **Please describe how your focus area(s), risk and protective factors, and root causes will support one another and the provider’s primary prevention goals.**
2. **Please describe the primary prevention goals for the next fiscal year. These may be concrete and quantifiable, or more qualitative. Additionally, please provide a narrative on how the provider plans to evaluate the progress of the goals selected.**
3. **Describe the activities to be conducted throughout the year. Keep in mind that these activities should address different levels of the social-ecological model, and work towards meeting the primary prevention goals of the provider. Activities for the fiscal year (Include specific activities under the following categories as well as other planned actions). Please be as specific as possible:**
	1. **Youth Engagement/Leadership;**
	2. **Community Action;**
	3. **Social Change;**
	4. **Capacity Building;**
	5. **Additional Activities/Activities not fitting in other categories;**
4. **Please provide a narrative on the anticipated resources, challenges, community partners necessary to accomplish the goals and activities outlined in this implementation plan. Please outline in each section plans and steps that will be taken to overcome challenges and barriers.**
	1. **Resources;**
	2. **Challenges;**
	3. **Community Partners;**
5. **Please describe how this plan supports the long-term prevention strategies and program of the provider. This includes utilizing local or statewide fatality review data, surveys from programming, and other sources of data.**