



Program Overview & Project Implications

Stride Family Home

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Mission & Alignment

Stride Family Home exists to build healthy relationships to end violence, in direct response to the Grand Challenge for Social Work (Barth et al., 2020). We leverage trauma-informed care, peer support, and evidence-based clinical services under the NC Family First Prevention Act of 2018 to keep families safely together and interrupt intergenerational cycles of abuse and neglect.

Theoretical & Innovation Framework

- **Social Learning Theory** (Bandura): Parents learn new, positive caregiving behaviors by observing, modeling, and practicing within a supportive community.
- **Sustaining Innovation** (Satell, 2017): We build on proven best practices—EBP (Parent-Child Interaction Therapy, TF-CBT, CBT) plus certified Parent Peer Support—to enhance current child welfare services rather than reinventing them.
- **EPIS Implementation Model** (Powell et al., 2015): A four-phase roadmap—Exploration, Preparation, Implementation, Sustainment—guides rollout, ensures alignment with Mecklenburg County’s child welfare system, and secures ongoing fidelity and quality.

Core Components

1. Parent Peer Support (PPSW)

- Certified peers who have “been there” engage non-judgmentally, bolster confidence, enhance self-efficacy, and model healthy attachment—complementing clinical services (Goodson, 2005).

2. Clinical Evidence-Based Treatment

- PCIT, Trauma-Focused CBT, and Cognitive Behavioral Therapy delivered by licensed clinicians alongside PPSWs to maximize impact on emotional regulation and parenting skills.

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3. Family First Funding & Partnerships

- Utilizes federal prevention funding to cover short-term residential support, home-based interventions, and community farm programming—keeping families intact and reducing out-of-home placements.

4. Human-Centered Design & Stakeholder Engagement

- Monthly co-design sessions with parents, child-welfare providers, and community leaders to refine programming, strengthen buy-in, and ensure cultural relevance.

Impact Projections

Metric	Year 1 Target	Year 2 Target	Year 3 Target
Families Served	50 families	100 families	150 families
Reduction in Maltreatment Recidivism	40 % decrease	50 % decrease	60 % decrease
Increase in Parent–Child Attachment	+20 % on validated scale	+25 % on validated scale	+30 % on validated scale
Improvement in Emotional Regulation	+25 % on self-report scale	+30 %	+35 %
Boost in Parental Self-Efficacy	+30 % on GSE scale	+35 %	+40 %
Reduction in CW System Entry/Re-entry	35 % decrease	45 % decrease	55 % decrease
Percentage of Mothers Demonstrating Safe Discipline	75 %	85 %	90 %

- **Families Served:** We plan to onboard 50 families in Year 1, expanding capacity as we add cottages and staff.
- **Maltreatment Recidivism:** Drawing on peer-support literature, we conservatively project a 40 % drop in repeat maltreatment by Year 1, rising to 60 % by Year 3.
- **Attachment, Regulation & Self-Efficacy:** Through combined EBP and peer support, participants should see 20–40 % improvement on validated measures (e.g., Parent–Child Relationship Inventory, General Self-Efficacy Scale).
- **Reunification & CW System Metrics:** By providing intensive residential and in-home support, we expect to shorten time to safe reunification by up to two months and cut CW entry/re-entry rates by over half.



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These projections will be monitored quarterly, with process and outcome data reported to funders, the Mecklenburg County child welfare board, and our own learning consortium—ensuring continuous quality improvement and accountability.