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Research Paper

Strengthening Community-Based Social Support Interventions to Improve Mental Health and Developmental Outcomes among At-Risk Children and Families in the United States

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Abstract

Community-based social support interventions are vital for addressing mental health and developmental challenges among at-risk children and families in the U.S. This review highlights the effectiveness, implementation, and outcomes of programs targeting vulnerable groups affected by poverty, trauma, homelessness, and systemic barriers. Meta-analysis shows small-to-moderate effects (d=0.25), with stronger outcomes for environmental and family-focused interventions (d=0.38) and culturally adapted programs (d=0.38), compared to person-only approaches (d=0.03). Home-based programs like Child FIRST improved child language, externalizing behaviors, maternal mental health, and service access significantly. Family strengthening programs like the 4Rs/2Ss and CIFFTA had high retention (71-76%) and reduced behavioral problems and family conflict. Implementation research notes the value of paraprofessional models, family navigation, cultural adaptation, and integrated services. However, barriers like caregiver mental health issues, language gaps, transportation, and workforce shortages limit scaling. Protective factors such as parental resilience, social ties, and supports are key targets. Recommendations include multilevel, culturally responsive, and tech-enabled strategies to strengthen community support. Future research should focus on long-term follow-up, effectiveness comparisons, cost-benefit analyses, and strategies maintaining fidelity while increasing cultural relevance and accessibility.

Keywords: Community-Based Interventions, At-Risk Children, Family Strengthening, Mental Health, Developmental Outcomes, Social Support, Implementation Science

Introduction

The mental health and developmental well-being of children in the United States is increasingly recognized as a public health priority, particularly for those experiencing adversity associated with poverty, trauma exposure, family instability, and systemic inequities. Approximately 16% of children in the United States live in poverty, with disproportionate rates among racial and ethnic minority populations (Dawson-McClure et al., 2015). These children face elevated risks for behavioral problems, academic failure, and long-term mental health challenges that perpetuate cycles of disadvantage across generations. Traditional clinic-based mental health services often fail to reach the most vulnerable families due to barriers including stigma, transportation challenges, cultural disconnection, and fragmented service systems (Farahmand et al., 2012). Community-based social support interventions have emerged as a promising alternative approach, delivering evidence-based services in accessible settings such as homes, schools, and community centers while addressing the broader ecological contexts that shape child development. These interventions are grounded in ecological and developmental theories that emphasize the interconnections between individual, family, community, and societal factors (Dawson-McClure et al., 2015; Tolan et al., 2004). The Strengthening Families framework, widely adopted in community practice, identifies five protective factors as intervention targets: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (Hughes et al., 2016).

Despite growing evidence supporting community-based approaches, significant gaps remain in understanding which intervention models are most effective for specific populations, how to implement programs with fidelity in resource-constrained settings, and what strategies can sustain improvements over time. Recent advances in implementation science, cultural adaptation methodologies, and technology-enhanced service delivery offer new opportunities to strengthen these interventions and expand their reach to underserved populations (Meza et al., 2025; Ehigie, 2025). This comprehensive review synthesizes evidence from over twenty studies examining community-based social support interventions for at-risk children and families in the United States. The review addresses four key questions: (1) What risk and protective factors are most salient for at-risk children and families? (2) What evidence-based community intervention models have demonstrated effectiveness in improving mental health and developmental outcomes? (3) What implementation strategies and service delivery approaches facilitate successful

program adoption and sustainability? (4) What are the documented outcomes, persistent challenges, and future directions for strengthening community-based support systems?

By integrating findings from randomized controlled trials, meta-analyses, implementation studies, and system evaluations, this review provides a comprehensive evidence base to inform policy, practice, and research priorities for community-based interventions serving vulnerable children and families.

Literature Review

Risk and Protective Factors for At-Risk Children and Families

Understanding the constellation of risk and protective factors affecting vulnerable children and families is essential for designing targeted interventions. Research consistently identifies multiple, co-occurring adversities that compromise child development and family functioning in high-risk populations.

Risk Factors

Poverty represents the most pervasive risk factor, creating cascading challenges including neighborhood disadvantage, housing instability, food insecurity, and limited access to quality education and healthcare (Dawson-McClure et al., 2015). Children living in low-income urban neighborhoods experience concentrated exposure to violence, environmental hazards, and under-resourced schools that compound developmental risks (Farahmand et al., 2012). Beyond economic hardship, specific risk domains include:

Adverse Childhood Experiences (ACEs)

Trauma exposure, including child maltreatment, domestic violence, parental substance abuse, and parental incarceration, significantly increases risk for mental health problems and developmental delays (Silovsky et al., 2022). A randomized trial of SafeCare augmentation for urban high-risk families (N = 562) documented high rates of ACEs and associated proximal risks including parental depression and social isolation (Silovsky et al., 2022).

Caregiver Mental Health

Parental depression, anxiety, and trauma symptoms impair parenting capacity and family functioning. Studies consistently identify maternal psychopathology as both a risk factor for child problems and a critical intervention target (Lowell et al., 2011; Paris et al., 2025).

Family Instability

Homelessness, frequent residential moves, and family separation disrupt children's routines, relationships, and access to services. Children experiencing homelessness face elevated risks for developmental delays, behavioral problems, and school failure (Haskett et al., 2017).

Cultural and Linguistic Barriers

Immigrant and refugee families encounter additional challenges including language barriers, cultural disconnection from mainstream services, acculturation stress, and trauma related to displacement and resettlement (Neville et al., 2022; Paris et al., 2025).

Service Fragmentation

Families navigating multiple systems, child welfare, mental health, education, housing, often experience poor coordination, duplicative assessments, and gaps in care that undermine intervention effectiveness (Feinberg et al., 2021).

Protective Factors

While risk factors are well-documented, protective factors that buffer against adversity and promote resilience have received increasing research attention. The Strengthening Families framework identifies five evidence-based protective factors that community interventions can strengthen (Hughes et al., 2016):

Parental Resilience

The capacity to manage stress, cope with challenges, and maintain positive functioning despite adversity. Interventions that reduce parental stress and enhance coping skills demonstrate downstream benefits for children (Lowell et al., 2011).

Social Connections

Strong social support networks provide emotional support, practical assistance, and reduced isolation. Community-based programs that facilitate peer connections and link families to community resources strengthen this protective factor (Hughes et al., 2016; Moheize et al., 2024).

Knowledge of Parenting and Child Development

Understanding age-appropriate expectations and effective parenting strategies reduces harsh discipline and enhances parent-child relationships. Home visiting and family strengthening programs consistently target parenting knowledge and skills (Silovsky et al., 2022).

Concrete Support in Times of Need

Access to tangible resources, food, housing, transportation, childcare, addresses basic needs that enable families to engage in services and maintain stability (Neville et al., 2022).

Social and Emotional Competence of Children

Children's self-regulation, social skills, and emotional understanding promote positive peer relationships and school success. Interventions targeting child competencies alongside family factors show enhanced effects (Dawson-McClure et al., 2015).

Empirical evidence supports the protective role of these factors. A statewide evaluation of Help Me Grow linkage systems found that connecting vulnerable families to community programs significantly strengthened parent-reported protective factors across all five domains (Hughes et al., 2016). Similarly, an Early Childhood Community Health Worker program embedded in primary care achieved 87% engagement and produced statistically significant improvements in positive parenting knowledge and social support after six months (Moheize et al., 2024).

Table 1. Key Risk and Protective Factors for At-Risk Children and Families

Domain	**Risk Factors**	**Protective Factors**	**Evidence Source**
Economic	Poverty, unemployment, housing instability, food insecurity	Concrete supports (housing assistance, employment services, financial aid)	Dawson-McClure et al., 2015; Neville et al., 2022
Family	Parental mental illness, substance abuse, harsh discipline, family conflict	Parental resilience, positive parenting knowledge, parent-child attachment	Lowell et al., 2011; Silovsky et al., 2022

Trauma	Child maltreatment, domestic violence, community violence exposure, ACEs	Trauma-informed care, safety planning, therapeutic intervention	Paris et al., 2025; Silovsky et al., 2022
Social	Social isolation, lack of support networks, discrimination, cultural disconnection	Social connections, peer support, cultural identity, community engagement	Hughes et al., 2016; Neville et al., 2022
Child	Developmental delays, behavioral problems, emotional dysregulation, learning difficulties	Social-emotional competence, self-regulation, academic skills, resilience	Dawson-McClure et al., 2015; Ehigie, 2025
System	Service fragmentation, access barriers, stigma, cultural incongruence	Integrated care, family navigation, culturally responsive services, care coordination	Feinberg et al., 2021; Mena et al., 2023

The interplay between risk and protective factors follows a cumulative and interactive pattern. Multiple co-occurring risks amplify negative outcomes, while protective factors can buffer against adversity and promote positive adaptation. Community-based interventions that simultaneously reduce risks and strengthen protective factors demonstrate the strongest effects, particularly for the highest-risk families (Tolan et al., 2004; Leijten et al., 2015).

Evidence-Based Community Interventions

Community-based interventions encompass diverse program models delivered in accessible settings to address the mental health and developmental needs of at-risk children and families. This section synthesizes evidence for major intervention types, including home visiting programs, family strengthening models, integrated service systems, and paraprofessional-delivered supports.

Home Visiting and Comprehensive Early Intervention

Home-based interventions deliver services in families' natural environments, reducing access barriers and enabling contextually tailored support. Child FIRST (Child and Family Interagency Resource, Support, and Training) exemplifies this approach as a comprehensive home-based intervention combining psychotherapeutic parent-child treatment with care coordination embedded in a system of care.

A randomized controlled trial of Child FIRST with multirisk urban families (N = 157, children aged 6-36 months) demonstrated substantial effects across multiple domains (Lowell et al., 2011). At 12-month follow-up, Child FIRST children showed significantly improved language development (OR = 4.4) and reduced externalizing symptoms (OR = 4.7) compared to usual care. Maternal outcomes were equally impressive: Child FIRST mothers experienced less parenting stress at 6 months (OR = 3.0), lower psychopathology symptoms at 12 months (OR = 4.0), and reduced protective service involvement at 3 years post-baseline (OR = 2.1). Critically, intervention families accessed 91% of wanted services compared to only 33% for usual care families, demonstrating the program's effectiveness in linking families to needed resources (Lowell et al., 2011). SafeCare, another evidence-based home visiting model, focuses on preventing child maltreatment through parent training in child health, home safety, and parent-child interaction. A randomized trial of SafeCare augmentation for urban high-risk parents (N = 562) produced significant program effects on parental depression and social support, demonstrating that home-based parenting programs can shift caregiver mental health and social resources linked to child maltreatment risk (Silovsky et al., 2022). These findings highlight the importance of addressing parental well-being as a pathway to improving child outcomes.

Family Strengthening and Multiple-Family Group Models

Family strengthening programs use group-based formats to enhance parenting skills, family communication, and social support while reducing isolation. The 4Rs and 2Ss Family Strengthening Program targets six domains: Rules, Responsibility, Relationships, Respectful Communication, Stress, and Social Support through a 16-week multiple-family group intervention (McKay et al., 2018; Small et al., 2015). A randomized effectiveness trial enrolling 321 families in community mental health clinics found that the 4Rs and 2Ss program achieved significantly higher engagement compared to standard services and produced improved child behavior outcomes (Small et al., 2015). The program successfully engaged families with complex needs, including those involved with child welfare systems, demonstrating feasibility in "real-world" clinical settings. Family advocates, trained caregivers with lived experience, co-facilitated groups alongside clinicians, enhancing cultural relevance and family engagement (McKay et al., 2018). Families and Schools Together (FAST) represents another well-established multiple-family progr m delivered in school settings. FAST integrates community organizing with clinical techniques including family therapy and play therapy to engage low-income and isolated families of elementary school children with behavior problems (McDonald et al., 1997). Evaluation data demonstrated statistically significant improvements in children's conduct disorder, anxiety/withdrawal, and attention span, with two-year follow-up suggesting maintained gains. Additionally, FAST parents showed increased school involvement,

community engagement, employment, and educational attainment, indicating broader family-level benefits (McDonald et al., 1997).

Culturally Informed and Adapted Interventions

Cultural adaptation of evidence-based interventions enhances relevance, engagement, and effectiveness for diverse populations. Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA) exemplifies systematic cultural adaptation for Latino and Black youth and families. An effectiveness evaluation of CIFFTA implemented in community settings with 232 Latino and Black youth (ages 11-18) and their caregivers demonstrated strong retention and clinical outcomes (Mena et al., 2023). Seventy-six percent of families met the 8-session retention criterion and 71% completed treatment, substantially higher than typical community mental health retention rates. Results showed significant improvements in youth behavioral and emotional problems, reduced family conflict, improved family cohesion and communication, and enhanced caregiver well-being including reduced parental stress and increased parenting confidence (Mena et al., 2023). For refugee and immigrant populations, specialized adaptations address unique cultural contexts and trauma histories. The Family Strengthening Intervention for Refugees (FSI-R), a peer-delivered preventative home visiting program, was evaluated with resettled Somali Bantu and Bhutanese families (N = 80 pilot RCT) using an explanatory sequential mixed methods design (Neville et al., 2022). Quantitative findings showed improvements in child mental health and family functioning, triangulated by qualitative reports. However, the study also documented implementation challenges including language barriers between generations, varying literacy levels, and families' desires for assistance with broader socioeconomic needs beyond the intervention's scope (Neville et al., 2022). Child-Parent Psychotherapy (CPP), a trauma-focused dyadic intervention, has been adapted for Latin American immigrant families. A recent study examining psychosocial changes for immigrant mothers and young children participating in CPP found improvements in caregiver-child relationships and reductions in trauma symptoms (Paris et al., 2025). These culturally adapted trauma interventions are particularly important given the high rates of trauma exposure among immigrant and refugee populations.

Selective and Brief Family Interventions

Brief, targeted interventions can serve as entry points to more intensive services for families at risk. The Family Check-Up (FCU) is a two-phase intervention involving an initial three-session assessment and feedback using motivational interviewing, followed by tailored support for specific family management practices (Leijten et al., 2015). A randomized trial with 731 income-eligible families with 2-year-old children found that yearly FCU sessions from ages 2 through 5 led to greater service use at child age 7.5 (d = 0.21), including increased mental health counseling (d = 0.18), chemical dependency treatment (d = 0.22),

religious group assistance (d = 0.19), and community support agency use (d = 0.17) (Leijten et al., 2015). Importantly, the FCU's effect on service use was strongest for families with more-disruptive children (d = 0.33) and lowest socioeconomic status (d = 0.25), demonstrating the intervention's effectiveness as a bridge to community-based treatment for the highest-risk families (Leijten et al., 2015).

Integrated Service Networks and Navigation Models

Recognizing that families face multiple, interconnected needs, integrated service models coordinate across sectors including health, mental health, education, housing, and child welfare. The Community Action Targeting Children who are Homeless (CATCH) project exemplifies this approach, coordinating shelter and community services, changing shelter practices, enhancing parenting, and assessing children's mental health for referrals (Haskett et al., 2017). Such multicomponent initiatives address the complex needs of highly vulnerable populations through systematic interagency collaboration. Family navigation represents another evidence-based strategy for improving access and reducing disparities. A randomized clinical trial from the Developmental-Behavioral Pediatrics Research Network (DBPNet) examined family navigation to improve diagnostic ascertainment among children at risk for autism (Feinberg et al., 2021). The intervention significantly improved diagnostic completion rates, demonstrating navigation's effectiveness in overcoming systemic barriers to early identification and intervention. Help Me Grow, a statewide linkage and care coordination model, connects families to community resources and supports. A statewide evaluation found that families connected through Help Me Grow reported strengthened protective factors including parental resilience, social connections, knowledge of parenting and child development, and concrete supports (Hughes et al., 2016). These findings support the value of systematic linkage systems for enhancing family protective factors even without direct clinical intervention.

Paraprofessional and Community Health Worker Models

Paraprofessional workforce models expand service capacity and enhance cultural congruence by employing individuals from the communities served. Early Childhood Community Health Workers (EC-CHWs) embedded in primary care settings provide psychosocial screening, brief intervention, and navigation to community resources (Moheize et al., 2024). An evaluation of an EC-CHW program found high engagement (87% of referred families) and statistically significant improvements in protective factors including positive parenting knowledge and social support after six months (Moheize et al., 2024). The paraprofessional model proved feasible and acceptable to families, suggesting scalability for addressing psychosocial needs in primary care settings where many at-risk families access services.

Meta-Analytic Evidence

A comprehensive meta-analysis of 33 studies examining community-based mental health and behavioral programs for low-income urban youth provides important insights into overall effectiveness and moderating factors (Farahmand et al., 2012). The analysis found an overall mean effect size of 0.25 at post-test (95% CI 0.14-0.36), indicating small-to-moderate pooled effects. However, effect sizes varied substantially by intervention characteristics:

- Interventions targeting the environment, particularly through family work, showed significantly larger effects ($d = 0.38$, $p < .01$)
- Person-only interventions were not effective ($d = 0.03$, ns)
- Culturally relevant programs demonstrated significantly higher effects ($d = 0.38$, $p < .001$) compared to non-culturally relevant programs ($d = 0.04$, ns)
- Programs delivered by usual care providers ($d = 0.29$) or mixed teams ($d = 0.30$) were effective, while researcher-delivered programs showed smaller effects

These meta-analytic findings underscore the importance of ecological, family-centered, and culturally adapted approaches delivered by community providers for achieving meaningful outcomes with at-risk populations (Farahmand et al., 2012).

Table 2. Evidence-Based Community Intervention Programs and Outcomes

Intervention Model	Target Population	Study Design	Key Outcomes	Effect Sizes	Reference
Child FIRST	Multirisk urban families, children 6-36 months	RCT (N=157)	Improved language (OR=4.4), reduced externalizing (OR=4.7), reduced maternal stress (OR=3.0), reduced maternal psychopathology	OR=2.1-4.7	Lowell et al., 2011

			(OR=4.0), 91% service access vs. 33%		
SafeCare Augmentation	Urban high-risk parents	RCT (N=562)	Reduced parental depression, increased social support	Not specified	Silovsky et al., 2022
4Rs and 2Ss Family Strengthening	Low-income urban families, African American and Latino	RCT (N=321)	Improved child behavior, higher engagement than standard care	Not specified	Small et al., 2015; McKay et al., 2018
CIFFTA	Latino and Black youth (11-18) and families	Effectiveness study (N=232)	76% retention, 71% completion; reduced youth behavioral/emotional problems, reduced family conflict, improved caregiver well-being	Not specified	Mena et al., 2023
FAST	Low-income families, elementary children with	Evaluation with 2-year follow-up	Improved conduct disorder, anxiety/withdrawal, attention; increased parent	Not specified	McDonald et al., 1997

	behavior problems		school/community involvement		
Family Check-Up	Income-eligible families with 2-year-olds	RCT (N=731)	Increased service use (d=0.21); strongest effects for highest-risk families (d=0.33)	d=0.17-0.33	Leijten et al., 2015
FSI-R	Resettled Somali Bantu and Bhutanese refugees	Mixed methods RCT (N=80)	Improved child mental health and family functioning; feasibility challenges noted	Not specified	Neville et al., 2022
Child-Parent Psychotherapy	Latin American immigrant mothers and young children	Evaluation study	Improved caregiver-child relationships, reduced trauma symptoms	Not specified	Paris et al., 2025
EC-CHW Program	Families in primary care, perinatal and early childhood	Program evaluation	87% engagement; improved parenting knowledge and social support	Not specified	Moheize et al., 2024

Help Me Grow	Vulnerable families statewide	Statewide evaluation	Strengthened all five protective factors (resilience, connections, parenting knowledge, concrete supports, child competence)	Not specified	Hughes et al., 2016
Meta-Analysis	Low-income urban youth	33 studies, 41 samples	Overall d=0.25; environmental interventions d=0.38; culturally relevant d=0.38; person-only d=0.03	d=0.03-0.38	Farahmand et al., 2012

Implementation Models and Service Delivery Approaches

Translating evidence-based interventions into routine community practice requires attention to implementation strategies, workforce models, cultural adaptation processes, and system-level factors that facilitate or impede successful adoption and sustainability.

Service Delivery Architectures

Effective community-based interventions employ diverse delivery architectures tailored to population needs and local contexts. Home-based delivery reduces access barriers for families facing transportation challenges, childcare constraints, or discomfort with clinic settings (Lowell et al., 2011; Silovsky et al., 2022). School-based programs leverage existing infrastructure and natural family engagement points around children's education (Dawson-McClure et al., 2015; McDonald et al., 1997). Community center and clinic-based multiple-family groups facilitate peer support and reduce isolation while maintaining professional oversight (McKay et al., 2018; Small et al., 2015). Integrated, multisector models coordinate across service systems to address families' multiple needs holistically. The CATCH project for homeless families demonstrates this approach by coordinating shelter, school, health, and community services while changing shelter practices to be more developmentally supportive (Haskett et al., 2017). Comprehensive county-level systems of care, when culturally responsive and family-driven, show improved emotional and

behavioral functioning among children served. An evaluation of Alameda County's system of care for 496 children birth to five found that longer service duration was associated with improved functioning, even after controlling for risk factors (Cohen et al., 2023).

Telehealth delivery has emerged as a promising modality for expanding access, particularly for geographically isolated or system-involved families. A feasibility study of a culturally adapted family-based telehealth intervention for Latine families impacted by the child welfare system demonstrated high acceptability and feasibility (Meza et al., 2025). Telehealth approaches may also support families with disabilities; for example, artificial intelligence applications are being explored to support learners with dyslexia and other learning differences, potentially enhancing educational outcomes for at-risk children (Ehigie, 2025).

Workforce Models and Paraprofessional Roles

Workforce composition significantly influences intervention reach, cultural congruence, and sustainability. Paraprofessional models employ community members, often with lived experience, to deliver services alongside or under supervision of licensed professionals. The 4Rs and 2Ss program uses family advocates, trained caregivers from the community, to co-facilitate multiple-family groups with clinicians, enhancing cultural relevance and family engagement (McKay et al., 2018). Early Childhood Community Health Workers represent another paraprofessional model with demonstrated effectiveness. Embedded in primary care settings, EC-CHWs conduct psychosocial screening, provide brief interventions, and navigate families to community resources. High engagement rates (87%) and significant improvements in protective factors support the scalability of this workforce model for addressing psychosocial needs in primary care (Moheize et al., 2024). Peer-delivered interventions leverage shared cultural and experiential backgrounds to enhance trust and engagement. The Family Strengthening Intervention for Refugees (FSI-R) uses peer interventionists from refugee communities to deliver home visiting services, though implementation research identified the need for additional training and support to address complex family needs (Neville et al., 2022). University-community partnerships represent another workforce strategy, deploying graduate students and faculty to provide evidence-based services while building community capacity. An evaluation of a university-community partnership providing home-based mental health services to 237 children from families living in poverty over two years demonstrated feasibility but also highlighted workforce training needs and challenges with attrition (Fox et al., 2013).

Cultural Adaptation and Equity

Cultural adaptation processes enhance intervention relevance, engagement, and effectiveness for diverse populations. Systematic adaptation involves surface-level modifications (language, materials, examples) and deep-structure changes (addressing cultural values, beliefs, and social contexts) (Mena et al., 2023). CIFFTA exemplifies systematic cultural adaptation for Latino and Black families, incorporating cultural values around family, respect, and communication while maintaining core evidence-based components. The intervention's strong retention (76% meeting 8-session criterion, 71% completing treatment) and clinical outcomes in community settings demonstrate the value of cultural adaptation (Mena et al., 2023). Community-based participatory research (CBPR) methods engage community members, service providers, and researchers as equal partners in intervention development and adaptation. The CHAMP and CHAMP+ programs for poverty-impacted African American and Latino youth used CBPR approaches to enhance cultural and contextual sensitivity of program content and format (McKay et al., 2014). This collaborative design process increases community ownership and sustainability. For immigrant and refugee populations, cultural adaptation must address language barriers, literacy levels, cultural concepts of mental health and parenting, trauma histories, and acculturation stress. The FSI-R adaptation for Somali Bantu and Bhutanese refugees incorporated culturally specific examples and peer delivery but also revealed the need for additional supports around language barriers between generations and families' broader socioeconomic needs (Neville et al., 2022).

Navigation and Care Coordination

Family navigation and care coordination strategies address service fragmentation and access barriers that disproportionately affect vulnerable families. Navigation involves trained staff who help families identify needs, locate appropriate services, overcome logistical barriers, and follow through with referrals (Feinberg et al., 2021).

The DBPNet randomized trial of family navigation for children at risk for autism demonstrated significant improvements in diagnostic ascertainment, addressing disparities in early identification (Feinberg et al., 2021). Navigation proved particularly effective for families facing multiple barriers including language differences, limited health literacy, and complex service systems. Wraparound services represent an intensive care coordination approach for youth with serious emotional disturbance, involving individualized planning, team-based decision-making, and flexible service arrays. An evaluation of wraparound services with 253 youth found significant increases in protective factors and reductions in risky behaviors, with improvements in these mediators predicting clinically significant mental health outcomes at exit (Thomson

et al., 2017). These findings underscore the importance of environmental and individualized coordination for complex cases.

Implementation Challenges and Barriers

Despite evidence of effectiveness, community-based interventions face persistent implementation challenges that limit scalability and sustainability:

Engagement and Retention

Caregiver mental health problems, competing demands, transportation constraints, and mistrust of services impede engagement. While culturally adapted programs show improved retention, attrition remains a challenge, particularly for families with the most complex needs (Fox et al., 2013; Neville et al., 2022).

Workforce Capacity

Shortages of trained professionals, high turnover, and limited supervision infrastructure constrain service capacity. Paraprofessional models offer promise but require investment in training, supervision, and career pathways (Moheize et al., 2024).

Fidelity vs. Adaptation

Balancing adherence to evidence-based protocols with necessary adaptations for diverse populations and real-world settings remains challenging. Overly rigid fidelity requirements may reduce cultural relevance, while excessive flexibility may dilute core components (Mena et al., 2023).

Funding and Sustainability

Reliance on time-limited grants, complex insurance reimbursement for non-traditional services (e.g., home visiting, multiple-family groups), and lack of sustainable funding streams threaten program continuity (McKay et al., 2018).

Scope Limitations

Many evidence-based interventions focus on specific clinical targets (e.g., parenting skills, child behavior) while families face broader socioeconomic needs including employment, housing, and literacy. Families in refugee and immigrant communities particularly emphasized desires for assistance beyond intervention scope (Neville et al., 2022).

Language and Literacy

Language barriers between generations in immigrant families, limited English proficiency, and low literacy levels impede full participation in some interventions, requiring additional adaptations and supports (Neville et al., 2022).

Table 3. Implementation Strategies and Barriers

Implementation Strategy	**Description**	**Facilitators**	**Barriers**	**Evidence Source**
Home-Based Delivery	Services delivered in families' homes	Reduces access barriers, enables contextual tailoring, builds trust	Safety concerns, travel time, scheduling challenges	Lowell et al., 2011; Silovsky et al., 2022
School-Based Programs	Interventions delivered in school settings	Leverages existing infrastructure, natural engagement point, reduces stigma	Limited space, competing demands, requires school buy-in	Dawson-McClure et al., 2015; McDonald et al., 1997
Multiple-Family Groups	Group format with multiple families	Peer support, reduces isolation, efficient use of staff time	Scheduling complexity, insurance reimbursement challenges, requires adequate space	McKay et al., 2018; Small et al., 2015
Paraprofessional Workforce	Community members deliver services	Cultural congruence, cost-effective, expands capacity	Training needs, supervision requirements, career pathways	Moheize et al., 2024; McKay et al., 2018
Cultural Adaptation	Systematic modification for cultural relevance	Improved engagement and retention, enhanced relevance	Resource-intensive, requires community partnership, fidelity concerns	Mena et al., 2023; Neville et al., 2022

Family Navigation	Trained navigators help families access services	Addresses access barriers, improves service completion	Requires dedicated staff, ongoing relationship building	Feinberg et al., 2021
Integrated Systems of Care	Coordination across multiple service sectors	Addresses multiple needs holistically, reduces fragmentation	Complex coordination, information sharing challenges, funding silos	Cohen et al., 2023; Haskett et al., 2017
Telehealth Delivery	Remote service delivery via technology	Expands geographic reach, reduces transportation barriers, flexible scheduling	Technology access/literacy, privacy concerns, relationship building challenges	Meza et al., 2025
CBPR Approaches	Community-academic partnerships in design and implementation	Community ownership, cultural relevance, sustainability	Time-intensive, requires power-sharing, potential conflicts	McKay et al., 2014

Outcomes and Effectiveness

Synthesizing evidence across intervention types and populations reveals consistent patterns of effectiveness alongside important variations by program characteristics, implementation quality, and population subgroups.

Child Mental Health and Developmental Outcomes

Community-based interventions demonstrate meaningful improvements in child mental health and developmental functioning across multiple domains:

Behavioral Outcomes

Reductions in externalizing problems, conduct disorder, and aggression are consistently reported. Child FIRST produced substantial reductions in externalizing symptoms (OR = 4.7) at 12-month follow-up (Lowell et al., 2011). A population-level school-based intervention found that among boys at high risk based on baseline behavioral dysregulation (23% of sample), the intervention led to lower rates of conduct problems at age 6 (Dawson-McClure et al., 2015). FAST demonstrated statistically significant

improvements in conduct disorder, anxiety/withdrawal, and attention span with maintained gains at two-year follow-up (McDonald et al., 1997).

Emotional Functioning

Interventions targeting trauma and family relationships show improvements in children's emotional symptoms and trauma-related difficulties. Child-Parent Psychotherapy for Latin American immigrant families reduced trauma symptoms and improved caregiver-child relationships (Paris et al., 2025). Comprehensive systems of care for young children (birth to five) demonstrated improved emotional and behavioral functioning over time (Cohen et al., 2023).

Developmental and Academic Outcomes

Home-based interventions show positive effects on early language and cognitive development. Child FIRST children demonstrated significantly improved language development (OR = 4.4) at 12-month follow-up (Lowell et al., 2011). School-based family interventions increased academic performance and parental involvement in school, with additional benefits for high-risk youth (Tolan et al., 2004). Booster interventions following initial family-focused prevention programs led to relative improvements in child concentration in school and academic achievement for high-risk groups (Tolan et al., 2009).

Social Competence

Family-focused interventions enhance children's social skills and peer relationships. The SAFEChildren intervention produced improvements in children's social competence, particularly for high-risk youth (Tolan et al., 2004). Refugee family strengthening interventions reported increased child social confidence based on qualitative reports (Neville et al., 2022).

Family and Parenting Outcomes

Improvements in family functioning and parenting represent both direct intervention targets and mediators of child outcomes:

Parenting Stress and Mental Health

Multiple interventions demonstrate reductions in parenting stress and caregiver psychopathology. Child FIRST mothers experienced less parenting stress at 6 months (OR = 3.0) and lower psychopathology symptoms at 12 months (OR = 4.0) (Lowell et al., 2011). SafeCare augmentation produced significant effects on parental depression and social support (Silovsky et al., 2022). CIFFTA showed significant

improvements in caregiver well-being including reduced parental stress and relational frustration and improved parental confidence (Mena et al., 2023).

Parenting Knowledge and Skills

Interventions consistently improve parenting knowledge and positive parenting practices. A population-level school intervention produced effects on parenting knowledge and positive behavior support, with decreased harsh and inconsistent behavior management among highest-risk families (Dawson-McClure et al., 2015). EC-CHW programs produced statistically significant improvements in positive parenting knowledge after six months (Moheize et al., 2024).

Family Relationships and Communication

Family-based interventions improve family cohesion, communication, and reduce conflict. CIFFTA demonstrated significant reductions in family conflict and improvements in family cohesion and communication (Mena et al., 2023). Refugee family strengthening interventions improved family communication and caregiver-child relationships (Neville et al., 2022).

Protective Factors

Linkage and care coordination models strengthen multiple protective factors simultaneously. Help Me Grow connections to community programs strengthened parent-reported protective factors including parental resilience, social connections, knowledge of parenting and child development, and concrete supports (Hughes et al., 2016). EC-CHW programs improved protective factors including positive parenting knowledge and social support (Moheize et al., 2024).

Service Access and System Outcomes

Community-based interventions improve families' connections to needed services and reduce involvement with crisis systems:

Service Linkage and Utilization

Interventions with active care coordination components dramatically increase service access. Child FIRST families accessed 91% of wanted services compared to only 33% for usual care families (Lowell et al., 2011). The Family Check-Up increased service use overall ($d = 0.21$), with strongest effects for families with more-disruptive children ($d = 0.33$) and lowest socioeconomic status ($d = 0.25$) (Leijten et al., 2015). Family navigation significantly improved diagnostic ascertainment for children at risk for autism (Feinberg et al., 2021).

Child Welfare Involvement

Home-based interventions reduce child protective service involvement. Child FIRST mothers had less protective service involvement at 3 years post-baseline (OR = 2.1) (Lowell et al., 2011). SafeCare augmentation targeted risk factors associated with child maltreatment, though long-term child welfare outcomes require further study (Silovsky et al., 2022).

Juvenile Justice Outcomes

For justice-involved youth, comprehensive mental health interventions reduce recidivism. QUEST Futures participants showed significantly fewer total re-arrests (0.59 vs. 0.91) and felony re-arrests (0.24 vs. 0.50) one year after enrollment compared to other alternative-to-detention programs (Hahn, 2013).

Community Engagement

Family strengthening programs increase parent involvement in schools and communities. FAST parents became more involved at school, regularly saw FAST friends, began employment after being on welfare, returned for further education, and became involved in the community (McDonald et al., 1997).

Moderators and Differential Effects

Intervention effects vary by population characteristics and implementation factors:

Risk Level

Several studies demonstrate stronger effects for highest-risk families. The Family Check-Up showed strongest service use effects for families with most-disruptive children and lowest SES (Leijten et al., 2015). A school-based intervention produced conduct problem reductions specifically for high-risk boys (Dawson-McClure et al., 2015). SAFEChildren showed additional benefits for high-risk families in parental monitoring, child problem behaviors, and social competence (Tolan et al., 2004).

Cultural Relevance

Meta-analytic evidence demonstrates that culturally relevant programs produce significantly higher effect sizes (d = 0.38) compared to non-culturally relevant programs (d = 0.04) (Farahmand et al., 2012). Individual studies of culturally adapted interventions show strong retention and outcomes (Mena et al., 2023; Neville et al., 2022).

Intervention Target

Programs targeting environmental and family factors show larger effects (d = 0.38) than person-only interventions (d = 0.03) (Farahmand et al., 2012). This pattern supports ecological approaches that address multiple levels of influence.

Dosage and Booster Sessions

Greater intervention engagement predicts better outcomes. Families participating more often in Family Check-Up feedback sessions engaged more in services (d = 0.27) (Leijten et al., 2015). Booster interventions following initial programs led to relative improvements in child aggression and concentration, with additional benefits for high-risk groups (Tolan et al., 2009).

Long-Term Effects and Sustainability

Evidence for long-term maintenance of intervention effects is limited but promising. FAST showed maintained child-functioning gains at two-year follow-up along with sustained parent school and community involvement (McDonald et al., 1997). Child FIRST demonstrated reduced protective service involvement at 3 years post-baseline (Lowell et al., 2011). However, most studies report outcomes at immediate post-intervention or short-term follow-up (6-12 months), highlighting the need for longer-term evaluations tracking educational, health, and justice outcomes into adolescence and adulthood.

Cost-Effectiveness and Public Health Impact

While few studies report formal cost-effectiveness analyses, available evidence suggests favorable cost-benefit ratios for intensive early interventions. Child FIRST's substantial effects on service access, child development, maternal mental health, and child welfare involvement suggest potential for long-term cost savings, though formal economic analyses are needed (Lowell et al., 2011). Reductions in juvenile justice involvement for QUEST Futures participants indicate potential justice system cost savings (Hahn, 2013). The scalability of paraprofessional models like EC-CHWs offers promise for cost-effective expansion of services (Moheize et al., 2024).

Discussion

This comprehensive review synthesizes evidence from over twenty studies examining community-based social support interventions for at-risk children and families in the United States, revealing both substantial promise and persistent challenges in strengthening these critical services.

Synthesis of Key Findings

The evidence base demonstrates that community-based interventions can meaningfully improve mental health and developmental outcomes for vulnerable children and families. Meta-analytic findings indicate small-to-moderate overall effects (d = 0.25), with significantly stronger outcomes for interventions targeting environmental and family factors (d = 0.38) and culturally adapted programs (d = 0.38) compared to person-only approaches (d = 0.03) (Farahmand et al., 2012). This pattern strongly supports ecological, family-centered approaches that address the multiple contexts shaping child development. Home-based interventions demonstrate particularly robust effects. Child FIRST produced odds ratios ranging from 2.1 to 4.7 across child developmental, behavioral, and maternal mental health outcomes, with dramatic improvements in service access (91% vs. 33%) (Lowell et al., 2011). These findings underscore the value of delivering comprehensive, psychotherapeutic services in families' natural environments while actively linking them to community resources. Family strengthening programs using multiple-family group formats show promise for engaging hard-to-reach populations and producing meaningful clinical improvements. The 4Rs and 2Ss program and CIFFTA both demonstrated retention rates (71-76%) substantially higher than typical community mental health services, along with significant improvements in child behavior, family functioning, and caregiver well-being (Mena et al., 2023; Small et al., 2015). The use of family advocates and culturally adapted content appears critical to these programs' success.

Brief interventions like the Family Check-Up effectively serve as bridges to more intensive services, particularly for highest-risk families (Leijten et al., 2015). This tiered approach, offering universal or selective brief interventions that identify families needing more intensive support, aligns with public health models for efficient resource allocation. Paraprofessional workforce models, including community health workers and family advocates, demonstrate feasibility and effectiveness for expanding service capacity while enhancing cultural congruence (Moheize et al., 2024; McKay et al., 2018). These models warrant investment in training, supervision infrastructure, and career pathways to support sustainable implementation.

Theoretical and Mechanistic Insights

The reviewed evidence supports several theoretical propositions about mechanisms of change in community-based interventions:

Ecological Validity

Interventions that target multiple levels of the social ecology, individual, family, school, community, produce stronger effects than those focused solely on individual children (Farahmand et al., 2012). This

finding validates ecological and developmental systems theories emphasizing the interconnected contexts of child development.

Protective Factor Enhancement

Interventions that strengthen protective factors—parental resilience, social connections, parenting knowledge, concrete supports, and child competence—show benefits across multiple outcomes (Hughes et al., 2016; Moheize et al., 2024). The Strengthening Families framework provides a useful organizing structure for intervention design and evaluation.

Parental Mental Health as Mediator

Improvements in caregiver depression, stress, and psychopathology appear to mediate child outcomes, though formal mediation analyses are limited (Lowell et al., 2011; Silovsky et al., 2022). This pathway suggests that addressing parental well-being is not merely a secondary benefit but a critical mechanism for improving child outcomes.

Cultural Congruence

The substantial difference in effect sizes between culturally relevant ($d = 0.38$) and non-culturally relevant ($d = 0.04$) programs demonstrates that cultural adaptation is not optional but essential for effectiveness (Farahmand et al., 2012). Surface-level adaptations (language, materials) combined with deep-structure changes (addressing cultural values and social contexts) enhance engagement and outcomes.

Service Integration

Fragmented services undermine effectiveness, while integrated approaches that coordinate across sectors and address families' multiple needs show enhanced outcomes (Cohen et al., 2023; Haskett et al., 2017). This finding supports policy investments in integrated systems of care and care coordination infrastructure.

Implications for Policy and Practice

The evidence base supports several policy and practice recommendations:

Invest in Home-Based and Community-Delivered Services

The strong effects of home visiting programs like Child FIRST and SafeCare support expanded funding for home-based services, particularly for families facing multiple barriers to clinic-based care (Lowell et al., 2011; Silovsky et al., 2022). Medicaid and other payers should develop reimbursement mechanisms that support home visiting and other non-traditional service delivery modalities.

Prioritize Cultural Adaptation and Community Partnership

Given the substantial effect size differences between culturally relevant and non-relevant programs, funders and systems should require and support systematic cultural adaptation processes using community-based participatory research methods (Mena et al., 2023; McKay et al., 2014). This requires dedicated resources and time, not merely translation of materials.

Expand Paraprofessional Workforce

Community health workers, family advocates, and peer specialists offer cost-effective, culturally congruent service expansion. Policy should support training programs, supervision infrastructure, and career pathways for paraprofessionals while ensuring appropriate scope of practice and integration with licensed professionals (Moheize et al., 2024; McKay et al., 2018).

Strengthen Family Navigation and Care Coordination

The effectiveness of navigation for improving service access and diagnostic ascertainment supports systematic implementation of navigation services, particularly for populations experiencing disparities (Feinberg et al., 2021). Help Me Grow and similar models provide replicable frameworks for statewide implementation (Hughes et al., 2016).

Implement Tiered Service Models

Brief interventions like the Family Check-Up that identify families needing more intensive support offer efficient resource allocation strategies. Systems should implement tiered models offering universal prevention, selective brief interventions, and indicated intensive services based on risk and need (Leijten et al., 2015).

Support Integrated Systems of Care

Fragmentation undermines effectiveness and burdens families. Policy should incentivize cross-sector collaboration, shared data systems, and braided funding mechanisms that support integrated service delivery (Cohen et al., 2023; Haskett et al., 2017).

Leverage Technology Thoughtfully

Telehealth and technology-enhanced interventions offer promise for expanding access, particularly for geographically isolated families and those with transportation barriers (Meza et al., 2025). However, technology solutions must address digital divides and maintain relationship-based care. Emerging applications of artificial intelligence to support learners with disabilities may enhance educational outcomes

for at-risk children, though careful attention to equity and privacy is essential (Ehigie, 2025; Badmus et al., 2018).

Persistent Challenges and Barriers

Despite evidence of effectiveness, significant challenges limit the reach, quality, and sustainability of community-based interventions:

Engagement and Retention

Attrition remains problematic, particularly for families with the most complex needs. While culturally adapted programs show improved retention, many families still disengage prematurely (Fox et al., 2013). Strategies to enhance engagement, flexible scheduling, transportation assistance, childcare, incentives, relationship-building, require dedicated resources often not included in intervention budgets.

Workforce Capacity and Turnover

Shortages of trained professionals, high turnover due to low wages and challenging working conditions, and limited supervision infrastructure constrain service capacity (Fox et al., 2013). Workforce development requires systemic investment in competitive compensation, professional development, supervision, and supportive organizational cultures.

Fidelity-Adaptation Balance

Maintaining fidelity to evidence-based protocols while adapting for diverse populations and real-world constraints remains challenging. Overly rigid fidelity requirements may reduce cultural relevance and feasibility, while excessive flexibility may dilute core components (Mena et al., 2023). Implementation science frameworks that identify core components versus adaptable elements can guide this balance.

Funding Sustainability

Reliance on time-limited grants creates instability and prevents long-term relationship building with communities. Complex insurance reimbursement for non-traditional services (home visiting, multiple-family groups, navigation) limits sustainability (McKay et al., 2018). Policy reforms to support sustainable funding streams—including Medicaid reimbursement for evidence-based community interventions—are essential.

Scope Limitations

Many evidence-based interventions focus on specific clinical targets while families face broader socioeconomic needs including employment, housing, food security, and literacy. Families consistently express desires for assistance beyond intervention scope (Neville et al., 2022). Interventions must be embedded in broader systems that address social determinants of health, not positioned as substitutes for economic supports.

Equity and Disparities

Despite cultural adaptation efforts, disparities in access and outcomes persist for racial and ethnic minorities, immigrant and refugee families, and families in rural areas. Structural barriers including discrimination, immigration enforcement, and geographic isolation require policy-level interventions beyond program adaptation (Paris et al., 2025; Neville et al., 2022).

Research Gaps and Future Directions

Several critical researc gaps limit evidence-based policy and practice:

Long-Term Follow-Up

Most studies report outcomes at immediate post-intervention or short-term follow-up (6-12 months). Longer-term evaluations tracking educational attainment, health outcomes, justice involvement, and economic self-sufficiency into adolescence and adulthood are needed to quantify sustained public health impact and cost-effectiveness (Lowell et al., 2011; McDonald et al., 1997).

Mediational Pathways

While interventions demonstrate effects on both proximal targets (parenting, caregiver mental health) and child outcomes, formal mediation analyses testing whether improvements in proximal targets drive child outcomes are limited. Such analyses would clarify mechanisms of change and identify critical intervention components (Silovsky et al., 2022).

Comparative Effectiveness

Few studies directly compare different intervention models for the same population. Comparative effectiveness trials and network meta-analyses would inform decisions about which interventions to implement for specific populations and contexts (Farahmand et al., 2012).

Implementation Strategies

While effectiveness trials demonstrate what works under optimal conditions, implementation research examining how to achieve successful adoption, fidelity, and sustainability in routine practice is limited. Studies testing implementation strategies—training approaches, supervision models, organizational supports—are needed (Mena et al., 2023).

Cost-Effectiveness

Formal economic evaluations comparing costs and benefits of different intervention models are rare. Cost-effectiveness and cost-benefit analyses would inform resource allocation decisions and support policy advocacy (Lowell et al., 2011).

Technology-Enhanced Interventions

While telehealth shows promise, rigorous evaluations of technology-enhanced interventions—including mobile applications, online platforms, and artificial intelligence applications—are needed to understand effectiveness, engagement, and equity implications (Meza et al., 2025; Ehigie, 2025).

Subgroup Analyses

More research is needed on differential effects by child age, specific risk profiles, cultural backgrounds, and geographic contexts. Understanding for whom interventions work best would enable more precise targeting and adaptation (Leijten et al., 2015; Dawson-McClure et al., 2015).

Conclusion

Community-based social support interventions represent a critical strategy for improving mental health and developmental outcomes among at-risk children and families in the United States. This comprehensive review of over twenty studies demonstrates that well-designed, culturally adapted, family-centered interventions delivered in accessible community settings can produce meaningful improvements in child behavior, emotional functioning, developmental progress, family relationships, parenting capacity, and service access. The evidence strongly supports several key principles for effective community-based interventions: (1) ecological approaches targeting multiple levels of influence produce stronger effects than person-only interventions; (2) cultural adaptation is essential, not optional, for achieving meaningful outcomes with diverse populations; (3) home-based and community-delivered services reduce access barriers and enhance engagement; (4) paraprofessional workforce models offer scalable, culturally congruent service expansion; (5) family navigation and care coordination improve service access and

reduce disparities; and (6) integrated systems of care addressing families' multiple needs show enhanced outcomes compared to fragmented services.

Meta-analytic evidence indicates overall small-to-moderate effects (d = 0.25), with substantially stronger outcomes for environmentally focused (d = 0.38) and culturally relevant (d = 0.38) programs. Individual intervention studies demonstrate impressive effect sizes, particularly for comprehensive home-based models like Child FIRST (OR = 2.1-4.7 across outcomes) and culturally adapted family strengthening programs showing 71-76% retention rates substantially higher than typical community services. However, persistent challenges limit the reach and sustainability of these interventions. Engagement and retention difficulties, workforce shortages and turnover, funding instability, complex reimbursement systems, and the mismatch between focused clinical interventions and families' broader socioeconomic needs constrain impact. Addressing these challenges requires policy-level interventions including sustainable funding mechanisms, workforce development investments, cross-sector collaboration infrastructure, and integration of clinical interventions with economic supports addressing social determinants of health.

Future research priorities include long-term follow-up studies tracking outcomes into adolescence and adulthood, mediational analyses clarifying mechanisms of change, comparative effectiveness trials informing intervention selection, implementation research identifying strategies for successful adoption and sustainability, formal cost-effectiveness analyses, and rigorous evaluations of technology-enhanced interventions. Additionally, research must continue to address equity and disparities, ensuring that interventions reach and effectively serve the most vulnerable populations. The COVID-19 pandemic has intensified mental health challenges and economic hardships for at-risk families while also accelerating adoption of telehealth and technology-enhanced services. This moment presents both urgency and opportunity to strengthen community-based support systems. Emerging technologies, including artificial intelligence applications to support learners with disabilities and secure health information systems, offer new tools for enhancing intervention effectiveness and reach, though careful attention to equity, privacy, and the primacy of human relationships is essential (Ehigie, 2025; Badmus et al., 2018). Ultimately, improving outcomes for at-risk children and families requires a comprehensive public health approach combining universal prevention, early identification, evidence-based intervention, and policy reforms addressing structural inequities. Community-based social support interventions are a critical component of this approach, offering accessible, culturally responsive, family-centered services that strengthen protective factors and reduce risks. By investing in these interventions, through sustainable funding, workforce development, cultural adaptation, technology integration, and system coordination, we can promote resilience, reduce disparities, and improve life trajectories for vulnerable children and families across the United States.

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