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Family Support Programs and the Prevention of Child Abuse

National Resource Center for Family Support Programs

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OVERVIEW OF FAMILY SUPPORT PROGRAMS

Family support programs began to appear in the early 1970s and are now proliferating across the country. Initially established as small, grassroots, community-based programs, they are currently growing in number, size, and complexity. The National Resource Center for Family Support Programs has developed a series of Fact Sheets that provide introductions to different types of family support programs, addressing such issues as: child abuse, family literacy, school readiness, school-linked services, alcohol and other drug abuse prevention, incarcerated parents, comprehensive collaborative services, and teen parents.

PREMISES OF FAMILY SUPPORT

The influence of the family on a child cannot be overestimated. The family is a child's first source of information and the primary model for how a child experiences relationships. It helps a child begin to communicate and to learn personal and cultural values and beliefs. The family teaches a child ways to live in a complex world, and it provides a child with a sense of belonging and a foundation for self-esteem. Families, and specifically parents, who are confident and effective in these responsibilities are more likely to raise healthy and productive children.

Dramatic changes have occurred in the structure and patterns of family life in the U.S. over the past 20 years. The population has become increasingly mobile, and parents often function without help from extended family. Divorce rates have risen. Many children are born to unmarried mothers or raised in a single-parent household. Others are "latchkey" children whose parents work outside the home. Family support programs have emerged in response to these changes. The settings in which they operate vary widely, as do the types of services and resources they offer to families. But all programs are geared toward a common goal: increasing the ability of families to successfully nurture their children.

Family support programs emphasize a proactive approach toward the prevention of problems. To this end, they provide supports which can enhance effective functioning within the family, and they foster a sense of family self-sufficiency and empowerment. The structured incorporation of the family into all aspects of programs to enhance a child's development sets family support programs apart from other kinds of services for families.

All family support programs are based on the following assumptions:

- Families have primary responsibility for their children's development and well-being; they need resources and supports that will enable them to fulfill that responsibility effectively.
- Healthy families are the foundation of a healthy society. Families who are unable to promote their children's development ultimately place the entire society at risk.
- Families operate as part of a total system. Children cannot be viewed as separate from their families, nor can families be viewed separately from their communities, their cultural heritage or the society at large. Decisions made on behalf of children must consider the ways in which these various systems are interconnected.
- The systems and institutions upon which families rely for support must assist families' efforts to effectively raise their children. They must adjust and coordinate their services so as not to hinder families' abilities to maintain positive environments for their children.

TYPICAL PROGRAM COMPONENTS

Family support programs operate successfully in diverse communities and settings. Many are separate, free-standing, non-profit agencies; others are sponsored by churches, hospitals, schools, day-care centers, or colleges and universities. Specific program content and structure are determined by the needs of the families being served, and are designed to complement already existing community services and resources. Most family support programs include the following:

- Life skills training. This may include family literacy, education, employment or vocational training, or enhancement of personal development skills such as a problem solving, stress reduction, and communication.
- Parent information classes and support groups. These provide instruction in child development and opportunities for parents to share their experiences and concerns with peers.

- Parent-child groups and family activities, which provide occasions for parents to spend more time with their children.
- Drop-in time to provide parents with informal opportunities to spend time with staff members and other parents.
- Information and referral services.
- Crisis intervention/family counseling to respond to parents' special concerns about their children or specific family issues.
- Auxiliary support services such as clothing exchanges, emergency food, transportation.

THE ISSUE OF CHILD ABUSE AND NEGLECT

In September 1991, the U.S. Advisory Board on Child Abuse and Neglect declared the state of child maltreatment in the United States a "national emergency." The severity of the crisis was evidenced by disturbing facts: reported cases of abuse and neglect, totaling 2.6 million, had increased 300 percent in the past 15 years; child fatalities had risen 54 percent since 1985.¹ Better systematic recognition of child abuse and neglect accounted in part for the escalation, however, the dramatic increases suggested more than statistical accuracy. The fact remained that a substantial and growing number of America's children were victims of, or at risk of, serious nonaccidental physical injury, physical neglect, sexual abuse, and emotional abuse. The board warned that "[n]o other problem may equal its power to cause or exacerbate a range of social ills."² Further, the current system of response was described as "fragmented, inadequate, and often misdirected," "overwhelmed and on the verge of collapse."³

However, child protective efforts have been evolving, from strategies of limited intervention to broader, proactive interventions and prevention. Since 1971, the number of prevention programs has been growing rapidly along with a corresponding increase in evaluations and assessments of the programs' success.⁴ The focus on identification and treatment of abuse and neglect has shifted to preventive policies and programs composed of public-awareness campaigns, parent education and support services, safety education for children, and therapeutic interventions.

FAMILIES AND CHILD ABUSE PREVENTION

A working assumption of child-abuse prevention programs is that parents neither desire nor intend to batter or neglect their children. That being said, the causes of child abuse vary. In one family, child abuse may result from a parent's lack of knowledge about child development or the circumstances of his or her own childhood. In another, the stress of poverty, combined with a substance-abuse problem, may contribute to child maltreatment. Additionally, at-risk parents often lack social supports. In the best of circumstances, raising children can be demanding and at times frustrating. Parents need a support system. In high-risk neighborhoods, resources are scarce and social isolation common.

Targeting preventive efforts to families at high risk for child maltreatment requires attention to the features and stresses of family life that make conflict inevitable and increase the likelihood of abuse.⁵

Child abuse usually occurs in families under stress, and in conjunction with other problems. Effective prevention programs address these complex situations with comprehensive, community-based prevention strategies. A successful preventive strategy addresses the needs of all family members and respects cultural values and context.

Programs are designed to facilitate healthy family functioning, and to enhance each member's ability to function within the family and community. Program areas that contribute to a sound prevention strategy are:

- Support programs for new parents, providing education in child development, parent-and-child relationships, and adult relationships; information on community resources; programs enhancing parent-and-child bonding and infant stimulation;
- Education for parents directed toward the creation of social networks and the continuation of instruction in childcare and child development, home-visitor services, special education support programs;
- Early and regular child and family screening and treatment;
- Childcare opportunities, including emergency, respite, and crisis-oriented care;

- Life skills training for children and young adults in the areas of child development, family management, self-development, methods of seeking help, education in sexuality, family planning, and issues relating to parenting;
- Self-help groups and other neighborhood supports;
- Family support services, including crisis care programs, home-based programs, counseling services, community resource information, healthcare;
- Community organization activities;
- Public information and education on child-abuse prevention.

CHILD ABUSE PREVENTION PROGRAM MODELS

MODEL 1: HEALTHY START/ HEALTHY FAMILIES

An effective preventive strategy for child maltreatment provides parents with education and support prior to or at the time their first child is born. The Hawaii Healthy Start Program offers a systematic, voluntary approach, targeting at-risk families of newborns. Eligible families are identified at local hospitals, making it possible to identify and serve nearly all at-risk families in a target area, and enabling the project to function as an integral part of a comprehensive health services delivery system.

Healthy Start was initiated by the Hawaii Family Stress Center as a demonstration project from 1985 to 1988. During the demonstration period, 241 families were seen intensively, 176 of whom were served for at least one year. Findings indicated only four cases of neglect—and none of abuse—during the three-year demonstration period. Since 1988, the project has expanded from one site to eleven, with the goal of becoming a comprehensive, statewide program serving all at-risk families with children from birth to age five.

The program includes several best-practice standards suggested by evaluations of home visitor services and new parent interventions: (1) initiation of services in the hospital following birth, to minimize stigma; (2) initial universal delivery of services, providing more intensive and individualized

screening of service needs; (3) referrals of children with developmental delays to a National Zero-to-Three Project; (4) provision of home-based services allowing for an assessment of the child's environment and for modeling the interactions promoted; (5) a long-term commitment, for up to five years, recognizing the necessity of extended intervention; (6) emphasis on social supports and assistance from other sources to ensure, beyond intervention, the safety of the child; (7) operation in the context of a healthcare system; (8) intensive training and supervision of paraprofessionals who function as home visitors; (9) training for new staff teams and uniform standards for service delivery; and (10) program evaluation.

The National Committee for the Prevention of Child Abuse (NCPCA), in partnership with the Ronald McDonald Children's Charities, is working to replicate the Hawaii Healthy Start model across the country, in conjunction with the Hawaii Family Stress Center, the NCPCA chapter network, and state Children's Trust Funds and Maternal and Child Health departments.

MODEL 2: FAMILY-CHILD RESOURCES

Family-Child Resources, Inc. is a private prevention and early-intervention agency offering services and support for children and their families in York, Pennsylvania. All services are family-centered and many are home- or school-based. Family-Child Resources has forged strong partnerships with state and local organizations. Effective working relationships with medical professionals, and with agency and school personnel, have increased the quality of services provided and have contributed to success replicating the program in both urban and rural school districts. Information and consulting services regarding program models, funding, and materials are routinely provided.

Services include:

- Developmental assessment and home-based intervention;
- Occupational, physical, and speech therapy;
- Play groups for children, from birth to three years, who have experienced developmental delays;
- Home-based assessment and intervention for high-risk families to stimulate effective parent and child interactions;

Community-based prevention groups for children experiencing divorce or separation, substance abuse, or child abuse in their homes:

- School-based elementary-student support programs involving staff training, on-site support groups for at-risk children, and parenting education;
- Classes, groups, and presentations to enhance parenting skills; and
- Perinatal coaching.

Family-Child Resources' active participation on committees of professional organizations and state and local policy-setting agencies creates partnerships and alliances and keeps the agency abreast of best practices, legislative changes, and funding sources.

MODEL 3: FRIENDS OF THE FAMILY

Friends of the Family is a not-for-profit family therapy and family education center. Its mission is to provide quality mental health and human development programs to the mainstream community and underserved populations in the Los Angeles area. The organization's primary goals are: To improve the quality of life for families in the community; to decrease the incidence of child abuse and neglect; to provide parent development services aimed at strengthening families; and to reduce costly social programs through primary prevention.

Program services include:

- Individual, couples, family, and group therapy, classes, and workshops;
- Program for teen mothers providing support and information on child development, child guidance, health and wellness for mother and baby, family management, parent development; and referrals;
- Parenting education classes and services that enable companies to design a family-friendly workplace;
- Eight-month, multifamily treatment program educating parents about child management and development, and linking participants with needed goods and services while teaching problem-solving skills.

Friends of the Family also operates a clinical training program for marriage and family therapists and for psychotherapists who are outstanding clinicians and committed community members. Additionally, in its infancy is an advocacy and outreach program, envisioned as a platform from which to educate, advocate, advertise, publicize, and promote ideas which expand public awareness of family strengthening, productive parenting, and child welfare.

MODEL 4: STATE INITIATIVE FOR WISCONSIN

A large, interdisciplinary committee composed of educators, health and human service providers, parents, legislators, and representatives of various state agencies developed a legislative proposal for parenting education and support programs that would be universally available to all Wisconsin parents. Adopting the proposal in part, Wisconsin lawmakers appropriated \$750,000 over the 1989-'91 biennium to develop eight Early Childhood Family Education Centers, also known as Family Resource Centers. Two key features of the initiative are especially notable: (1) centers are available to all parents within their communities; and (2) emphasis is on providing prevention-oriented services directed primarily at parents with children from birth to age three.

The centers are administered by the Children's Trust Fund, a state agency with a strong, successful six-year history of grants administration for parenting education and child-maltreatment preventive programs. Children's Trust Fund oversees the development of the family resource centers and provides training, technical assistance, and close monitoring.

Wisconsin's Family Resource Centers are community- and neighborhood-based prevention programs that provide education and support services to families. Centers were chosen for funding if they showed evidence of strong community planning and coordination among existing agencies that already offered the required service components. In an effort to ensure collaboration, it was required that a minimum of two agencies work together and submit a joint application. Centers must also submit to routine evaluations and a uniform data collection system for program utilization.

Parent education and support are provided through a combination of services which include: group and home-based parent education courses, workshops, support groups, drop-in programs, childcare, play groups, referral services, toy and book libraries, transportation, and outreach.

In addition to the core parenting skills and support services above, many centers have formed direct links to public and private health agencies. Some have adopted a "one-stop shopping" model providing direct economic self-sufficiency programs, such as job training, tutoring, and GED courses. Each center adapts its programs to meet the needs of families in its community.

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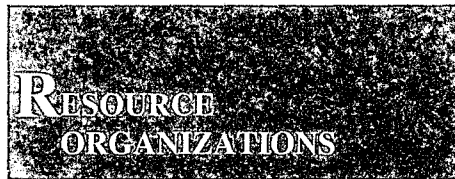
MODEL 5: PROJECT I CARE, OHIO RESEARCH INSTITUTE ON CHILD ABUSE AND PREVENTION

In 1990, The National Center on Child Abuse and Neglect (NCCAN) awarded funding to nine community organizations from across the country to develop demonstration models of comprehensive, community-based child-abuse and neglect prevention programs. Each proposal outlined a strategy that called for expanding or building programs and services by utilizing existing community resources from their respective target areas.

The Ohio Research Institute's Project I CARE received funding for its collaborative, comprehensive model. The desired outcome over a five-year period is a neighborhood-owned community-based child-abuse- and neglect-prevention model. The model includes:

- Public awareness programs;
- Home-based services;
- Programs for first-time parents;
- Improved prenatal healthcare;
- Support services for parents under stress;
- School-based programs focusing on physical abuse and neglect;
- Child behavior management information for all parents; and
- Parent education and support services for special populations including ex-offenders, foster and adoptive parents, and pregnant and parenting teens.

This project is expected to result in an effective community-based prevention model that will improve networking and referral among established services providers and reduce punitive and abusive behavior toward children.



Additional information and materials on the topics of family support and child-abuse preventive programs can be obtained from the following organizations.

The National Resource Center for Family Support Programs (NRC/FSP)

Family Resource Coalition
200 S. Michigan Avenue, Suite 1520
Chicago, IL 60604
312/341-0900 FAX 312/341-9361

The National Resource Center for Family Support Programs (NRC/FSP) was established to assure the availability of current knowledge in the field of family support on the design, development, and implementation of family support programs.

The NRC/FSP operates a computerized database to document and disseminate information on exemplary and innovative family support programs across the country.

The Center identifies and develops resource materials for policymakers and practitioners (such as program descriptions, bibliographies, program development manuals, training curricula and monographs); and provides technical assistance, training, and consulting in family support program design and operations.

National Committee for Prevention of Child Abuse (NCPCA)

332 S. Michigan Ave., Suite 1600
Chicago, IL 60604
312/663-3520 TDD 312/663-3540

NCPCA is a volunteer-based organization of concerned citizens working with community, state, and national groups to expand and disseminate knowledge about child-abuse prevention and to transform that knowledge into community action through sound policies and prevention programs.

NCPCA activities include public awareness campaigns, public education, a variety of community-based prevention programs, research and evaluation, and advocacy. NCPCA publishes a variety of educational materials that deal with parenting, child abuse, and child abuse prevention.

C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect

1205 Oneida St.
Denver, CO 80220
303/321-3963

The Kempe National Center emphasizes the development of treatment programs for abused children, conducts training programs, and offers technical assistance. A catalog of materials and services is available upon request.

The Kempe Center houses the National Child Abuse and Neglect Clinical Resource Center, which provides clinical consultation, referrals, training, and literature to aid in the multidisciplinary diagnosis and treatment of child abuse.

National Center on Child Abuse and Neglect (NCCAN)

Administration for Children and Families
U.S. Dept. of Health and Human Services
P.O. Box 1182
Washington, D.C. 20013
202/245-0814

NCCAN was established in 1974 by the Child Abuse Prevention and Treatment Act. Its activities include conducting research; collecting, analyzing, and disseminating information; and providing assistance to states and communities for activities on the prevention, identification, and treatment of child abuse and neglect. Its information component is the Clearinghouse on Child Abuse and Neglect Information (703/385-7565).

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¹Daro and McCurdy, 1992. NCPCA
²Dept. of Health and Human Services, Sept. 14, 1991. "Absence of Child Abuse Policy Threatens Nation's Social Fabric U.S. Advisory Body Charges."

³Ibid.

⁴Jaudes, Paula and Leslie Mitchel. "Physical Child Abuse." NCPCA. 1992.

⁵Cohn, Anne H. "An Approach to Preventing Child Abuse." NCPCA. 1983.

This publication was developed by the National Resource Center for Family Support Programs, funded by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau—cooperative agreement no. 90-CJ-0960 under contract with the Family Resource Coalition.

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