Standards for Prevention Programs: Building Success through Family Support

Developed by the New Jersey Task Force on Child Abuse and Neglect

FAMILY SUPPORT America

Standards for Prevention Programs: Building Success through Family Support

About This Book

Discussions by the New Jersey Task Force on Child Abuse and Neglect regarding the importance of preventing child abuse and the need for more prevention programs in the child welfare system led to the creation of an ad hoc Prevention Program Standards Working Group. The Task Force was interested in advocating for the support and expansion of sound prevention programs in New Jersey. However, there seemed to be a lack of understanding as to what constitutes effective prevention programs. Thus, the Prevention Subcommittee of the Task Force formed a Prevention Program Standards Working Group charged with defining standards for programs intended to prevent child maltreatment. The members of the Task Force, Prevention Subcommitte, and Standards Working Group are noted in the appendices.

The Standards Working Group reviewed the literature on effective prevention programs from multiple fields including child welfare, public health, juvenile justice, substance abuse, and mental health. Articles and books on this subject included theoretical information, research findings, and discussions of characteristics of effective programs. In order to provide a broad overview of standards rather than a critique of model programs, the working group organized the information under three headings: conceptual standards, practice standards, and administrative standards. This approach was used to provide the reader of this report with information that could be used to evaluate a variety of programs serving diverse populations. Since research and reports exist on specific program models, the working group encourages the reader to obtain additional information if he or she is interested in a particular program model. Writings on the evaluation of specific program models are included in the bibliography. The full Task Force has reviewed and endorsed this report from the Standards Working Group.

Acknowledgments

Standards for Prevention Programs: Building Success through Family Support

Family Support Is the Way Prevention Should Be Done

Child welfare and other state systems of service have tremendous potential to bring about family and community well-being by supporting and strengthening families and preventing child abuse and neglect. The factors that put families at risk of abuse and neglect are well known, and state and local systems as well as community partnerships can be powerful forces in ameliorating them. The effectiveness of prevention approaches is also well known; they enable all systems to better accomplish their goals for improving child, family, and community outcomes. Yet for the most part, these systems do not focus on prevention. Instead, the approach that continues to dominate state funding and programmatic agendas is intervention—addressing child abuse and neglect after it occurs, when the chances of positive results are greatly reduced.

The Family Support Approach

Prevention has been defined as the deterrence or hindrance of a problem, disorder, or disease. In the course of deterrence, steps are taken prior to the onset of negative functioning to reduce the incidence or prevalence of poor outcomes. More recently, professionals in the field of prevention have incorporated the elements, principles, and approaches of family support into prevention and worked to enhance and optimize positive functioning.

It is well recognized that family support holds the promise of obtaining better outcomes for children and families. Researchers Carl Dunst, Carol Trivette, and Angela Deal, in their 1988 book *Enabling and Empowering Families: Principles and Guidelines for Practice*, contended that enabling and empowering families is not simply a matter of whether or not family needs are met, but rather the manner in which needs are met. Family support as a specific intervention has been, since its inception, a "rethinking" of the ways in which families are viewed and the ways in which helping relationships are carried out, including, said Dunst and colleagues:

- Expanding the definition of intervention to be more ecologically oriented and comprehensive
- Moving beyond the child as the focus of the intervention to the family as a whole system
- Promoting growth-producing behavior—positive behaviors and outcomes—rather than only treating problems or preventing negative outcomes
- Focusing on family-identified needs and aspirations rather than professionally identified, defined, and labeled needs
- Placing major emphasis on strengthening the family's social network and utilizing the network as the primary source of support
- Perceiving the family as a social unit embedded within other formal and informal social units and networks

The focus of family support is to promote the acquisition of knowledge and skills that make the family more competent, thus strengthening family functioning. Family support is a set of beliefs and an approach that can be used in prevention and treatment pro-

> **Family support is**
>
> A set of beliefs and an approach to strengthening and empowering families and communities
>
> A type of grassroots, community-based program designed to prevent family problems
>
> A shift in human services delivery
>
> A movement for social change

Standards for Prevention Programs: **Building Success through Family Support**

grams. As a proactive and positive approach, it emphasizes family strengths, informal supports and resources, and partnering with families to mobilize social and community resources, not treating their deficits. Family support works to nurture and promote strong and healthy children and families. Prevention programming can be made more effective and stronger by adhering to the principles and practices of family support practice. The ways in which staff members interact with families and the ways in which families interact with each other have an effect on outcomes for families—programs that are driven by family decision making and that adhere to the principles of family support practice will be better able to meet families' needs and contribute to greater family successes.

Family support practice is based on an ecological framework—a recognition that child and family development do not occur in a vacuum but rather are embedded within a broader community environment. Children and families are part of communities with unique cultural, ethnic, and socio-economic characteristics, which in turn are affected by the values and polices of the larger society. To effectively support children, programs must recognize that children will be happier and healthier when they are raised in strong families, and that families will be stronger when they are living in supportive communities.

It's family support if it's

Building relationships based on equality and respect

Improving families' ability to access resources they need

Actively involving families in all aspects of the work

Building on strengths to effect change

Celebrating diversity and affirming cultural, racial, and linguistic identity

Strengthening community

Advocating for fair, responsive, and accountable systems

Standards for New Jersey—and Beyond

Family Support America, as the national organization dedicated to the field of family support, promotes and supports the application of and adherence to family support practices in multiple domains—including state systems devoted to preventing child abuse and neglect (see sidebar, page vi). We are pleased to present this monograph, *Standards for Prevention Programs: Building Success through Family Support*, in which the state of New Jersey offers standards for its child abuse and neglect prevention programs—applicable to programs throughout the U.S.—based on the recognition that efforts to reduce child abuse and neglect are most successful when services and supports embody a strengths-based, family support approach that builds on assets and

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FAMILY SUPPORT TOOLS

Guidelines for Family Support Practice, 2nd Edition

Family Support America's core program tool—*Guidelines for Family Support Practice*, now in its second edition—helps community-based family support and prevention programs understand how the principles of family support can guide their work to strengthen and support families. The guidebook walks program staff through how they can operate according to the principles of family support practices and gives examples of quality practice in the field of family support. Principles, guide lines, and key practices are identified in the areas of: relationship building; enhancing family capacity; affirming diversity; programs in communities; and program planning, governance, and administration.

For more information, or to order *Guidelines for Family Support Practice*, visit www.familysupportamerica.org or call 312/338-0900.

positive characteristics of families and their environment. When prevention is viewed through a family support lens and the family support principles are embedded into prevention strategies, children and families achieve better outcomes. Other states can learn from New Jersey's work, using these standards as a tool to identify and select programs to be offered, develop new programs, and/or strengthen existing programs.

In publishing this monograph, Family Support America seeks to apply family support prevention approaches beyond local programs and selected states—to infuse this successful prevention strategy into statewide systems across the nation. The standards described here aim to bring together systems and agencies dealing with child protection as well as domestic violence, substance abuse, and other family issues to make family-supportive prevention of negative outcomes the norm in state policies and programs.

The possible applications of these standards are endless, including:

- Requiring that grantees seeking state funding from a variety of agencies adhere to the standards
- Applying language from the standards to mission statements and written materials for state agencies and their programs
- Building the standards into evaluation and review processes for state agencies and the programs they administer
- Integrating the standards into policy development at the state and community levels

Family Support Is a Promising Approach to Preventing Child Abuse and Neglect

The family support field has always focused much of its energy on preventing child abuse and neglect, with thousands of family support centers and public systems promoting the conditions and behaviors that lead to strong, healthy, safe families. Family Support America is the national organization supporting those efforts—working to promote, strengthen, and expand the family support movement.

On the state level, through its seven-year implementation of the States Initiative, Family Support America has worked to promote the principles and practices of family support across a variety of systems in eight states, with the support of the Robert Wood Johnson Foundation. In these states, numerous systems—from child welfare to health to education to criminal justice—have infused family support strategies to prevent child abuse and neglect into a variety of programs and policies.

Family Support America is also the lead organization for the FRIENDS National Resource Center for Community-Based

Family Resource and Support Programs, a program of the Children's Bureau, Office on Child Abuse and Neglect, in the U.S. Department of Health and Human Services. With its partners in FRIENDS, Family Support America works to support states' efforts to create and sustain networks of community-based, family-centered, prevention-focused programs that work to strengthen families and reduce the incidence of child abuse and neglect.

Through these programs and others, Family Support America has led efforts to infuse family support practices into prevention programs, offering publications, conferences, technical assistance, and training to programs throughout the U.S. To learn more about Family Support America and its resources, contact:

Family Support America, 20 N. Wacker Drive, Ste. 1100, Chicago, IL 60606, 312/338-0900, 312/338-1522 (fax), www.familysupportamerica.org

We are confident that disseminating, promoting, and forging consensus around these standards will effect positive change at the state and community levels. *Standards for Prevention Programs: Building Success through Family Support* is a powerful tool for advancing family support by preventing child abuse and neglect across all systems, in all states.

Virginia L. Mason
President & CEO, Family Support America

Principles of Family Support Practice

1. Staff and families work together in relationships based on equality and respect.

2. Staff enhance families' capacity to support the growth and development of all family members–adults, youth, and children.

3. Families are resources to their own members, to other families, to programs, and to communities.

4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.

5. Programs are embedded in their communities and contribute to the community-building process.

6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

7. Practitioners work with families to mobilize formal and informal resources to support family development.

8. Programs are flexible and continually responsive to emerging family and community issues.

9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

Premises of Family Support

1. Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.

2. Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.

3. Children and families exist as part of an ecological system.

4. Child-rearing patterns are influenced by parents' understandings of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.

5. Enabling families to build on their own strengths and capacities promotes the healthy development of children.

6. The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.

7. Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.

From Guidelines for Family Support Practice, 2nd Edition *(2000) (Chicago: Family Support America).*

The Charge to Articulate Prevention Standards

The charge to articulate standards for programs that prevent child abuse and neglect reflects a growing acknowledgment of the desire and need for standards that can provide:

- Accountability for prevention programs
- The ability to compare program to program
- A common language for professionals to discuss effective prevention programs as well as a means to convey this information to key policy and decision makers and the general public
- Recognition of effective and well-operated prevention programs

There is increasing evidence in many fields of social services that prevention programs must play a more significant role in the full range of services. Karol L. Kumpfer and Rose Alvarado have written extensively for the field of juvenile delinquency prevention. They cite numerous studies (Kumpfer & Alvarado, 1998) documenting the relationship between social problems

> Standards can help provide accountability, comparisons of programs, a common language, and a resulting recognition of effective programs.

and the ability of families to care for their children. These etiological research studies "suggest parenting and family interventions that decrease family conflict and improve family involvement and parental monitoring should reduce problem behaviors" in children and youth. They conclude that "strengthening the ability of families to raise children to be law-abiding and productive citizens should be a critical public policy issue in the United States."

Other professionals have cautioned that our current overemphasis on responding to maltreatment is an imbalanced approach. Efforts to prevent child abuse and neglect are not simultaneously occurring. In 1920, Christian Carl Carstens, the founder of the Child Welfare League of America, asserted that child protective agencies needed to work toward the prevention of cruelty and neglect, not merely preventing its recurrence. However, this advice has been largely ignored (Schorr, 1997; Guterman, 1997). The child welfare system has continued to narrow its focus, restricting its resources to investigating alleged abuse and neglect incidents. Major risk factors such as poverty, inadequate parenting, transitions or other stressors, substance abuse, and deteriorating neighborhoods cannot be addressed when protection and "moving children through the system" must take precedence. Yet, if these factors that might prevent child abuse, neglect, or abandonment were addressed, there would be fewer children in need of out-of-home placements or adoptions.

Many have also questioned the effectiveness of our current child protection approach because it appears we are not making significant progress to reduce or eliminate child abuse and neglect. A cadre of child welfare professionals and related organizations formed the National Call to Action in 1999 to develop recommendations on how to improve results. In New Jersey, calls to the Division of Youth and Family Services (DYFS) to report alleged abuse or neglect jumped from an average of 50,000 in the early 1990s to over 70,000 in 1995. According to the division, of the 82,800 calls to DYFS in 1999, 39,200 were considered child abuse and neglect referrals and 34,400 calls were regarding families "at risk" of child maltreatment. The number of children removed from home to protect them from further harm averaged 10,000 children annually.

Although effective prevention programs are not cheap, several studies have shown them to be cost-effective. A RAND Corporation study found that "programs that provide parental training and therapy for families whose children have shown aggressive behavior in their early school years avert almost three times as many serious crimes" (Kumpfer & Alvarado, 1998). The total cost of the violent criminal career of a young adult (18-23 years) is $1.1 million. In the field of substance abuse, the National Institute of Drug Abuse reports that for every dollar spent on drug abuse prevention, communities can save $4 to $5 in costs for drug abuse treatment and counseling.

Most prevention programs, even those that are intense and comprehensive, are relatively less expensive than programs that intervene or treat children who have been abused. According to DYFS, foster care placement for one abused child in New Jersey in 2000 cost over $8,100 for the year. Should the child require residential care, the cost ranges from $65,000 to $78,000 for a year. In contrast, the Healthy Families America model home visitation program averages $3,500 per family per year. Prevention programs often provide immediate cost savings from reduced medical and social service costs and reductions in foster care placements.
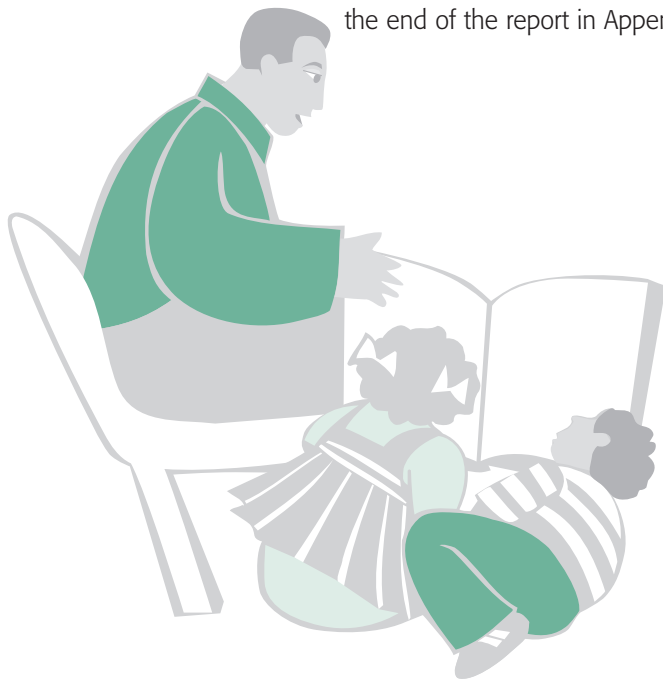
This report provides:

- Definitions of prevention
- Overarching standards that address conceptual standards, practice standards, and administrative standards
- Comments on types of services or programs and use of critical elements

The Prevention Program Standards Working Group of the New Jersey Task Force on Child Abuse and Neglect offers the following standards in order to advance the consistency, quality, and accountability of programs used in New Jersey for the purpose of preventing child maltreatment.

It is hoped that the report will be used to develop, identify, promote, monitor, and fund effective prevention programs. Users of this report may include state children's trust funds and departments of children and families, juvenile justice, human services, health, senior services, education, and corrections. Community planning groups such as human services advisory councils, youth services commissions, commissions on child abuse and missing children, local councils on alcoholism and drug abuse, municipal alliances, and other local organizations may find these standards useful when researching programs or selecting programs to be offered in their communities. It may be helpful to staff of private foundations, corporate giving officers, and elected government officials. The standards can assist legislators and key decision makers in government as they seek to develop policies and provide support to prevention programs.

Service providers—community-based agencies, schools, and organizations—may use the standards to help them select programs they want to offer, to develop new programs, or to strengthen existing programs. Individuals, families, and community members who use prevention services can apply the standards to determine which services are most effective. To assist individuals and groups to use the standards, a tool has been provided at the end of the report in Appendix 6.

Part One

Defining Prevention

Defining Prevention

It is the intent of this report to particularly address standards for primary and secondary prevention programs. There is considerable consistency in the literature regarding the definitions of primary, secondary and tertiary prevention:

Primary prevention targets the general population and offers services and activities *before* any signs of undesired behaviors may be present; no screening occurs.

Secondary prevention is directed at those who are "at risk" of possibly maltreating or neglecting children. Determining who is at risk is based on etiological studies of why maltreatment may occur. Secondary prevention efforts and services are also provided *before* child abuse or neglect occur.

Tertiary prevention is provided *after* maltreatment has occurred, to reduce the impact of maltreatment and avoid future abuse. Tertiary prevention is treatment, working with children who have been abused or working with families where abuse has occurred. Public resources have primarily gone into tertiary/treatment programs rather than primary or secondary prevention programs. Tertiary efforts are most often the focus of research efforts in child maltreatment.

The field of substance abuse offers similar definitions, although the language differs: universal prevention (for the general population), selected prevention (for those at risk of substance abuse), and indicated prevention (for those who already display signs of substance use or abuse but have not engaged in regular or heavy use.) Indicated prevention generally does not refer to treatment programs that would address detoxification or treatment for those in recovery.

Martin Bloom (1996) defines prevention as "coordinated actions seeking to prevent predictable problems, to protect existing states of health and health functioning, and to promote desired potentialities in individuals and groups in their physical and sociocultural settings over time." Although Bloom views promotion of well-being as an aspect of prevention, others have made a distinction between treatment, prevention, and promotion service models. Prevention definitions and programs have evolved from traditional treatment approaches which attempt to remedy a problem by focusing on deficits, weaknesses, and characteristics of the target population or its environment that need to be changed. However, many professionals involved in prevention have moved towards a strengths-based approach, building on the assets and positive characteristics in the target population or environment that could be enhanced. This approach has become known as promotion. For example, Dunst (1995) summarizes that treatment is acting to eliminate or reduce the effects of an existing problem; prevention is deterring a potential problem before the onset of negative functioning to reduce the incidence or prevalence of poor outcomes; and promotion is enhancing and optimizing positive functioning to develop and increase a person's or family's competencies and capabilities. It can be said that some prevention programs use a promotion approach.

The literature on family support programs is particularly useful in identifying basic goals of prevention and promotion programs that utilize a strengths-based approach. "Family support programs place primary emphasis on strengthening individual and family functioning in ways that empower people to act on their own behalf, especially enhancing parental child-rearing capabilities," wrote Dunst in 1995. Multiple authors describe family support programs as programs that:

- Enable families to help themselves and their children
- Empower and strengthen adults in their roles as parents, enhance parental capacity, and empower parents to act on their own behalf
- Help prevent problems rather than correct them
- Encourage and enable families to solve their own problems
- Increase the stability of families
- Increase parents' confidence and competence in their parenting abilities, especially contributing to maternal and infant health and development
- Promote the flow of resources and supports to families

Family Support America, as the national organization dedicated to strengthening and promoting the field of family support, has developed a set of principles that are used to guide program development, implementation, and evaluation (see page vii). These principles help to guide program practices and define expected staff behaviors. When adopted, applied, and adhered to, according to Dunst (2003), they form the basis for transforming programs, communities, and polices into ones that:

- Honor and respect families
- Recognize family strengths
- Build on informal and formal resources
- Promote and affirm culture, race, and linguistic identities
- Build strong communities

FAMILY SUPPORT TOOLS

Magazine Helps Programs Adopt, Apply, Adhere

The literature on family support programs can help prevention programs and systems identify basics goals that utilize a strengths-based approach. Carl Dunst—who recently offered a roadmap for programs in "Adopt, Apply, Adhere: Stay True to Family Support," an article appearing in the Spring/Summer 2003 issue of Family Support America's quarterly *America's Family Support Magazine*—has noted that "family support programs place primary emphasis on strengthening individual and family functioning in ways that empower people to act on their own behalf, especially enhancing parental child-rearing capabilities."

To order a copy of the issue in which this article appears, visit www.familysupportamerica.org or call 312/338-0900.

Part Two

Standards for Prevention Programs

Standards for Prevention Programs

It is important to understand that prevention planning and implementation require numerous coordinated methods and approaches—not just programs. A comprehensive prevention plan would include changing laws, conducting media campaigns, mobilizing communities, and using formal and informal settings and approaches that are not necessarily considered to be "programs." This is well illustrated in the field of substance abuse, which has a rich history of support for studying prevention and disseminating its findings. The Center for Substance Abuse Prevention recommends six prevention strategies that can be used by programs or by other approaches (Brounstein and Zweig, 1999):

- Disseminating information and increasing awareness
- Offering prevention education to teach specific skills
- Offering alternative drug-free activities
- Identifying early signs of abuse and offering referrals and counseling
- Organizing the community and enhancing its ability to address substance abuse with community-based interventions
- Using environmental approaches that address standards, codes, and laws in the community or state

These strategies provided the structural core for the 1996 prevention plan developed by the New Jersey Department of Health and Senior Services Division of Addiction Services and the Governor's Council on Alcoholism and Drug Abuse.

The Standards Working Group recognized that prevention efforts need to be broad—impacting individuals, systems, and environments. However, the charge to the Standards Working Group was limited to address standards for prevention programs. What makes prevention programs effective? Although there is a growing body of research of prevention programs and methods, many authors note a great need for more evaluation and research to build solid evidence of the effectiveness of prevention programs (Reppucci, Britner & Woolard, 1997). Further, the effectiveness of a program is an interplay of several factors: What are the critical elements that must be used when implementing the

program components in order to produce the desired outcomes? What target population is the program best suited for? What are realistic and appropriate outcomes for the program, from both a short- and long-term perspective?

As the Standards Working Group began to look at specific types of programs, it became apparent that it would be an overwhelming task to review each type of program across multiple factors. The Working Group concluded that it did not have the time nor the resources to conduct a thorough analysis of program models. For example, examining parenting education programs would require looking at many different models that target different age and ethnic groups; address different child development stages; vary in approach (i.e., didactic, support group, therapeutic), intensity, and duration; and purport different outcomes (i.e., change in self-esteem and personal functioning of the parent, change in parent-child interactions, change in family's need for outside social supports, or change in ability to manage stressors).   Further, what is the rate of successful replication of each model, and what research has been conducted to verify the effectiveness of the model? Some professionals have undertaken this work, enlisting the expertise of many reviewers. See Alvarado & Kumpfer, 2000, and the "Strengthening America's Families" chart in Appendix 1.

Subsequently, the Working Group agreed to focus on identifying those factors that appeared to be present in various prevention programs that were considered to be effective according to the research or analytical studies reviewed. As illustrated on page 9, these factors fall into three categories: conceptual, practice, and administrative standards. Conceptual standards are related to the theories and beliefs behind the programs, a framework for the approach. Practice standards are related to program design and implementation issues, specific elements that should be incorporated into the programs.

FAMILY SUPPORT TOOLS

How Are We Doing?
A Program Self-Assessment Toolkit

Family support principles are embedded into all three categories of effective program standards—conceptual, practice, and administrative. Program staff can use these principles to guide practices at multiple levels and to understand the ways in which the program and staff practices lead to desired results. For an additional resource in assessing how well your program applies the principles of family support practice, see Family Support America's publication *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field*.   This tool—recently re-released with new, easy-to-use software—helps programs assess practice in 10 areas, including: governance, outreach and engaging families, programs and activities, parent education and child development, working one-on-one with families, relationships with the community, center environment, home visiting, staff roles and capacities, and monitoring and evaluation.

For more information on *How Are We Doing?*, visit www.familysupportamerica.org or call 312/338-0900.

Administrative standards are related to the administration and management of the programs. Table I below illustrates the standards addressed in each category in the report that follows. "Other characteristics" are provided to help differentiate standards from other descriptive program characteristics commonly used.

Table 1. Factors for Effective Prevention Programs

The New Jersey Task Force recommends the following standards for effective prevention programs.

Conceptual Standards	Practice Standards	Administrative Standards
1. Family centered	1. Flexible and responsive	1. Sound program structure, design, and practices
2. Community based	2. Partnerships approaches	2. Committed, caring staff
3. Culturally sensitive and culturally competent	3. Links with informal and formal supports	3. Data collection and documentation
4. Early start	4. Universally available and voluntary	4. Measures outcomes and conducts evaluation
5. Developmentally appropriate	5. Comprehensive and integrated	5. Adequate funding and long range plan
6. Participants as partners with staff	6. Easily accessible	6. Participants and community as collaborators
7. Empowerment and strengths-based approaches	7. Long term and adequate intensity	

Other Characteristics of Programs 1. Use of critical elements; 2. Type of service by method, activity or approach; 3. Type of service by setting or target populations; 4. Type of service by goals, content or focus

Appendix 6 offers practical guidance for implementing these standards and measuring programs against them. The tool in Appendix 6 is reproduced throughout the book on the "Reaching Your Goals" pages.

A. Conceptual Standards

Conceptual standards convey theories, values, and beliefs. These concepts reflect why a particular approach needs to be used for the prevention program to be effective. It is often these concepts that differentiate a primary or secondary prevention program from a treatment program. In other words, some concepts that are used when treating a family or child after abuse or neglect has already occurred are inappropriate when working with a family prior to problems arising.

See children in context of families and communities; avoid child only or parent only approaches.

Family Support Premise #3:

Children and families exist as part of an ecological system.
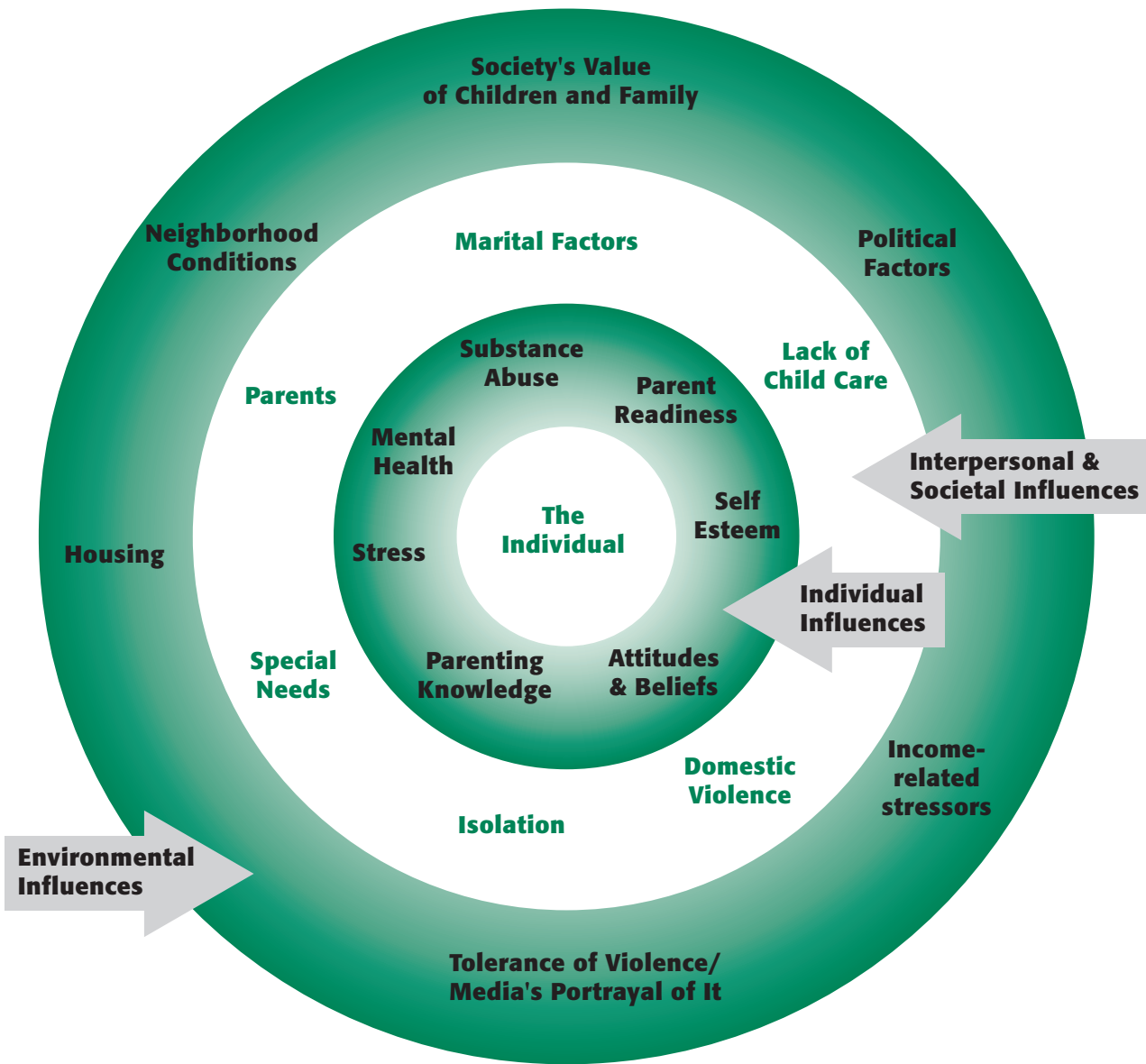
1. Family Centered

Forces within and outside the family shape the development of children. Since the child is embedded in a family system, prevention services need to be family centered rather than child centered (Dunst, 1995; Hess, McGowan & Botsko, 2000). Family centered is synonymous with family focused, another term often used in the prevention literature. A review of effective approaches has indicated that child only, child centered, or parent centered approaches are not as effective as family focused prevention (Kumpfer & Alvarado, 1998; National Center for Missing & Exploited Children, 1999; National Institute on Drug Abuse, 1999). "Family" refers to the adults and other family members most intimately involved in raising the child, not just a conventional constellation of two, natural parents.

Family focused or centered does not mean that every program effort targets the whole family. Rather, it means that sound prevention programs involve the parents and family members at some level. Some component should include parents and caregivers to help shape and reinforce the work that is being done. Kumpfer and Alvarado purport that the more problems the child and family are having, the more the intervention needs to be family focused.

As research has begun to help us understand why child abuse and neglect occur, it is widely believed that no one factor is the cause of maltreatment. Individual, social, and environmental factors are part of an ecological model used to understand why child maltreatment occurs and how to prevent it (Copeland, 1998; Harrington & Dubowitz, 1999; Reppucci, Britner & Woolard, 1997). Individual factors include a person's knowledge of child development and parenting skills, family history, abuse of substances; social factors include marital status, isolation, occurrence of family violence; and environmental factors involve economic conditions, society's tolerance of violence, and laws. (See Figure 1, page 11.) Child maltreatment occurs within the context of the family, community, and society. Although programs often focus on the individual and social factors, the complexity of the interactions that contribute to child maltreatment also require prevention to address community and socio-economic conditions. Primary prevention efforts include developing sound policies and laws as well as addressing societal mores and values as expressed through community and family life.

Factors Influencing the Occurrence of Child Abuse and Neglect

Figure 1

Society's Value of Children and Family

Neighborhood Conditions

Marital Factors

Political Factors

Parents

Substance Abuse

Parent Readiness

Lack of Child Care

Mental Health

Interpersonal & Societal Influences

The Individual

Self Esteem

Stress

Housing

Individual Influences

Special Needs

Parenting Knowledge

Attitudes & Beliefs

Domestic Violence

Income-related stressors

Isolation

Environmental Influences

Tolerance of Violence/ Media's Portrayal of It

Source: Copeland, S. *Prevention: Has its time come to the field of child protection services?* NJ Advisor (The American Professional Society on the Abuse of Children–New Jersey Chapter Newsletter), Fall 1998, Volume 3, No. 2, pp 3-8.

The "Primary Prevention Pyramid" developed by Jack Pransky illustrates the potential impact of prevention efforts with individuals over various stages of the life span. (See Figure 2, page 13.) The larger the block in the pyramid, the greater the potential for prevention efforts to have an impact over one's lifetime. Within this representation, prevention efforts provided in early developmental stages present the greatest potential benefits. The gains made in the early stages become the foundation for later development, with subsequent phases dependent on the integrity of the foundation. Yet, benefits can be gained at all stages, even during older adulthood. Prevention is a life-long process–ideally, a recycling continuum rather than a response to a problem.

In substance abuse prevention literature, successful prevention programs work to decrease risk factors and increase protective factors. Researchers have found that the most crucial factors for drug abuse are those that influence a child's early development within the family. Risk factors include parents who suffer from substance abuse or mental illness, lack of strong parent-child attachments, poor parental monitoring, and ineffective parenting. Protective factors include strong bonds and clear rules of conduct within a family and involvement of parents in their child's life. The notion of mediating risk and protective factors is also supported in the writings of James Garbarino, an eminent researcher on child maltreatment. Garbarino notes research that shows the detrimental effects of accumulating risk factors and the ameliorating benefit of protective factors (Garbarino, 1995).

| **Locate programs locally where participants live, work, or attend school.** | **2. Community Based** |

Family Support Principle #5:

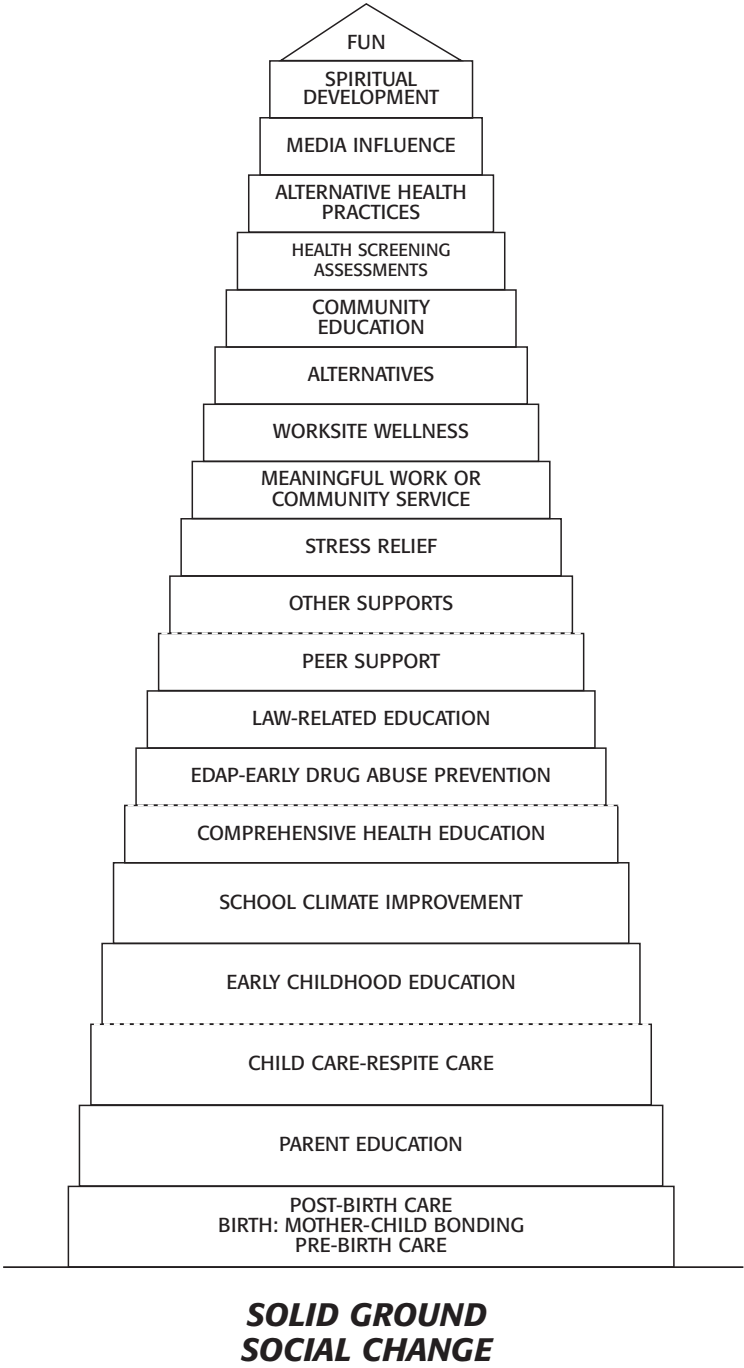Programs are embedded in their communities and contribute to the community-building process.

Preventing child maltreatment requires a broad societal commitment to children that involves seeking the ownership of all sectors of the community in prevention efforts (National Committee to Prevent Child Abuse, 1995). Defined geographically, a community may be a neighborhood, municipality, or region. All who receive services, reside, or work in that defined community should be invited to participate and, hopefully, will become involved in preventing child abuse. Programs that are community based are located in the communities where participants live, work, or attend school.

> "Prevention services need to be community based in order to access the formal and informal supports needed by the family."
>
> **Bernice Weissbourd and Heather Weiss (1992)**

Prevention services need to be community based in order to access the formal and informal supports needed by the family (Weissbourd & Weiss, 1992). Lisbeth Schorr (1997) states that children need to be seen in the context of their families and families within neighborhoods and communities. Programs should respond to the needs of local populations, enabling the community to have a genuine sense of ownership that mobilizes the community. The community is an important contributor to effective childrearing. The community's workplaces and institutions (schools, organizations, religious groups) can provide support to the family to help the family carry out its parenting responsibilities. Or they can disrupt and even sabotage a family's functioning.

Primary Prevention Pyramid

Figure 2

```
                    FUN
              SPIRITUAL
              DEVELOPMENT
            MEDIA INFLUENCE
         ALTERNATIVE HEALTH
              PRACTICES
         HEALTH SCREENING
            ASSESSMENTS
            COMMUNITY
            EDUCATION
            ALTERNATIVES
         WORKSITE WELLNESS
        MEANINGFUL WORK OR
         COMMUNITY SERVICE
           STRESS RELIEF
          OTHER SUPPORTS
           PEER SUPPORT
        LAW-RELATED EDUCATION
    EDAP-EARLY DRUG ABUSE PREVENTION
   COMPREHENSIVE HEALTH EDUCATION
    SCHOOL CLIMATE IMPROVEMENT
     EARLY CHILDHOOD EDUCATION
     CHILD CARE-RESPITE CARE
        PARENT EDUCATION
         POST-BIRTH CARE
   BIRTH: MOTHER-CHILD BONDING
         PRE-BIRTH CARE
```

SOLID GROUND
SOCIAL CHANGE

Source: Reprinted with permission from author Jack Pransky as printed in *Prevention: The Critical Need*, page 40.

Community members need to be included in program development and administration activities (National Clearinghouse on Child Abuse and Neglect Information, 2000). The Office on Substance Abuse Prevention provides a model for this in the *Community Partnership Program Training Manual* (1991). When a community is empowered, its members share responsibility with professionals and are seen as experts, providing leadership and support. There is inclusive decision-making and an emphasis on cooperation and collaboration. (See Table 3, page 15.)

Every program can incorporate community based strategies. Examples of how to do so are provided by three community involvement models noted in the bibliography.

3. Culturally Sensitive and Culturally Competent

Affirm, strengthen cultural identity and diversity.

Family Support Principle #4:

Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.

Effective prevention programs affirm, promote, and strengthen cultural identity and diversity. Whereas cultural sensitivity is an awareness of and tolerance for diversity, cultural competence goes further. Competency is knowledge about the culture that is used to assist participants in programs. It is showing respect for customs and practices, utilizing unique roles of family members and gaining the acceptance of the leaders within the cultural group. Cultural competence should be strengthened, not just tolerated (Chemers, 1995; Dunst, 1995; Weissbourd & Weiss, 1992). When programs are tailored to the cultural traditions of the families, improvement is found in recruitment and retention of the families as well as overall outcomes (Kumpfer & Alvarado, 1998).

> "All family support programs affirm participants' cultural, ethnic, racial, and linguistic identity; promote cross-cultural understanding and respect for differences; and help families to navigate the dominant U.S. society and culture—even as they work to make society more supportive of all families."
>
> *Guidelines for Family Support Practice* **(Family Support America, 1996)**

4. Early Start

Work with target population before negative or abuse patterns are established.

Family Support Premise #4:

Child-rearing patterns are influenced by parents' understandings of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.

In order to prevent child maltreatment, prevention programs need to work with caregivers and parents before negative patterns develop and produce unwanted or poor outcomes. The MacLeod and Nelson (2000) meta-review found a strong indication that gains made through proactive interventions with families were better sustained and even increased over time. However, families that received help after maltreatment had already occurred tended to lose ground over time. Thus, it is imperative that programs begin working with parents at the time of the birth of their first child (Guterman, 1997; Kumpfer & Alvarado, 1998). Other reviews of effective programs recommended that programs begin prenatally (Guterman, 1997; MacLeod & Nelson, 2000). Pregnancy is generally a time when many women are eager to learn about effective infant and toddler care and parenting. For substance abusing women, pregnancy is often a time when they are willing to decrease drug use.

Community Empowerment

Table 3

Delivery of Services (the dominant paradigm)	**Community Empowerment** (the alternative paradigm)
• Professional responsibility (doing for the community)	• Shared responsibility (doing with the community)
• Power vested in agencies	• Power residing in the community
• Professionals seen as experts	• Community seen as the expert
• Planning and services responsive to each agency's mission	• Services and activities planned and implemented on the basis of community needs and priorities
• Fragmentation of planning and service delivery	• Interdependency and integration of planning and services
• External leadership based on authority, position, and title	• Community-based leadership that develops shared vision, broad support, and management of community problem solving
• Denial of ethnic and cultural differences	• Appreciation of ethnic diversity
• External linkages limited to networking and coordination	• Emphasis on cooperation and collaboration
• Closed decision-making process	• Inclusive decision making
• Accountability to the agency	• Accountability to the community
• Evaluation primarily to determine funding	• Evaluation to check program development and decision making
• Categorical funding	• Funding based on critical health issues
• Community participation limited to providing feedback and input	• Maximum community involvement at all levels

Source: Office of Substance Abuse Prevention, *OSAP Community Partnership Program Training Manual*, 1991.

Reaching Your Goals

Conceptual Standards

This tool helps determine how well a program will help you reach your goals and how well it meets the criteria for effective prevention programs. For complete instructions on using this tool, see Appendix 6.

Measuring the Ideas Behind the Program Does the prevention program you plan to implement:	How Well It Meets the Criteria				
	Does not 0	Unsure 1	Partially 2	Good 3	Excellent 4
1. **Family centered**: Involve all possible participants such as the child, parents, family members, and caregivers?					
2. **Community based**: a. Reinforce desired outcomes through the home and in the community (through the organizations with whom the participant is involved)?					
b. Engage community members in program development, implementation, and ownership?					
c. Recognize the role community members play in supporting families and participants in their success?					
d. Use informal and formal supports needed by the participant and/or family?					
3. **Culturally sensitive and culturally competent**: Promote and strengthen cultural identity and diversity?					
4. **Early start**: Work with participants BEFORE unwanted behaviors develop (beginning prenatally if appropriate)?					
5. **Developmentally appropriate**: Meet the developmentally appropriate needs of the participants, be they children, parents, other family members, or caregivers?					
6. **Participants as partners with staff**: Treat the participant as partner and collaborator, evidenced by involving the participant in planning and decision-making and promoting self-reliance?					
7. **Empowerment and strengths-based approaches**: Assess the strengths and capabilities of the participants and build upon them?					

The greatest period of brain growth is between the ages of birth and three years. Early socialization patterns are established during the first years of life. The years from birth to six have great potential for enabling long lasting, healthy functioning. This is another reason why working with a family and caregivers from the birth of the child and on has great value.

5. Developmentally Appropriate

Understanding stages and developmental tasks is crucial to effectively responding to the needs of participants. There are developmental considerations for all participants, be they children, parents, other family members, or caregivers. Child development refers to the ages and stages a child goes through physically, emotionally, socially, and intellectually. Parenting is a developmental process wherein the parents' skills and abilities change over time. Parents can become more competent and capable and skills can change and be more effective over time.   And families go through various stages. Changes parents and families experience are related to the age and developmental stages of the child/ren, the transitions that families experience, and an individual's aging process. Thus, parent education, information about human development, and skill building for parents and caregivers are essential elements of effective prevention programs (Dunst, 1995; Kumpfer & Alvarado, 1998).

Family Support Premise #6:

The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.

FAMILY SUPPORT TOOLS

Evaluations Show Success of Family Support

Findings on family support programs hint at the wealth of positive outcomes associated with high-quality, early intervention programs. In a l998 article published in *Families in Society: The Journal of Contemporary Human Services*, Comer and Fraser reviewed six family support program evaluations and concluded that "family support programs that attempt to control, ameliorate, and eradicate risk factors associated with socioeconomic, educational, and other disadvantages can be effective in strengthening families and increasing the well-being of children." The evaluations showed that the programs had contributed to a variety of positive outcomes, including gains in child development, language development, educational attainment, school achievement, supportive home environments, parent-child interaction, health outcomes, and adult development. Although sample sizes for the evaluations were small, Comer and Fraser found them to be convincing arguments "that well-conceptualized and implemented family-support services have the capacity to improve family functioning."

Arthur J. Reynolds's recent evaluation of the Chicago Child-Parent Centers, published in the *Journal of the American Medical Association*, also emphasized the key role of family support in effective early childhood interventions. His long-term study of the centers found that:

- Participating children had higher graduation rates and more years of completed education.

- Participating children had lower drop-out rates and lower rates of juveniles arrest and violent crime arrests.

- Participating children were retained in their grade less often and used special education services less frequently.

- Effects were stronger for boys and for children who had participated for more years of the program.

Reynolds explicitly tied these positive finding to the family support components of the program.

—*From* Evidence along the Way—Issues in Family Support Evaluation: Report from a Meeting of National Thought Leaders (*Chicago: Family Support America, 2002*). *To download the full report, visit www.familysupportamerica.org/Learning Center/Evaluation.*

Family Support Principle #1:

Staff and families work together in relationships based on equality and respect.

6. Participants as Partners with Staff

Partnering with parents is one of the most critical differences between prevention programs and traditional treatment programs. Involvement before abusive or negative acts occur shifts the focus to "educate, encourage, and prevent" rather than "mediate, monitor, and protect," which are used after abuse has occurred. In this locus, prevention programs can allow participants to "drive" the service rather than insist that the provider or professional prescribe the services. The parents and family are held in respect and considered equal to staff. They should be involved in program planning and development, especially the planning of their own service goals. Parents are encouraged to serve on task forces, committees, or boards (Dunst, 1995; National Clearinghouse of Child Abuse and Neglect Information, 2000). Often, participants who have received services evolve to become the provider of services—the home visitor, parent educator, or group facilitator. This evolution promotes the use of paraprofessionals in prevention services.

Whether highly trained professionals or paraprofessionals are employed, they must be able to work with participants in a manner in which power is shared and individuals, parents, or families accomplish mastery of their skills. Expertise of the staff is shifted from "knowing what is best" to enabling the participants to become more self-reliant and less dependent. Partnerships with participants in the actual delivery of the services include techniques such as active listening, empathy, sincere caring, focusing on promotion of growth-producing behaviors, and shared decision-making (Dunst, 1995). Paraprofessionals and professionals need to receive training, good supervision, and experiences that support their ability to use these techniques.

> "Family support programs serve as models for a burgeoning movement to involve families not only as service recipients, but also in the design, delivery, and governance of services. At its core, family support is about a strong, authentic consumer voice."
>
> **Virginia L. Mason, President & CEO, Family Support America**

From Many Voices:
Consensus on What Families Need

"We believe that families, all families, are the nation's greatest asset, and that:

- Policy in this nation at all levels must be built on a foundation of values that recognizes families and children as the essential unit of civic engagement and democracy.
- Each family must be recognized and acknowledged as unique and individual.
- All families have common human needs and require different levels of social investments at different times in the life span.
- Investments made in families and children become assets in the development of strong citizens who participate in the larger good.
- Children are the messengers sent into a future that we cannot imagine or see, and as such, they are our legacy and our full responsibility.
- Each of us can make a contribution to the future generations of all children.

"We believe that America's increasing diversity can shape and be the foundation for a strong democracy. We believe that all public policies must promote every family's success by ensuring access to programs, services, and resources, regardless of race, language, ethnicity, immigration status, religion, gender, ability, income, political views, age, literacy, housing status, sexual orientation, education, and country of origin. We believe that the wealth, prosperity, and resources of this nation make it imperative that we shape and become a model for the world by paying attention to families and children and by knowing each to be deserving of resources that lead to individual and collective self-sufficiency and the overall strength of the world community. We believe that institutions and organizations must be held publicly accountable to the families and children whom they are to serve."

—From Many Voices: What America Needs from Strong Families & Communities (Chicago: Family Support America), written by 101 parent and community leaders, family support practitioners, and government officials from 29 states at Family Support America shared leadership meeting, December 2000. On-line at www.familysupport-america.org.

Family Support Premise #5:

Enabling families to build on their own strengths and capacities promotes the healthy development of children.

7. Empowerment and Strengths-Based Approaches

All persons have strengths. Programs empower participants by identifying and building on their capabilities and competencies. When working with families, these approaches require positive, proactive work with the family, focusing on family strengths rather than limitations. Successful programs create opportunities for competencies to be learned or displayed, taking advantage of resources and supports already utilized by the family (National Clearinghouse on Child Abuse and Neglect Information, 2000; Weissbourd & Weiss, 1992). They build on the positive functioning of the parents and family rather than see the family as "broken" and "needing to be fixed." Participants and families become less dependent on professionals. Development is measured by self-efficacy, self-reliance, positive mental health, competency, and mastery of skills. Several authors have found that effective prevention programs utilize empowerment and strengths-based approaches (Dunst, 1995; Guterman, 1997; Kretzmann & McKnight, 1993; McLeod & Nelson, 2000).

This concept is also known as "asset building." Use of the asset building approach is demonstrated in the work of the Asset Based Community Development Institute and the Search Institute. (See bibliography.)

B. Practice Standards

Practice standards are related to a program's design and implementation. The practice standards portray strategies to be used to "get things done" in the program. Whereas conceptual standards address *why* a particular approach is used, practice standards reflect *how* the program is to be implemented. For this report, distinctions between conceptual standards and practice standards are offered to help illustrate effective standards. At times, the same strategy may be employed to accomplish implementing concepts and practices.

1. Flexible and Responsive

Tailor practices to the needs of participants.

Family Support Principle #8:

Programs are flexible and continually responsive to emerging family and community issues.

The needs of participants differ due to their unique circumstances, cultural and ethnic background, or the unique characteristics of the communities in which they reside. Thus, programs need to utilize traditions, customs, practices, conditions, and situations. Being flexible and responsive means tailoring program practices and ways staff interact (Dunst, 1995). For example, it appears that retention of families is improved when transportation, meals or snacks, and child care are provided (Kumpfer and Alvarado, 1998). When planning a parenting education class for working parents, supports are essential. Conducting the class at the child care center and providing the evening meal and child care makes it possible for parents to attend at the end of a busy day. It is unlikely that parents will go home, make dinner, get a babysitter, and then return for a class.

Flexibility in planning and delivering services is considered one of four key preventive elements in prevention programs, according to Hess, McGowan and Botsko (2000). This allows for the evolution of a program over time, improving its responsiveness to the changing needs of individuals, families, and communities (Schorr, 1997). The challenge of providing services in a flexible and responsive manner is knowing the difference between flexibility and altering core elements that make a program successful. For example, intensive home visitation programs may require limiting caseloads to 15-25 families per home visitor. This is considered a core element and it is not something that staff should change. The frequency and intensity of the visits (how often, when, where, for how long), however, may be altered in response to the ongoing needs of the family.

Reaching Your Goals

Practice Standards

This tool helps determine how well a program will help you reach your goals and how well it meets the criteria for effective prevention programs. For complete instructions on using this tool, see Appendix 6.

Measuring the Approaches to Be Used Does the prevention program you plan to implement:	How Well It Meets the Criteria				
	Does not 0	Unsure 1	Partially 2	Good 3	Excellent 4
1. **Flexible and responsive**: a. Allow for flexibility to meet the unique needs or circumstances of the participants, such as increasing the intensity of the service in times of greater need?					
b. Offer the service(s) at a time convenient to the participant?					
c. Provide incentives to help engage participants, such as providing an evening meal or child care for families?					
2. **Partnership approaches**: a. Fit into a continuum of services, maximizing coordination of services with other providers?					
b. Link participants with other needed services?					
3. **Links with informal and formal supports**: Link participants with informal supports, such as friends, mentors, role models, or community organizations?					
4. **Universally available and voluntary**: a. Offer services to a broad range of participants, not just persons or families with problems?					
b. Accept most participants who come voluntarily?					
5. **Comprehensive and integrated**: Involve multiple service components and/or comprehensive types of services?					
6. **Easily accessible**: a. Provide the service in a non-threatening environment, such as a public place that is safe and convenient (a school, library, place of worship, recreational site, or workplace)?					
b. Allow the participant to easily access staff?					
7. **Long term and adequate intensity**: Have a frequency, intensity, and length of service sufficient to produce and maintain the desired outcome(s)?					

2. Partnership Approaches

Enable participants to influence policies and practices; maximize coordination/collaboration among service providers.

There are two kinds of partnerships that are effective in prevention programs. The first kind, as noted above in conceptual standards, considers the participant as a partner and structures the administration of the program to allow participants to influence the policies and practices of the program and share in the power and decision-making.

"The voices of parents—in particular, low-income parents—needs to be heard. Our social service agencies need to work in partnership with families for children's safety and well-being. Our educators, principals, and school boards need to work towards parents' hopes and dreams for their children's education. Our local government officials need to partner with families to make our communities stronger and safer. Our congress members at the federal and state levels need to respond to families' concerns about childcare, education, health care, safety and many other issues that affect families every day."

Putting Parent Engagement into Action: A Practical Guide (Family Support America, 2002)

The second kind of partnership refers to how the program interacts with other agencies to maximize coordination of services and cooperation (Weissbourd & Weiss, 1992). Effective prevention programs do not operate in isolation. They need to be integrated into the continuum of services. The approach must involve building partnerships with other agencies. Over time, prevention programs need to become "institutionalized," that is, recognized as a core part of the service delivery system to which referrals are routinely made and for which financial support is ongoing.

Family Support Principle #6:

Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

3. Links with Informal and Formal Supports

Connect participants with multiple supports.

Formal supports are the more traditional linkages with other social services or institutions. Informal supports refer to connections that are fostered with peers, extended family members, volunteers, paraprofessionals, groups, and informal organizations. Providing support through these linkages nurtures a family as well as reduces isolation and loneliness (Dunst, 1995; Guterman, 1997; Weissbourd & Weiss, 1992). The National Institute on Drug Abuse reported that substance abuse prevention strategies that involved many components of the community (parents, schools, mass media, community, health care providers, and policymakers) had greater success in reducing substance abuse. When social norms and expectations are changed, there is a greater impact on behavior (*NIDA Notes*, 14, No. 5, 1999).

Family Support Principle #7:

Practitioners work with families to mobilize formal and informal resources to support family development.

Developing these linkages may be a function of building the capacity of the community. The Search Institute focuses on healthy youth development and emphasizes the importance of bringing families, neighborhoods, schools, religious communities, peers, and non-related adults together. Healthy community development is seen as an integral part of providing support to youth (Search Institute, 1998).

Engaging Parents Gets Results: What Swansea Parents Can Teach Us

In 1997, most of Denver's parents were happy. Finally, thanks to a city council decision, kids would no longer have to bus across town for school, but could stay in their neighborhoods. But not in Swansea. The neighborhood's elementary school could accommodate only 460 of the 700 local children. So the city had decided that, unlike every other neighborhood, their kids would continue to be bused out.

The staff of Cross Community Coalition heard a grumbling that built up to a roar, as parents coming to the family support center complained. One of the city's poorest communities, Swansea was 98% Spanish speaking. To many of these parents, Cross Community Coalition was a second home. They came to the program for ESL and GED classes, social services, parenting classes, support groups, family activities—but most of all, to be listened to and respected. Staff wanted to help, so they started asking parents questions during their bilingual parent groups: What's the problem? What would be a good solution? Who makes the decisions? As parents heard each other speak and gained strength in numbers, they formed an organization, Esfuerzos Unidos, which grew to 90 members. Parents wanted enough classrooms to keep their children in their own neighborhood—including adding to the elementary school and building a middle school (there was none). Staff of the program helped parents write a proposal, get community signatures, and take their proposal to the school board.

The time came to present the proposal to the school board. A special meeting was called, to take place in the school auditorium. That afternoon, a blizzard covered the city in a foot of snow. Cross Community Coalition Executive Director Lorraine Granado got frantic phone calls: Should we cancel the meeting? "No, we can't do that," she said. "Parents have leafleted every house in the neighborhood!"

The auditorium had a capacity of 100. That afternoon, parents streamed out into the hallways. With only one exception, every single school board member attended. They had arranged for simultaneous translation, planning to give the parents headphones, but there were so many parents, the school board members wore them instead! The principal, who had resisted the parents' proposal, stood before that crowd and claimed it as her own! The proposal passed by overwhelming majority.

Within one year, enough elementary school classrooms had been added to keep every child in the neighborhood. Within three years, a middle school had been built, based on a plan created by parents. The seven parents on the naming committee, who were all Latino, called their school Bruce Randolph Middle School, after a local African American restaurant owner who was famous for donating food to thousands of poor people on Thanksgiving.

From the National Family Support Story Bank at Family Support America.

4. Universally Available and Voluntary

Prevention programs should be offered to the broad community, not just to persons or families with "problems." Services should be seen as ways to strengthen and improve functioning rather than something a participant or family must do to address its dysfunction. Guterman (1997) noted that there appears to be a clinical advantage for programs that do not target services based on "psychosocial risk." MacLeod and Nelson (2000) found in their review of prevention programs that there was a higher likelihood of success when working with families of mixed incomes instead of just targeting low socioeconomic status families. There is an adage that has developed: "Programs for poor families tend to become poor programs." Although funders may require that services be limited to children or families experiencing poverty or to "problem families," when the general public does not benefit from these programs, over time the programs tend to have inadequate resources invested in them.

Related to offering the program on a universal basis, prevention programs are also more effective when participation is voluntary (Guterman, 1997; Weissbourd and Weiss, 1992).

Programs are to be offered to the broad community and seen as an opportunity to enhance the participant, attracting voluntary participation.

Family Support Premise #2:

Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.

5. Comprehensive and Integrated

"There are no simple short-term solutions. The most effective prevention approaches involve complex and multi-component programs that address early precursors of problem behaviors in youth. The most effective approaches often are those that change the family, school, or community environment in long-lasting and positive ways" (Kumpfer & Alvarado, 1998). In 1991, the Office on Substance Abuse Prevention stressed that quick, one-shot interventions or overly simplistic approaches for prevention programs do not work. The need for comprehensive prevention services that are integrated into a service system is emphasized over and over again in the literature: Chemers, 1995; Hess, McGowan and Botsko, 2000; Schorr, 1997; Weissbourd and Weiss, 1992.

Child advocates at a 1995 Wingspread Conference envisioned a comprehensive array of health, educational, and social services and supports for families that would include: supportive programs for all new parents starting prenatally and continuing until the child enters school; child health and development services with adequate access to health care; an educational system that effectively prepares children for successful adulthood; human relationship developmental skills for school-age children; services that help parents to safely raise and nurture their children; housing policies and community development efforts that support families; economic opportunities to provide above-poverty standards of living; access to parenting information and parenting skill development; a crisis intervention system that responds to protect children in danger of abuse or neglect; access to therapeutic services for all abused children; and a justice and legal system that

Use multiple supports to reinforce positive outcomes.

Family Support Premise #7:

Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.

aggressively pursues the best interests of children and families. When it is accepted that prevention efforts must be comprehensive, it is also more acceptable to work across various systems and disciplines. The fields of child welfare, health, education, mental health, and juvenile justice can unite and look for ways to optimize their resources. Successful prevention efforts result in deterring many different social problems. Avoiding child abuse, substance abuse, problems in school, delinquency, risky sexual behaviors, and too early pregnancies contributes to healthy family, community, and societal functioning.

Easy engagement, integration, and use of program services.

Family Support Premise #7:

Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.

6. Easily Accessible

Prevention services should be provided in non-threatening environments that are safe and convenient (Kumpfer & Alvarado, 1998). Services should be offered as much as possible with a "public face," that is, in a place that is acceptable to all–such as at home, a school, a library, or at a place of worship–instead of a place that may have a stigma attached to it or a social services facility where someone must go to "fix a problem."

Easy access to staff is also considered important (Hess, McGowan and Botsko, 2000). Staff should encourage participants to contact them when and as often as needed rather than restricting access to an appointment at a fixed time or delaying until a crisis is imminent. This does not mean that the program encourages over-reliance on staff. Rather, as participants are supported to act and advocate on their own behalf, they are encouraged to do so within the context of the program as well. Helping participants to know early on when they need to ask for help teaches them act proactively instead of waiting until situations become problems.

Accessing the service during the recruitment period should also be easy. Primary prevention services have few eligibility requirements. Secondary programs may be offered to specific at-risk populations; but once it is determined who is eligible, obtaining the services should be easy. Recruitment should occur through organizations that serve families and children—such as schools, places of worship, other social service providers, hospitals and health care clinics, and recreational groups.

Aggressive outreach to first engage participants and then maintain the relationship is critical. In prevention programs, staff need to reach out to participants to encourage participation. Contact by telephone, mailings, or personal visits may be used to support their participation. "Creative outreach" may need to continue for three to four months in order to engage the participant. Once engaged, incentives to participate may be provided, such as food, coupons, "gifts," and providing childcare during the program and transportation to the program.

7. Long Term and Adequate Intensity

Quick, one-shot interventions do not work in primary or secondary prevention programs. For example, when advertising a public education message, it has been determined that the message must be heard by the consumer nine or more times for it to be acknowledged and remembered when competing with the multitude of messages received through media. The message should also be provided through multiple contexts. For example, hearing the same message through public media, school, business, and a place of worship is far more effective than having the message delivered by just one of those sources.

Lisbeth Schorr states that successful programs have a long-term, persevering approach (Schorr, 1997). The relationships among length, intensity, type of skills being addressed, short-term success, and maintaining positive outcomes over time are being studied. Although some short-term interventions are effective, a greater intensity of services over an extended period of time seems most effective for families at high risk (Guterman, 1997; Kumpfer & Alvarado, 1998; MacLeod & Nelson, 2000). Efforts that are too short may produce temporary reductions of symptoms rather than long-term effects. Time is needed to modify dysfunctional processes. It takes time to develop trust, to locate all of the needed services, and to comprehensively address needs. Time is also needed to help an individual or family master new skills in daily living. Although there is agreement that prevention programs should be intense and long term, how intense and how long is still being debated.

Combine length of service and intensity to maintain positive outcomes over time.

Family Support Principle #8:

Programs are flexible and continually responsive to emerging family and community issues.

C. Administrative Standards

Administrative standards address ways to effectively administer and manage programs provided by agencies and organizations. Unless the organization offers only one program, there are two layers of administrative standards to consider—administrative practices for the program and administrative practices for the organization. The comments below summarize key concepts on administrative standards for programs.

Administrative practices and standards that are conducted by the organization (rather than the program) include:

- Administrative structure (e.g., as expressed by the "organizational chart")
- Budgetary and financial management
- Funding and overall resource development
- Board of directors
- Human resources and personnel management issues
- Facility operations
- Organizational policies and procedures
- Quality assurance and outcome measures
- Long-term and strategic planning
- Public relations and marketing
- Community support and collaboration

Administrative practices and standards for a program include:

- Program's structure, components, design, and procedures
- Practices related to interaction with the persons served
- Funding of the program
- Supervision, staff development, and training
- Pertinent certifications and licenses
- Annual program workplan and long-range plans for the program
- Record keeping
- Evaluation and reporting
- Use of program advisory groups
- Cooperative and collaborative relationships with other programs and groups

The development of accreditation or certification practices for prevention services or licenses for prevention staff is limited at this time. The Council on Accreditation of Services to Children and Families conducts reviews on a myriad of services regarding their use of effective standards and provision of quality services. This process usually results in granting the agencies and/or programs reviewed a "certification status" that may be used to verify the soundness of the organization to the public and/or funding sources.

Licensure for individuals who specialize in prevention is even less common. In the field of substance abuse, some states, such as New Jersey, have developed a certification process for substance abuse prevention specialists. Other states, such as Illinois, have developed prevention specialist licenses that are broader than just substance abuse. Even less available are college degrees at either the undergraduate or graduate level in the area of prevention. This raises significant questions about the ability to continuously improve prevention efforts if individuals are not encouraged or rewarded to pursue careers that specialize in prevention.

1. Sound Program Structure, Design, and Practices

Program activities reflect the conceptual and practice standards for prevention programs.

Standards applying to the program's structure, components, design, practices and proce-dures are addressed in the conceptual and practice standards noted previously. Programs have many different forms and approaches. The components and approaches should be reviewed as to whether or not they reflect sound standards for being family centered, community based, and culturally competent; address an appropriate target pop-ulation; use approaches that are developmentally appropriate for the participants; treat participants as collaborators and partners; and use a strength-based approach. Is the design flexible and responsive to participant needs; are linkages made with formal and informal community supports; are services universally available, voluntary, comprehensive and integrated into a broader service's system; are they easily accessed and of a suffi-cient intensity and duration?

Family Support Principle #9:

Principles of family sup-port are modeled in all program activities, including planning, gov-ernance, and adminis-tration.

The design, procedures, and timeframes for implementation should be documented and understandable for staff and participants. Ideally, a program manual should be devel-oped that reflects the concepts, practices, and administrative standards of the program.

Reaching Your Goals

Administrative Standards

This tool helps determine how well a program will help you reach your goals and how well it meets the criteria for effective prevention programs. For complete instructions on using this tool, see Appendix 6.

Measuring the Capacity of the Organization(s) When the program is being implemented:	How Well It Meets the Criteria				
	Does not 0	Unsure 1	Partially 2	Good 3	Excellent 4
1. Sound program structure, design, and practices:					
a. Will the agency or organization conducting the program be strong and stable, as evidenced by past success?					
b. Will the agency or organization have documented program, management, and fiscal procedures in place?					
c. Are written and realistic timeframes to be used?					
d. Will the necessary critical elements be properly used?					
e. Will it follow an already established and researched model?					
f. Will it be a good fit for the intended target population?					
2. Committed, caring staff:					
a. Is there evidence that direct service staff are caring, empathetic, sensitive, and dedicated as well as strong, credible, experienced, and credentialed?					
b. Will adequate training and supervision be provided at the onset and ongoing?					
3. Data collection and documentation:					
a. Will record-keeping documents be in place and ready for use in a timely fashion?					
b. Will the infrastructure be adequate to manage data collection and preparation of reports?					
4. Measures outcomes and conducts evaluation:					
a. Will well-defined and quantified levels of service be routinely recorded?					
b. Will outcomes be measured and is a process in place for them to be routinely analyzed?					
5. Adequate funding and long-range plan:					
a. Will it be in line with the long-range plan?					
b. Are adequate funds available for current and long-term provision of prevention services?					
6. Participants and community as collaborators:					
a. Will participant involvement be evident through the use of advisory groups, participant feedback surveys, or other means?					
b. Will continued involvement by community leaders be welcomed and used?					

2. Committed, Caring Staff

Research is bearing out that the quality of staff in prevention programs is a key factor for how successful the program is at reaching the intended outcomes for participants. Kumpfer and Alvarado (1998) noted from the literature nine staff characteristics and skills that are needed for program effectiveness: warmth, genuineness, and empathy; communication skills in presenting and listening; openness and willingness to share; sensitivity to family and group processes; dedication to, care for, and concern about families; flexibility; humor; credibility; and personal experience with children as a parent or childcare provider.

When Lisbeth Schorr reviewed various programs for her book *Common Purpose*, she found that successful programs encouraged practitioners to build strong relationships based on mutual trust and respect. It was the quality of these relationships that most profoundly differentiated effective from ineffective programs. Staff need to be there long enough, close enough, and persevering enough to forge authentic relationships that help to turn lives around. Successful programs are managed by competent and committed individuals willing to: experiment and take risks; manage by "groping around"; tolerate ambiguity; win the trust of line workers, politicians, and the public; be responsive to the demands for prompt, tangible evidence of results; be collaborative; and allow for discretion of staff on the front lines. Staff on the front lines receive the same respect, nurturing, and support from their managers that they are expected to extend to those they serve.

Adequate training of staff is needed. Although the warmth and empathy of a staff person is most likely brought to the job, training in listening, how to use a strength-based approach, how to determine service priorities, and how to treat participants as partners are skills that can be taught. As previously noted, with the lack of academic education in prevention, effective standards in prevention programs need to be taught on the job. Supervision that is frequent enough and by someone who understands effective prevention practices is needed.

Quality of staff and their interactive ability is a key factor.

Family Support Principle #1:

Staff and families work together in relationships based on equality and respect.

Family Support Principle #9:

Principles of family support are modeled in all program activities, including planning, governance, and administration.

3. Data Collection and Documentation

It is essential from the start of the program to articulate anticipated levels of service and to devise forms that will collect the information necessary to determine if the levels of service and outcomes are being met. Records usually collect descriptive information at the onset of service, amounts of service received throughout the duration of the participant's involvement, and data that reflect the changes that are occurring for the participant, comparing certain behaviors, knowledge, or circumstances at the beginning and at the end of the service period. When conducting parenting programs, Daro (1990) suggests gathering data as follows:

- **At intake:** source of referral; family structure; major strengths and/or presenting problem; and whether family/individual voluntarily agreed to participate
- **Service summary:** units of service over each week/month; number of families receiving services
- **Descriptive Data:** length of time of service, level of family's participation, per centage of goals achieved, reason for termination of service

> Collecting descriptive data and measuring outcomes is necessary to keep the program on course.

The types of data to be collected should reflect the anticipated needs for descriptive and quantitative information. Staff should be trained in record keeping and in report preparation. Some organizations prepare an annual workplan that articulates the expected levels of service for the program. The levels of service are targets for staff to achieve during the coming year.

4. Measures Outcomes and Conducts Evaluation

Programs must have an evaluation component that gathers quantitative and qualitative data to determine if the program is achieving anticipated outcomes and to what extent. The National Clearinghouse on Child Abuse and Neglect Information recommends that funding be provided only to those programs that have some evidence of effectiveness.

In addition to descriptive information about the participants and levels of service, the program should gather information that indicates whether or not the program is achieving the outcomes intended for the participants. Outcome information is different from levels of service data. Outcomes measure some type of change—circumstances, knowledge, skills, behaviors, or attitudes. Outcome measures need to be used at the onset and at the end of the duration of the service. Some measures are also used intermittently throughout the time of service.

Family Support Principle #9:

Principles of family support are modeled in all program activities, including planning, governance, and administration.

FAMILY SUPPORT TOOLS

Working to Capture Programs' Progress

Over the past several years, Family Support America has worked to improve evaluation practice in the family support field. Crucial to these efforts has been an emphasis on "family-supportive" evaluations, conducted in alignment with the principles of family support practice. It is crucial that evaluations not only capture program and community progress in meaningful ways, but also that they are done in ways that uphold the principles that guide the field. To be aligned to the principles, families need to be involved in selecting outcomes to be achieved, in collecting data to measure success, and in interpreting data.

Through its Evidence Along the Way project, Family Support America has been working to develop and pilot a participatory evaluation framework for use by family support programs nationwide. This framework is characterized by three major qualities. It is:

- Participatory in its process, involving multiple stakeholders, including participants, staff, and other key decision makers

- Focused on promotional indicators of family support, which highlight positive development, growth, and capacity within children and families

- Based on adherence to family support principles, with the idea that the ways in which staff members interact with participants and the ways in which participants actively engage in the program and with each other affect family outcomes

To learn more about Family Support America's evaluation work and resources, visit www.familysupportamerica.org/Learning Center/Evaluation.

In the *Parenting Program Evaluation Manual*, Second Edition, Daro (1990) recommends the following factors be considered when selecting an evaluation tool:

- **Program Relevance:** The instrument should address appropriate values, attitudes, or knowledge areas as defined by the program's goals and objectives.
- **Client Relevance:** The instrument should be relevant to the cultural and racial groups represented within the client population and at a reading level and in a language comprehensible to participants.
- **Research Relevance:** The instrument should have high reliability and validity for the constructs under consideration and have been standardized on a population similar to that of the client population.
- **Normative Relevance:** The instrument should be reviewed in light of present day parenting norms.
- **Staff Relevance:** Careful attention should be paid to the skills required to implement the instrument. Special training might need to occur regarding administration, scoring, and interpretation of the instrument and data collected.
- **Fiscal Relevance:** The cost of purchasing and administering the instrument must fit your program's budget, including the amount of staff time allocated to evaluation.

Many different valid and reliable tests and measurements are available for evaluation purposes. (See examples in Daro, 1990; Repucci, Britner & Woolard, 1997; Strube & Test, 1996.) Some of these instruments can be scored by the organization; others can be sent "outside" to be scored and analyzed. Programs may also establish their own measurements. However, evaluation expertise is needed to determine the reliability of new instruments.

The sophistication of the program evaluation will depend on the program's resources. The strongest type of evaluation uses random assignment of participants, includes a sufficiently large sample size, includes both short-term and long-term follow up, measures behaviors rather than just attitudes or beliefs, involves proper statistical analyses, publishes both positive and negative results, includes replication of successful programs, and uses independent evaluators (Kirby, 1997). However, few prevention programs have adequate resources to pay for independent evaluators and a control group, let alone funds over time to look at long-term outcomes and success in replicating the program. Thus, the more common approach to evaluation is to select one or more standard measurements, to conduct measurements on the participants in the program, to have the participants or staff administer the measurements, and to analyze the information "inside." At a minimum, pre- and post-tests should be used to determine if the program is at least achieving the desired outcomes for the participants in that specific program at that period in time.

Determining appropriate outcomes can be one of the most difficult tasks of evaluation. If the prevention program is based on avoiding the occurrence of certain behaviors or problems, it is difficult to verify that the efforts of a program resulted in such an outcome never occurring. Subsequently, prevention programs that intend to reduce child abuse might not use the outcome of a decreased rate of child abuse, since it is difficult to prove that the program produced behaviors that did not occur. Rather, prevention programs have moved to evaluating benefits gained by participants, such as evidence of more effective parenting knowledge, attitudes, skills, and behaviors or ability to cope with the stress of child care; improved parent-child communication or parent-child bonding; enhanced ability to care for the child's physical and developmental needs; and increased social supports or decreased risk indices.

Family Support Principle #6:

Programs advocate with families to mobilize formal and informal resources to support family development.

5. Adequate Funding and Long Range Plan

There do not appear to be any studies that specifically look at the impact of the level of funding as it relates to program effectiveness. Other information (already noted above) does point to the need for comprehensive, long-term, and intense services, which suggests that sound prevention programs need adequate funding and are not inexpensive.

Elements of effective programs include financial accountability and addressing the need for adequate funding–not only for start up but for ongoing implementation. Sound prevention programs should prepare annual and long-term plans for implementing the program, responding to participant feedback, and addressing resource development needs. Organizations that house prevention programs must meet accreditation and licensure requirements or other governmental regulations, such as a non-profit properly conducting itself to maintain its tax exempt status.

Family Support Principle #9:

Principles of family support are modeled in all program activities, including planning, governance, and administration.

6. Participants and Community as Collaborators

Administrative practices need to provide for participant and community participation. This can take many forms, including consumer focus groups, participant surveys, follow-up questionnaires, and advisory groups. Partnerships among organizations can take the form of cooperation or collaboration and can be informal or formalized with written letters of agreement. Based on the conceptual and practice standards noted above, effective prevention programs should encourage forms of participant and community participation in all activities.

> "The test of time has shown that the engagement and support of parents is key to sustaining family support programs and funding for them. Many state and local programs are now striving to embed parent leadership and engagement into their philosophy and practice. The question among program staff is no longer, 'Why engage parents?' but is instead, 'How can we engage parents most productively and respectfully?'"
>
> ***The State of Family Support: Seven-Year Gains from the Family Support America States Initiative (Family Support America, 2002)***

Part Three

Other
Characteristics
of Programs

Other Characteristics of Programs

There is no one best program. Programs vary greatly. Characteristics of programs may be described by methods or approaches; by auspices (public or private); by funding sources; by the host or sponsor or setting of the program; by goals, content, or focus; by activities; by duration; by intensity or even size of the program; by staff characteristics; or by participant characteristics (target population). "Types" of programs are categories that use certain characteristics to identify the program.

Communities and service providers must carefully select the best program for their target population. In addition to knowing the standards for effective programs, the provider must understand the target population and its needs and capabilities in order to match the approach and type of program with the target population (Kumpfer & Alvarado, 1998).

This section discusses types of programs and critical elements. Service providers need to know the critical elements within the types of effective prevention programs–how to replicate these elements, which elements should be included in new models that are being developed, or how to strengthen existing programs.

> It is important not to confuse program characteristics with program standards.

It is important not to confuse these characteristics of programs with program standards. In other words, effective programs may vary greatly in their dimensions or characteristics and still be effective. As research increases on effective prevention programs, critical elements are emerging that identify sucessful characteristics as well as standards of effective programs.

1. Use of Critical Elements

Critical elements refer to a cluster of characteristics of a particular program model that must be replicated if the desired outcomes for that program model are to be obtained. The critical elements vary widely from one program model or type to another. The elements may include components, procedures and practices, particular qualities of staff (especially as they may impact how well staff relate to the target population), and other characteristics. These characteristics differ from standards. Critical elements are characteristics that apply to a specific type of program used in a specific way rather than standards that should apply to all programs.

It has been found that programs have certain characteristics that must be adhered to in order to achieve the intended goals. When a program is implemented, it is essential to know which parts of the program must be used without deviation and which parts of the program may be adapted to meet the unique needs of the persons to be served. Determining critical elements is not always easy. The critical elements are usually identified through research and/or years of use of the program wherein attention is paid to even modest changes.

Critical elements may address types of staff. For example, it has been found that training former teenage mothers to facilitate parenting groups for teenage mothers is very effective, as is using men as facilitators for programs involving teenage boys in pregnancy prevention, or young fathers in parenting groups. Other critical elements may require a limited ratio of participants to be served per staff person, may address intensity and duration of program use by the participants, or may denote key components of the programs. Two examples of how critical elements are used with a particular program model follow.

Guidelines for Programs to Reduce Child Victimization (1999) outlines essential elements when implementing these types of programs, including: addressing protection as well as risk factors for children in information provided and skills taught; using a combination of observing modeled behavior, active rehearsal, and reinforcement of the desired behavior to achieve positive behavioral change with children; using a developmentally appropriate curriculum; and conducting skills training in the following areas: teaching children to recognize dangerous and abusive situations, to distinguish between appropriate and inappropriate touch, to say "no" to unwanted overtures, to avoid dangerous situations; encouraging children to tell an adult about such episodes; and assuring children that such incidents are never the fault of the child. Characteristics that may be modified include program length and duration and varying modes of presentation, so long as they allow the active participation of the child.

In the Healthy Families America home visiting program model, there are twelve critical elements. Some of them are: services should begin prenatally or at the time of the baby's birth; services need to be intensive (at least once a week), with well-defined criteria for increasing or decreasing the service intensity; caseloads should be low, with no more than 15 to 25 families per home visitor; and staff should be selected on the basis of their ability to demonstrate a combination of the requisite personal characteristics and knowledge base as represented by specific academic degrees or employment backgrounds. Recent additional research is beginning to show that retaining families in this program model is related to employing home visitor staff who are parents, who live in the community of the families being served, and who are "older."

Former Prisoner Helps Incarcerated Parents Build Bonds with Their Kids

André Harris used to be ashamed of having been in prison. Now, he talks about it all the time—as a counselor on the Osborne Association's toll-free hotline for prisoners' families and former offenders. "When I tell them I've been there, they open up even more—they ask in-depth questions, and I can help them get the support my loved ones and I received."

That support came from the Osborne Association. Founded in 1931, it serves prisoners and former prisoners, their children, and other family members in four New York boroughs. Many of the staff are former prisoners or members of their families.

When Harris entered prison, he didn't have a relationship with his youngest child—but he developed one while there, with the help of the Osborne Association's FamilyWorks program. It provides trained facilitators and a comfortable, child-development-friendly setting for father-child visits at Sing Sing and Woodbourne prisons. Prisoners take part in a 16-week fatherhood education program, which focuses on responsibility and nurturing behavior, both while in prison and upon release.

Another program, Family Ties, offers equivalent services for mothers at Albion Correctional Facility and their families.

Other services include an employment program that places 300 people in jobs each year, as well as HIV/AIDS, mental health, and substance abuse services for current and former prisoners.

"I learned how to communicate with my loved ones while I was in prison," says Harris, "and when I got out, I knew where to get a birth certificate, social security card, state ID, public benefits—all kinds of community-based resources." Harris says getting that support before he was released cut about 6 months off the process of reunifying with his family and community.

His advice for programs trying to support families with incarcerated parents? "Staff your program with people who have experience with the criminal justice system. Because when it comes to the effects of incarceration on families, personal experience far outweighs any book knowledge."

To learn more about the Osborne Association, visit www.osborneny.org.

From the National Family Support Story Bank at Family Support America.

2. Type of Service by Method, Activity, or Approach

The list below portrays types of services by the approach or activity used to deliver the service:

- Home visitation
- Parenting education using groups, workshops, or seminars
- Mentoring
- Self-help support groups
- Child care and after-school care
- Case management
- Respite care
- Community organization and empowerment

Increasingly, studies are being conducted on types of services. Some studies may compare outcomes from one approach to another. Other studies look at various components within one approach.

In the November 1998 *Bulletin of the Office of Juvenile Justice and Delinquency Prevention*, three program types were reviewed for evidence of effectiveness. "The three family intervention strategies effective in reducing risk factors and increasing protective factors are behavior parent training, family therapy, and family skills training or behavioral family therapy. Behavior parent training means teaching parents effective discipline techniques to reduce a child's conduct disorder. Family therapy interventions refer to family therapy programs such as Structural Family Therapy used when preteen or teens already have behavioral problems and the family needs to improve communication, parental control, and parent-child relationships. Family skills training/behavior family therapy target high-risk groups and have multi-component interventions which include behavioral parent training, family therapy, and children's social skills training such as the Strengthening Families Program and Bavolek's Nurturing Program."

This study concluded that outcomes differed based on the type of family intervention approach. For example:

- Training in parenting skills often reduces negative behavior problems by improving parental monitoring and supervision but only indirectly improves family relationships.
- Family interventions do a better job of improving family relations, support, and communication and reduce family conflict.
- In-home family or parent support programs help build a more supportive environment, which improves the family's ability to access information, services, and social networks.
- Case management increases the family's access to services.
- Parent education improves parents' knowledge but doesn't necessarily change behavior.

Another example in the same article concluded that skills training approaches for parents are more effective than didactic, lecture-style programs to change behavior. Thus, information needs to be combined with discussion time, experiential practice, role-playing, and homework.

Home visiting is another type of program approach where an increasing amount of research is being conducted to determine which program characteristics are more critical. Following its report titled "The Future of Children" (1999), the David and Lucille Packard Foundation funded additional research of the leading home visiting programs to assess which characteristics are essential and which ones appear less significant to impact desired program outcomes. Their overall goal is to look at which factors impact not just changes in parental knowledge and attitude but changes in parent-child interactions that are of functional importance (not just statistical significance) and to determine which characteristics could result in designing programs that produce cost savings adequate to justify changes in policy.

3. Type of Service by the Setting or Target Population

Another way to group programs is by the setting. Programs may be: home based, school based, neighborhood based, faith based, or in the workplace. There do not appear to be any studies recommending one setting over another. However, the setting must support the practice of easy accessibility. When working with high-risk families, it is important to engage other family-serving agencies, such as schools, local churches, drug treatment agencies, housing authorities, mental health centers, and youth and social service agencies in order to contact and attract hard-to-reach families.

Programs may also be grouped by target population. Programs may target infants and toddlers, young children ages 2 to 5, teens, parents, pregnant women, teen parents, children with disabilities and their families, at-risk parents, and so on.

One comprehensive comparison of effective prevention programs groups the recommendations using a matrix of families having children between the ages of birth (including prenatal efforts) to 5 years, 6 to 10 years, 11 to 18, or birth to 18 years cross referenced against whether or not the families might be considered part of the "general population," a "high-risk population," or an "in-crisis population." (See Appendix 1.) It was prepared by the *Strengthening America's Families Initiative* under the auspices of the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Center for Substance Abuse

Prevention (CSAP), and the University of Utah (Alvarado and Kumpfer, 2000). The initiative began in the mid-1980s with the purpose of identifying best practices that could meet the diverse needs of communities and to disseminate the findings to practitioners. Model programs were identified in 1989, 1994, and 1999.

In order to consider review of a model program, the comparison noted above required the program meet the standards of: an experimental design with random assignment or matched control group; statistically significant outcomes; replication in at least one additional site with demonstrated effects; and evidence that the outcomes were sustained for at least one year following. Then each program was rated based upon theory, fidelity of the intervention, sampling strategy and implementation, attrition, measures used, data collection, missing data, analysis, ability to replicate, dissemination capability, cultural and age appropriateness, program integrity, and utility. The list of "exemplary, model, and promising" programs was developed through a search of the scientific literature and from recommendations from program developers who had to provide detail on the programs.

4. Type of Service by Goals, Content, or Focus

Another typology notes the goal, focus, or intended outcomes of the program, such as teen pregnancy prevention programs, programs to prevent child sexual abuse, or school-readiness programs. When these phrases are used, no one approach, target population, or setting for the program tends to come to mind. For example, teen pregnancy prevention programs may target pre-adolescents, young teens, or even older teens—if hoping to impact the large number of 19 year olds that become new teen mothers. Teen pregnancy prevention programs may be school based, community based, or faith based. They

may use mentoring, family therapy, case management, or recreational types of approaches. They may emphasize one-on-one, family, or group methods. A comparison of program effectiveness to address teen pregnancy prevention is illustrated in "No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy" (Kirby, 1997). There is much in the literature that points to the disadvantages of babies born to mothers between ages 15 and 17. These babies have less supportive and stimulating home environments, poorer health, lower cognitive development, poor education outcomes, high rates of behavior problems, and higher rates of teen childbearing themselves. Key findings on effective teen pregnancy prevention programs suggest:

- No single or simple approach is effective; the approach must address both postponing sex and using contraception as well as factors such as poverty, lack of opportunity, family dysfunction, and social disorganization more generally.
- Multi-component programs in schools and communities appear to work better to increase the use of contraceptives and decrease pregnancy rates than single components.
- Some youth development programs as an approach look promising, but more research needs to be done.

Since the phrase "child abuse prevention program" is general and unable to convey the various characteristics of the many different and effective programs that are used, it is important to continue research on specific program characteristics as they relate to outcomes, target populations, and approaches.

Part Four

Conclusion

Conclusion

This document has presented significant factors to consider when developing or selecting an effective prevention program. Factors should include:

Conceptual soundness, as evidenced by how well the program is family centered and community based; is culturally sensitive and competent; engages families prenatally, at birth, or within the first six years of the birth of their first child; treats family participants as partners and empowers them by building on their strength; and meets the developmental needs of the parent, children, and family.

Best practices, as evidenced by how flexible and responsive the program is to a family's and community's changing needs; how well it works in partnership with participants and the community; its ability to link families with formal and informal social supports; whether services are offered voluntarily and universally; and whether services are comprehensive, integrated into broader service systems, easily accessible, and of sufficient duration and intensity.

Sound administrative standards that are reflected in the program's structure, design, and practices; a committed staff; adequate documentation of levels of service and outcomes; evaluation methods; adequate funding; plans for the future; and good use of advisory groups and input from the families and communities it serves. In addition, the program must fit the target population and the community.

Although the Prevention Program Standards Working Group sought to highlight standards for programs that prevent child maltreatment, information was gathered across disciplines. Sound prevention programs often produce desirable outcomes across the fields of health, substance abuse prevention, juvenile delinquency prevention, and education as well as in child welfare. Information in this report can be used to assess a program's soundness when a program is being developed or to strengthen an existing program.

It is intended that the information in this report might give providers, communities, funders, and policy makers the information they need to determine which programs deserve promotion and support. It is hoped that governors and legislators in New Jersey and other states pursue prevention-focused policies and programs to better serve individuals, families, parents, and children who deserve brighter futures.

> "Programs are strengthened when they operationalize family support principles."
>
> **Gail Koser,
> Family Support
> America**

Building a Nation of Strong Families:
Family Support and Prevention

References

Alvarado, R. & Kumpfer, K. (2000). Strengthening America's families. *Juvenile Justice*, VII (3), 8-18.

Bloom, M. (1996). *Primary prevention practices: Issues in children's and families lives*, volume 5. Thousand Oaks, CA: Sage Publications.

Brounstein, P. J. & Zweig, J. M. (1999). *Understanding substance abuse prevention, toward the 21st century: A primer on effective programs*. Washington, DC: US Department on Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. DHHS Publication No. (SMA)99-3302.

Chemers, B. M. (1995). *Bridging the child welfare and juvenile justice systems*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Copeland, S. (1998). Prevention: Has its time come to the field of child protection services? *New Jersey Advisor*, 3 (2), 3-8.

Dunst, C. (2003). Adopt, apply, adhere: Stay true to family support. *America's Family Support Magazine*, 22 (1&2), 16-20.

Dunst, C. (1995). *Key characteristics and features of community-based family support programs*. Chicago: Family Support America. (Second monograph in Best Practices Project, Guidelines for Effective Practice series.)

Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass Publishers.

Gibson, L. E., & Leitenberg, H. (2000). Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse & Neglect*, 24 (9), 1115-1125.

Gomby, D. S. (1999). Understanding evaluations of home visitation programs. *The Future of Children*, 9 (1), 27-43. Los Altos, CA: The David and Lucille Packard Foundation.

Gomby, D. S., Culross, P. L. & Berman, R. E. (1999). Home visiting: Recent program evaluations–analysis and recommendations. *The Future of Children*, 9 (1), 4-26. Los Altos, CA: The David and Lucile Packard Foundation.

Guterman, N. B. (1997). Early prevention of physical child abuse and neglect: Existing evidence and future directions. *Child Maltreatment*, 2 (1), 12-34.

Harrington, D. & Dubowitz, H. (1999). Preventing child maltreatment. In R. L. Hampton (Ed.), *Family violence second edition: Prevention and treatment* (pp. 122-147). Thousand Oaks, CA: Sage Publications.

Hess, P. M., McGowan, B. G., & Botsko, M. (2000). A preventive services program model for preserving and supporting families over time. *Child Welfare*, 79 (3), 227-265.

Kumpfer, K. L. & Alvarado, R. (November 1998). Effective family strengthening interventions. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Kumpfer, K. L. & Tait, C. M. (2000). Family skills training for parents and children. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Lanzi, R., Terry, K., Guest, K., Cotton, J. & Ramey, C. (1999). *Home visiting with families at risk for child abuse and neglect: Review of programs, findings, best practices, and lessons learned from the field*. Birmingham, AL: Civitan International Research Center, University of Alabama at Birmingham. (205-934-8900 or http://www.circ.uab.edu/ctf

MacLeod, J. & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 24 (9), 1127-1149.

Marder, R. *Developmental model: Continuum of child abuse prevention services*. Unpublished diagram. Source: Tulsa Child Development and Regional Guidance Center.

Muller, J. & Mihalic, S. (1999) *Blueprints: A violence prevention initiative*. Fact Sheet. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

National Clearinghouse for Alcohol and Drug Information. (2001). *Environmental approaches to prevention*. NCADI internet, http://www.health.org/govpubs/PHD627/enviro.htm.

National Clearinghouse on Child Abuse and Neglect Information & National Alliance of Children's Trust and Prevention Funds. (2000). *Prevention program database: Criteria for inclusion*. NCCAN Clearinghouse. http://www.calib.com/nccanch.

National Committee to Prevent Child Abuse. (October 1995). Focus on prevention: Comprehensive action plan to prevent child abuse developed. NCPCA Memorandum. Chicago: National Committee to Prevent Child Abuse. (Now Prevent Child Abuse America, 312-663-3520.)

National Institute on Drug Abuse. (1999) Developing successful drug abuse prevention programs. *NIDA Notes*, 14 (5 and 6), http://www.nida.nih.gov/NIDA_Notes.

Reppucci, N. D., Britner, P. A., & Woolard, J. L. (1997). *Preventing child abuse and neglect through parent education*. Baltimore: Paul H. Brookes Publishing Co.

Schorr, L. B. (1997). *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. New York: Anchor Books.

Strube, M. J. & Test, J. (1996). *How are we doing? A practitioner's guide to program evaluation*. St. Louis, MO: Parents as Teachers National Center, Inc.

Weissbourd, B. & Weiss, H. (1992). Basic principles of family support programs. In Allen, M. L., Brown, P. & Finlay, B. (Eds), *Helping Children by Strengthening Families: A Look at Family Support Programs*. Washington, DC: Children's Defense Fund

Information on Model Programs

Alvarado, R., Kendall, K., Beesley, S., Lee-Cavaness, C. (2000). *Strengthening America's families: Model family programs for substance abuse and delinquency prevention*. Salt Lake City, UT: Department of Health Promotion and Education, University of Utah.

Behrman, R. E. (Spring/Summer 1999). Home visiting: Recent program evaluations. *The future of children*, 9 (1). Los Altos, CA: The David and Lucile Packard Foundation. http://www.futureofchildren.org

Daro, D., Abrahams, N., & Casey, K. (1990). *Parenting program evaluation manual, second edition*. Chicago: The National Center on Child Abuse Prevention Research of the National Committee for Prevention of Child Abuse.

Kirby, D. (1997). *No easy answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, Task Force on Effective Programs and Research.

National Center for Missing & Exploited Children. (1999). *Guidelines for programs to reduce child victimization: A resource for communities when choosing a program to teach personal safety to children*. U.S. Department of Justice. (800-843-5678)

Olds, D., Hill, P., & Rumsey, E. (1998). *Prenatal and early childhood nurse home visitation*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Rafael, T. & Pion-Berlin, L. (1999). *Parents Anonymous: Strengthening families*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Community Involvement Models

Fawcett, S. B., Claassen, L., Thurman, T., Whitney, H., & Cheng, H. (1996). *Preventing child abuse and neglect: An action planning guide for building a caring community*. Lawrence, KS: The Work Group on Health Promotion & Community Development, University of Kansas. (Contact: tele: 785-864-0533, http://ctb.ukans.edu/)

Kretzmann, J. P. & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago: ACTA Publications. (Or contact: The Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University, 2040 Sheridan Road, Evanston, IL 60208-4100, tele: 847-491-3518)

Search Institute. (1998). *Healthy Communities, Healthy Youth Tool Kit*. Minneapolis: Search Institute. (Contact: Search Institute, 615 First Avenue, NE, #125, Minneapolis, MN 55415, tele: 800-888-7828, www.searchinstitute.org)

Appendices

Appendices

Strengthening America's Families Program Matrix

Ratings: Exemplary I, Exemplary II, Model, Promising (Highest to Lowest)

	Universal (General Population)	Selected (High Risk Population)	Indicated (In-Crisis Population)
Age 0–5	HIPPY (Model) 3–5, New York, NY Make Parenting A Pleasure (Promising) 0–8, Eugene, OR MELD (Model) 0–5, Minneapolis, MN Parents As Teachers (Model) 0–5, St. Louis, MO Raising a Thinking Child: I Can Problem Solve for Families (Exemplary II) 4–7, Philadelphia, PA	Dare to be You (Model) 2–5, Cortez, CO Healthy Families America (Model) 0–5, Indianapolis, IN Prenatal and Early Childhood Nurse Home Visiting Program (Exemplary II) 0–5, Denver, CO	Healthy and Fair Start/CEDEN (Model) 0–5, Austin, TX Helping the Noncompliant Child (Exemplary I) 3–7, Seattle, WA
Age 6–10	Preparing for the Drug Free Years (Exemplary I) 8–14, Seattle, WA	The Incredible Years: Parents and Children's Training Series (Exemplary I) 3–10, Seattle, WA Strengthening Families Program (Exemplary I) 6–10, Salt Lake City, UT Strengthening Hawaii's Families (Model) 5–12, Honolulu, HI Families and Schools Together (Model) 3–14, Madison, WI	Focus on Families (Model) 3–14, Seattle, WA
Age 11–18	Parents Who Care (Model) 12–16, Seattle, WA Strengthening Families Program: For Parents and Youth 10–14, (Exemplary II) 10–14, Ames, IA	Adolescent Transitions Program (Exemplary II) 11–18, Eugene, OR Creating Lasting Family Connections (Model) 9–17, Louisville, KY	Bethesda Day Treatment (Promising)10–18, Milton, PA Brief Strategy Family Therapy (Exemplary II) 8–17, Miami, FL Functional Family Therapy (Exemplary I) 6–18, Salt Lake City, UT Multidimensional Family Therapy (Exemplary II) 11–18, Miami, FL Multisystemic Therapy (Exemplary I) 10–18, Charleston, SC Treatment Foster Care (Exemplary I) 12–18, Eugene, OR
Age 0–18	NICASA Parent Project (Model) 0–18, Round Lake, IL Parents Anonymous (Promising) 0–18, Compton, CA	Effective Black Parenting (Model) 2–18, Studio City, CA Nurturing Parenting Program (Model) 1–18, Park City, UT Strengthening Multi-Ethnic Families and Communities Program (Promising) 3–18, Los Angeles, CA	HOMEBUILDERS (Model) 0–18, Federal Way, WA Parenting Wisely (Exemplary II) 6–18, Athens, OH Project Seek (Model) 0–18, Lansing, MI Nurturing Program for Families in Substance Abuse Treatment and Recovery (Promising) 0–18, Cambridge, MA

Source: *Strengthening America's Families: Model Family Programs for Substance Abuse and Delinquency Prevention,* Alvarado, R., Kendall, K., Beesley, S., Lee-Cavaness, C. (eds). University of Utah, Depart. of Health Promotion and Education, April 2000, p. ix.

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Standards for Prevention Programs: Abridged Overview

Factors that are present in effective prevention programs fall into three categories:

A. Conceptual Standards (Theories and beliefs behind effective prevention programs)

1. Family Centered – See children in context of families and communities; avoid child only or parent only approaches.
2. Community Based – Locate programs locally where participants live, work, or attend school.
3. Culturally Sensitive and Culturally Competent – Affirm, strengthen cultural identity and diversity.
4. Early Start – Work with target population before negative or abuse patterns are established.
5. Developmentally Appropriate – Relevant to the ages and developmental stages of participants.
6. Participants as Partners with Staff – Participants "drive" the service.
7. Empowerment and Strengths-Based Approaches – Build on capabilities and competences of program participants rather than problems or deficits.

B. Practice Standards (Approaches to program design and implementation)

1. Flexible and Responsive – Tailor practices to the needs of the participants.
2. Partnership Approaches – Enable participants to influence policies and practices; maximize coordination/collaboration among service providers.
3. Links with Informal and Formal Supports – Connect participants with multiple supports.
4. Universally Available and Voluntary – Programs are offered to broad community and seen as an opportunity to enhance the participant, attracting voluntary participation.
5. Comprehensive and Integrated – Use multiple supports to reinforce positive outcomes.
6. Easily Accessible – Easy engagement, integration and use of program services.
7. Long Term and Adequate Intensity – Combine length of service and intensity to maintain positive outcomes over time.

C. Administrative Standards (How programs are administered and managed)

1. Sound Program Structure, Design, and Practices – Program activities reflect the conceptual and practice standards for prevention programs.
2. Committed, Caring Staff – Quality of staff and their interactive ability is a key factor.
3. Data Collection and Documentation – Collect and report service level and outcome data.
4. Measures Outcomes and Conducts Evaluation – Use of quantitative and qualitative data to evaluate if anticipated outcomes are being achieved.
5. Adequate Funding and Long Range Plan – Stable and long-term funding provide for ongoing program implementation.
6. Participants and Community as Collaborators – Advisory groups, collaborations, and input foster participant and community involvement.

When considering which prevention program model to promote or use, the more factors noted above that are present in the model, the more likely the program will be effective. An effective program produces the intended goals and outcomes purported by the model.

Although these standards were developed based on literature and research from multiple fields, they are especially intended for use to promote the well-being of children and to prevent child maltreatment. The standards focus on program approaches that address the general population or those individuals who may be at greater risk of being abusive or abused based on etiological studies of why maltreatment occurs. Sound prevention programs strengthen the ability of families and communities to effectively raise children.

Reaching Your Goals:
A Guide for Using the Standards for Prevention Programs

The terms and concepts used in this guide are based on the preceding report. Before using the guide, it is necessary to read the report and become familiar with the definitions for terms and the background for the concepts.

Planning and Preparation

The checklists below will guide you when preparing to conduct a prevention program in your community. Good planning will help ensure that you are selecting the most effective means to reach your goals. Check off each item as it is accomplished.

Who Will Be Included in the Process

Effective prevention programs involve a broad base of individuals and groups from your community.

Item	Check
1. Parents and youth are involved.	❏
2. Potential participants are included.	❏
3. Professionals and representatives from key organizations are involved.	❏
4. Members from the community reflect broad representation.	❏

Effective prevention programs involve individuals and groups from your community throughout the planning, implementing, and evaluating stages of your prevention program efforts.

Item	Check
1. Focus groups, open meetings or forums, planning committees, and groups were used to obtain the input of many individuals and groups.	❏
2. An ongoing Advisory Board is part of the plan.	❏
3. We plan to use surveys, outcome measures, and evaluation processes to continue to obtain input and feedback once the program has begun.	❏

Identifying the Outcomes You Want

Deciding on your goals and outcomes is a very important first step. The goals can help mobilize key persons and participants. The outcomes will set the stage for measuring whether or not you will reach your goals.

Item	Check
1. We have 1 to 2 major, written goals.	❏
2. We have 2 to 4 written outcomes for each goal.	❏
3. Each of the outcomes is measurable.	❏
4. Timeframes have been established.	❏

Who Will Participate in the Program

Clear identification of your target population is a key to successful program focus and development.

Item	Check
1. We consulted with individuals, families, key organizations, and community leaders to learn about who can benefit.	❏
2. We selected a target population that attempts to maximize participation without diluting the services.	❏
3. We considered how all individuals or families might receive at least some services.	❏
4. The prevention services will be provided as early as possible, before unwanted behaviors or outcomes occur.	❏

Access to the Program

Effective prevention programs are easily accessed by the participants.

Item	Check
1. The services will be offered in a place that is considered safe, easy to reach, and positive, such as at home, school, the workplace, a community organization, a family support program, or a public place such as a library.	❏
2. The program hours are convenient for the participants.	❏
3. Instead of waiting for the participants to come to the program, we have found various ways to bring the program to the participants.	❏
4. Participant supports and incentives such as transportation, meals, and baby-sitting will be offered to encourage participation.	❏
5. The program embraces diversity and is culturally sensitive and respectful of the customs and traditions of the participants and the community.	❏

Selecting an Effective Prevention Program

Informed choices improve the likelihood of selecting an effective prevention program.

Item	Check
1. We reviewed research, books, articles, and audio-visual materials about potential prevention programs we wanted to consider.	❏
2. We carefully examined at least 2-3 models of a particular program and we understand the critical elements for the program we selected.	❏
3. We selected a program that has already been researched and evaluated and shows evidence of successfully replicating the outcomes.	❏

Identifying and Effectively Using the Community's Resources

Knowledge of community resources improves program selection and reduces the likelihood of program redundancy and competition.*

Item	Check
1. We assessed the strengths of potential participants.	❏
2. We assessed the strengths of our community, including the location where the services will be provided.	❏
3. We have listed informal and formal supports to be used by participants.	❏
4. We have a plan for accessing immediate in-kind and financial support for the program, volunteer help, and expertise.	❏
5. We have a plan for the long-term financial support of the program.	❏

*See listing of "community involvement models" in bibliography for assistance in how to mobilize community resources and how to conduct strength-based assessments.

Measuring a Program Against the Standards

Some programs will be more effective than others to help you meet your goals. The charts below will help you determine how well the program you are most interested in will help you reach your goals and how well it meets criteria for effective prevention programs. Score each section to determine the strengths of the program.

Conceptual Standards

Measuring the Ideas Behind the Program Does the prevention program you plan to implement:	How Well It Meets the Criteria				
	Does not 0	Unsure 1	Partially 2	Good 3	Excellent 4
1. **Family centered**: Involve all possible participants such as the child, parents, family members, and caregivers?					
2. **Community based**: a. Reinforce desired outcomes through the home and in the community (through the organizations with whom the participant is involved)?					
b. Engage community members in program development, implementation, and ownership?					
c. Recognize the role community members play in supporting families and participants in their success?					
d. Use informal and formal supports needed by the participant and/or family?					
3. **Culturally sensitive and culturally competent**: Promote and strengthen cultural identity and diversity?					
4. **Early start**: Work with participants BEFORE unwanted behaviors develop (beginning prenatally if appropriate)?					
5. **Developmentally appropriate**: Meet the developmentally appropriate needs of the participants, be they children, parents, other family members, or caregivers?					
6. **Participants as partners with staff**: Treat the participant as partner and collaborator, as evidenced by involving the participant in planning and decision-making and promoting self-reliance?					
7. **Empowerment and strengths-based approaches**: Assess the strengths and capabilities of the participants and build upon them?					

Practice Standards

Measuring the Approaches to Be Used Does the prevention program you plan to implement:	How Well It Meets the Criteria				
	Does not 0	Unsure 1	Partially 2	Good 3	Excellent 4
1. **Flexible and responsive**:					
a. Allow for flexibility to meet the unique needs or circumstances of the participants, such as increasing the intensity of the service in times of greater need?					
b. Offer the service(s) at a time convenient to the participant?					
c. Provide incentives to help engage participants, such as providing an evening meal or child care for families?					
2. **Partnership approaches**:					
a. Fit into a continuum of services, maximizing coordination of services with other providers?					
b. Link participants with other needed services?					
3. **Links with informal and formal supports**: Link participants with informal supports, such as friends, mentors, role models, or community organizations?					
4. **Universally available and voluntary**:					
a. Offer services to a broad range of participants, not just persons or families with problems?					
b. Accept most participants who come voluntarily?					
5. **Comprehensive and integrated**: Involve multiple service components and/or comprehensive types of services?					
6. **Easily accessible**:					
a. Provide the service in a non-threatening environment, such as a public place that is safe and convenient (a school, library, place of worship, recreational site, or workplace)?					
b. Allow the participant to easily access staff?					
7. **Long term and adequate intensity**: Have a frequency, intensity, and length of service sufficient to produce and maintain the desired outcome(s)?					

Administrative Standards

Measuring the Capacity of the Organization(s) When the program is being implemented:	How Well It Meets the Criteria				
	Does not 0	Unsure 1	Partially 2	Good 3	Excellent 4
1. **Sound program structure, design, and practices**: a. Will the agency or organization conducting the program be strong and stable, as evidenced by past success?					
b. Will the agency or organization have documented program, management, and fiscal procedures in place?					
c. Are written and realistic timeframes to be used?					
d. Will the necessary critical elements be properly used?					
e. Will it follow an already established and researched model?					
f. Will it be a good fit for the intended target population?					
2. **Committed, caring staff**: a. Is there evidence that direct service staff are caring, empathetic, sensitive, and dedicated as well as strong, credible, experienced, and credentialed?					
b. Will adequate training and supervision be provided at the onset and ongoing?					
3. **Data collection and documentation**: a. Will record-keeping documents be in place and ready for use in a timely fashion?					
b. Will the infrastructure be adequate to manage data collection and preparation of reports?					
4. **Measures outcomes and conducts evaluation**: a. Will well-defined and quantified levels of service be routinely recorded?					

Administrative Standards: continued

| Measuring the Capacity of the Organization(s) | How Well It Meets the Criteria | | | | |
When the program is being implemented:	Does not 0	Unsure 1	Partially 2	Good 3	Excellent 4
b. Will outcomes be measured and is a process in place for them to be routinely analyzed?					
5. **Adequate funding and long range plan**: a. Will it be in line with the long range plan?					
b. Are adequate funds available for current and long-term provision of prevention services?					
6. **Participants and community as collaborators**: a. Will participant involvement be evident through the use of advisory groups, participant feedback surveys, or other means?					
b. Will continued involvement by community leaders be welcomed and used?					

Additional comments you may want to add:

1. What else do you know that makes you think the prevention program you have selected will meet the goals and outcomes you want?

2 What aspects of the program or its implementation are you still concerned about?

We hope using this guide assists you in successfully implementing effective prevention programs. For more information, please contact the New Jersey Task Force on Child Abuse and Neglect, 222 So. Warren Street, P. O. Box 700, Trenton, NJ 08625-0700 or call 609-292-0888.

For more information, contact:

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The mission of Family Support America is to promote, strengthen, and expand the family support movement. The family support movement seeks to strengthen and empower families, neighbor-hoods, and communities so that they can foster the optimal development of children, youth, and adult family members.