

PATHWAY TO THE

Prevention of Child Abuse and Neglect

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June, 2007



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The examples included in the Pathway to the Prevention of Child Abuse and Neglect are intended to illustrate effective actions. Their inclusion is not an endorsement of the overall quality of the particular initiative, strategy, or program. Only a small sample of potential examples is included, and the authors encourage users to continue to collect examples of effective interventions at the local, state, and national levels.



Actions



Indicators



Ingredients



Rationale



Evidence

PATHWAY TO THE PREVENTION OF CHILD ABUSE AND NEGLECT

Table of Contents

Orientation to the Pathway

Overview

Actions Overview, Prevention of Child Abuse and Neglect

Summary of Goals, Action Areas, and Actions

Rationale for Working Toward This Outcome

Overview of Indicators

Defining the Outcome – Long Term Indicators of Progress

Targets of Intervention

Cross-Cutting Ingredients of Effective Implementation

Goal 1: Children and Youth Nurtured, Safe, and Engaged

ACTIONS with examples

INDICATORS of progress

INGREDIENTS of effective implementation

RATIONALE

Research EVIDENCE

Goal 2: Strong, Connected Families

ACTIONS with examples

INDICATORS of progress

INGREDIENTS of effective implementation

RATIONALE

Research EVIDENCE

Goal 3: Identified Families Access Services and Supports

ACTIONS with examples

INDICATORS of progress

INGREDIENTS of effective implementation

RATIONALE

Research EVIDENCE



Actions



Indicators



Ingredients



Rationale



Evidence

Goal 4: Families Free From Substance Abuse and Mental Illness

ACTIONS with examples

INDICATORS of progress

INGREDIENTS of effective implementation

RATIONALE

Research EVIDENCE

Goal 5: Caring Responsive Communities

ACTIONS with examples

INDICATORS of progress

INGREDIENTS of effective implementation

RATIONALE

Research EVIDENCE

Goal 6: Greater Capacity to Respond in Vulnerable Communities

ACTIONS with examples

INDICATORS of progress

INGREDIENTS of effective implementation

RATIONALE

Research EVIDENCE

Hot Topics - Cross-cutting Themes

Background Materials

Appendix 1: Pathways Mapping Initiative

Appendix 2: Mental Mapping as a Tool for Improving Outcomes

Appendix 3: List of Examples

Appendix 4: Sources

Appendix 5: Contributors and Acknowledgements

Table of Contents

Guide to the Pathway to the Prevention of Child Abuse and Neglect

The Pathway to the Prevention of Child Abuse and Neglect assembles a wealth of findings from research, practice, theory, and policy about what it takes to improve the lives of children and families, particularly those living in tough neighborhoods. By laying out a comprehensive, coherent array of actions, the Pathway informs efforts to improve community conditions within supportive policy and funding contexts.

The Pathways framework does not promote a single formula or “silver bullet.” Rather, the emphasis is on acting strategically across disciplines, systems, and jurisdictions to reduce the costs of abuse and neglect and to promote thriving children, families, and communities. The Pathway provides a starting point to guide choices made by community coalitions, services providers, researchers, funders, and policymakers to achieve desired outcomes for children and their families.

The Pathway Is Only One Piece

The Pathway offers guidance to communities which, in combination with local wisdom, provides a structure for planning and acting strategically.

PATHWAYS KNOWLEDGE BASE



LOCAL WISDOM



STRATEGIC ACTION



Pathway Components

Prevention of child abuse and neglect is not the sole responsibility of any single agency or professional group; rather it is a shared community concern. Effective strategies require multiple actions at the individual, family, and community levels to reduce risk factors and strengthen protective factors. Communities can prevent child abuse and neglect by working effectively toward the following goals:

TARGETS	GOALS
Children & Youth	1 Children and Youth Are Nurtured, Safe and Engaged
Families	2 Families Are Strong and Connected
	3 Identified Families Access Services and Supports
	4 Families Free From Substance Abuse and Mental Illness
Communities	5 Communities Are Caring and Responsive
	6 Vulnerable Communities Have Capacity To Respond

The following components of the Pathway will help communities, funders, and policy makers to take ACTION to achieve these goals, to use INDICATORS to measure their progress, to identify the INGREDIENTS of effective implementation, to understand the RATIONALE connecting actions and results, and to examine the EVIDENCE documenting the effectiveness of the actions.



Actions
specific strategies, activities, or steps taken to impact the quality and capacity of local services and supports, the availability of resources, or the policy contexts that contribute to the outcome



Examples
program and policy initiatives illustrating how actions have worked elsewhere



Indicators
measures for targeting and monitoring the impact of actions and documenting progress toward the outcome



Ingredients
elements of how actions are implemented that make them effective



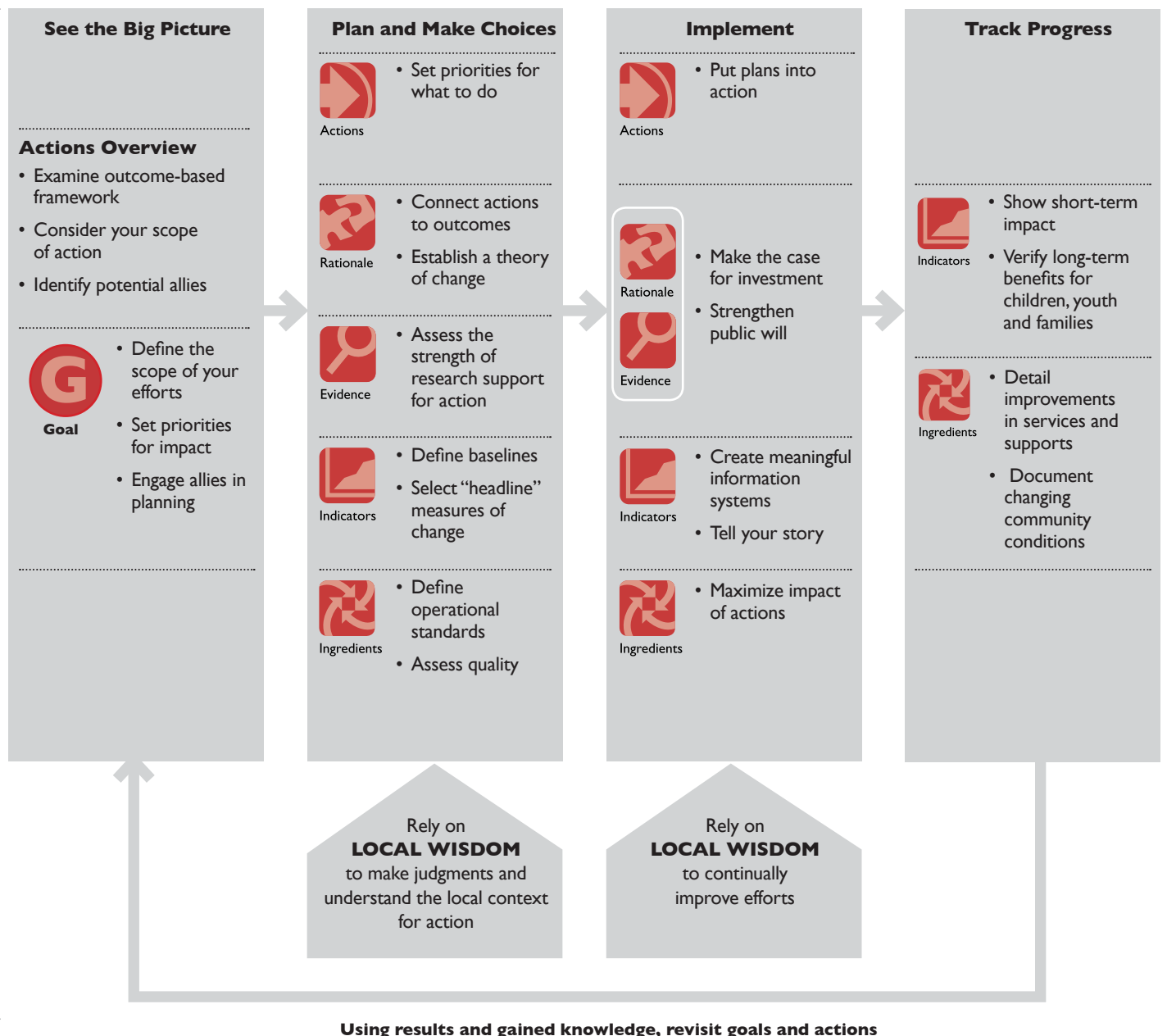
Rationale
research-based reasons to believe that identified actions are likely to contribute to the desired outcome



Evidence
research documenting that identified actions contribute to achieving the targeted outcome or conditions that lead to the outcome

How to Use Pathway Components

The Pathway organizes an extensive collection of information as a starting point for effective action. It does not define a planning protocol. Change agents can make use of the Pathway in many ways regardless of where they are in a planning process. The following diagram illustrates how the components of the Pathway can help you in a typical strategic planning approach.



Moving from Comprehensive Vision to Focused Action

How you use the Pathway will depend on your objectives and the role you play in efforts to prevent child abuse and neglect. The Actions Overview presents a comprehensive framework illustrating the breadth of actions which contribute to the outcome. Communities certainly can not do everything worth doing at once. The supporting materials within each goal help to focus on what it takes to act effectively in complex political and financial contexts. The Pathway provides a starting point for grappling with hard trade-offs and working to build the connections and infrastructure necessary to sustain change.

Goal	Actions	Ingredients	Indicator	Rationale	Evidence
1					
2					
3					
4					
5					
6					

Possible Applications for the Pathway

While initiatives must draw on local wisdom to be effective, communities can act more strategically by learning from what has worked elsewhere and what appears promising. The Pathway can help users facing common questions and challenges, such as:

- ▶ **Existing efforts do not seem to be achieving desired results. How can we use existing resources more effectively to achieve greater impact?**
- ▶ **New funds are available. Where is the additional investment likely to enhance results for children, families, and communities?**
- ▶ **How do we expand our partnerships and engage allies beyond a core group of service providers? How do we value informal supports and integrate them into our effort?**
- ▶ **How do we convince policy makers and funders that taking action will reduce the harm caused by child abuse and neglect?**
- ▶ **How do we know if efforts are achieving desired results? How can we track progress?**



The majority of families referred for concerns about abuse or neglect do not meet criteria for abuse or neglect. However, it is likely that they can benefit from supports and services intended to reduce risks and promote protection related to future abuse or neglect, so the County has partnered with the local Family Resource Centers to work with the family to access services and enhance informal support systems. Child Welfare Agency and Family Resource Center staff have turned to the Pathway to Prevent Child Abuse and Neglect to help them effectively engage these families.

By scanning the Pathway, staff can identify which of the Goals are likely to be most relevant to the current challenge. In this case, **Goal 3: Identified Families Access Services and Supports** includes three action areas that contribute to this goal, an action and an array of examples of what has worked elsewhere. Based on their analysis of existing efforts and local capacity, staff may choose to focus on one action area, such as “**Staff who encounter families are trained in screening and referrals.**” The Examples provide practical approaches that may stimulate innovation and engage folks who may be too ready to dismiss any action as undoable or ineffective.

How the County builds a network of voluntary services and supports and the way each family experiences the initial contact and on-going engagement with staff are critical for achieving the goal. The **Ingredients** of effectiveness may help staff identify opportunities to enhance existing efforts, such as the development of systems to share referral information and track clients, or practices that address obstacles, such as coordinated case management.

Both Child Welfare Agency and Family Resource Center staff need to be ready to make the case for changing practice and investing in prevention efforts to everyone from frontline staff to elected officials to the media. The **Rationale** to work on this goal and the **Evidence** from evaluation research provides excerpts from the literature which can be used for influencing stakeholders, writing proposals, and making presentations.



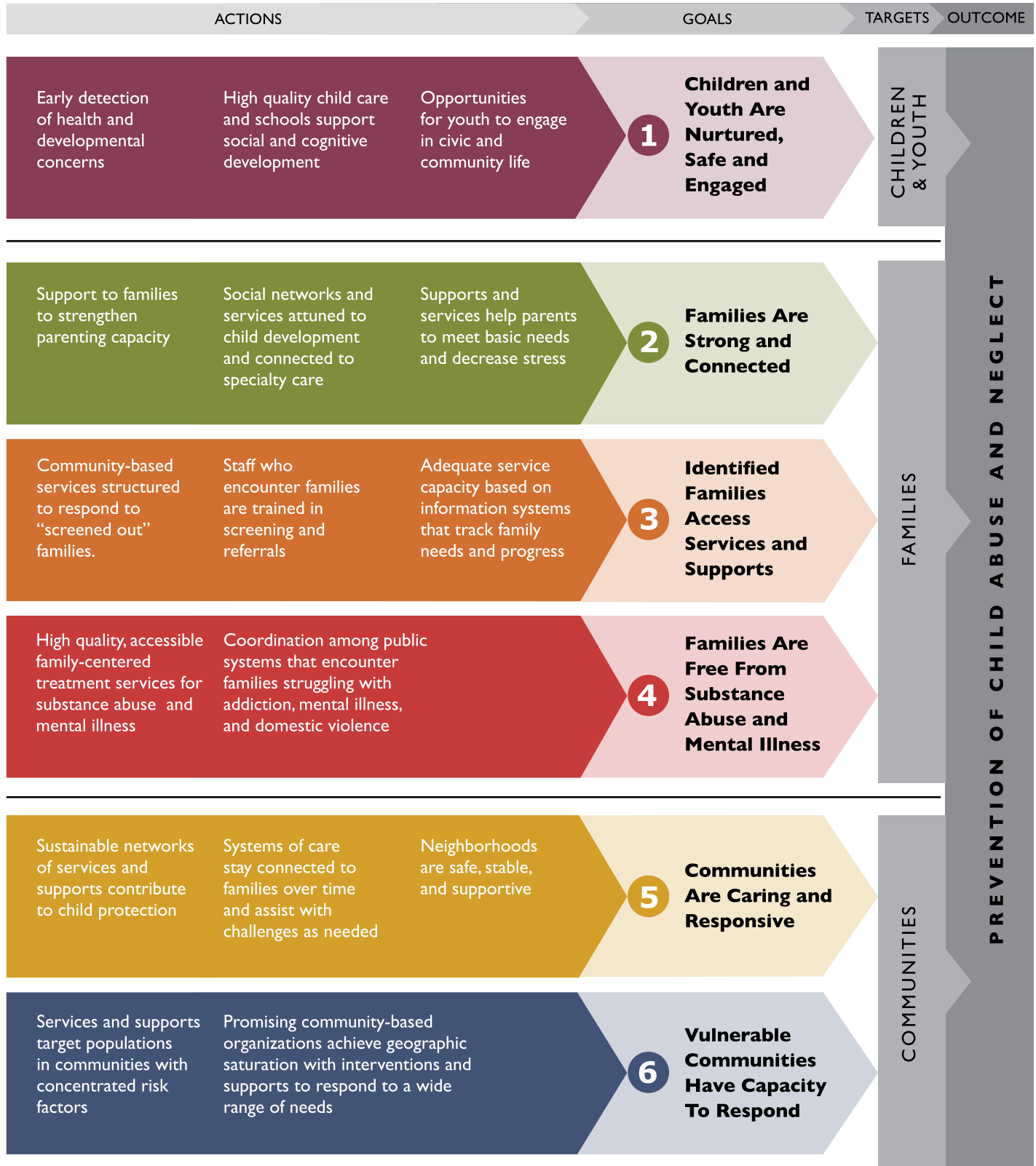
As the result of concerns about increasing visits to emergency rooms by children who have been victims of avoidable injuries, the mayor's office has convened a task force including representatives from the Health Department, the Child Welfare Agency, health care providers, and schools.

Convened to address an indicator of concern, emergency room visits, the task force will benefit from focusing on the desired results of their work. The Pathways Overview includes an overall outcome, goals, and an issue brief titled "Defining the Outcome" that can make planning, policy and program development, and resource allocation more strategic. Scanning the Pathway Overview and supporting materials may identify contributors who are not represented on the task force, such as family resource center staff, child care providers, or resident associations.

The choices among the array of **Actions** that contribute to the defined outcome, ranging from home visiting for families with toddlers to ensuring drug treatment services are easily accessed by women with children, depends on the target populations and trade-offs given the capacities, assets, and needs of the local community. The **Indicators** outline additional measures which may be useful for assessing conditions in the community, determining what will influence decisions about the allocation of resources, and setting targets for improvement.

The **Ingredients** of effectiveness can help to determine why current approaches for preventing injury are not producing the expected results. The Ingredients, policy related actions, and funding approaches also provide some context for the task force to consider the impact and sustainability of strategies over time.

Actions Overview, Prevention of Child Abuse and Neglect



PREVENTION OF CHILD ABUSE AND NEGLECT



Actions



Indicators



Ingredients



Rationale



Evidence

SUMMARY OF GOALS, ACTION AREAS, AND ACTIONS

GOAL 1: Children and Youth Are Nurtured, Safe, and Engaged

ACTION AREA I.A: Early detection of health and developmental concerns

Pediatric medical practices conduct age-appropriate developmental screenings, provide parents with age-appropriate anticipatory guidance, and screen children and families for psychosocial strengths and needs. Providers of pediatric care pay attention to the living conditions of the children they see, including homelessness, domestic violence, and dangers posed by the home or neighborhood environment. Providers take responsibility for connecting families with people and agencies that can help them provide safe and stimulating environments for their children.

ACTION AREA I.B: High-quality child care settings and schools support social and cognitive development

Providers and coalitions create links among services for child care, health care, mental health, substance abuse, developmental assessment, and child protection so they can mobilize specialized help. The linkages focus on children and families who are at high risk; who have social, emotional, or developmental difficulties (including maternal depression, substance abuse, child abuse, and domestic violence); or who need support to reduce social isolation.

Child care providers develop networks and participate with coalitions that promote high-quality environments and practices but differ in response to family beliefs about education and child rearing. They support cultural and linguistic heritages and meet families' work-related needs for care during nights, weekends, summers, and holidays.

Funders and policymakers make funding available in sufficient amounts and on terms that enable programs to use multiple funding streams to build consultation into their daily work and their professional development activities.

Community groups collaborate to strengthen the capacity of providers of informal child care, often by creating hubs of support that pool resources from different community institutions (e.g., museums, libraries, family support centers, child-care centers), offer formal and informal training, and create opportunities for home-based caregivers to strengthen their skills.

ACTION AREA I.C: Opportunities for youth to engage in civic and community life

Activities for youth take place in a wide range of settings, both formal and informal, and provide opportunities for young people to belong, to lead, and to serve their communities. Although activities may include support for academic learning, they are more than tutoring or “homework help” programs. They employ strategies to enable youth to build their capacities, develop healthy relationships, and pursue their talents, skills, and dreams.

Mentoring programs connect young people to caring adults in a one-to-one relationship that can augment the support a youth receives from his/her family. In addition to providing personal



Actions



Indicators



Ingredients



Rationale



Evidence

relationships and support, mentors often introduce young people to connections and experiences in the broader community, especially to contacts for jobs and education.

GOAL 2: Families are Strong and Connected

ACTION AREA 2.A: Help and support to parents to improve their parenting skills and their understanding of how they can contribute to their children’s success.

Family-strengthening services, such as home visiting and parent education, provide emotional support and promote the skills necessary to effectively nurture and manage children’s behavior. Effective services combine formal facilitation and guidance by professionals with peer connections and on-going support.

ACTION AREA 2.B: Social networks and services attuned to child development and connected to specialty care.

Family support services connect parents with each other and with needed services and supports. Using a strengths-based approach, service providers help families identify assets and interests and set goals for improvement. In the context of this relationship, families can safely seek help with problems that may require professional attention or treatment. Families also enhance strengths and increase confidence in their own ability to achieve goals, solve problems, and meet needs.

ACTION AREA 2.C: Supports and services help parents to meet basic needs and decrease stress.

Community-based programs help low-income families obtain the financial supports they are entitled to and the opportunities they need to become self-sufficient. With policymakers’ support, programs mobilize multiple income sources to support parents (caregivers) with young children who lack employment.

GOAL 3: Identified Families Access Services and Supports

ACTION AREA 3.A: Community-based services are structured to respond to “screened-out” families

State and county child welfare agencies implement “differential response” protocols to connect families that do not meet abuse or neglect criteria to community resources. Although the immediate risk of abuse or neglect is low, these families can likely benefit from supports and services. In California, these families are called “Path I Families.”

Child welfare agencies partner with community groups in neighborhoods that have a high concentration of families involved with the child welfare system, to make their services more effective and acceptable and to build a "community presence." They connect formal services and agencies with neighborhood networks so individual families experience services and agencies as responsive and "on their side."



Actions



Indicators



Ingredients



Rationale



Evidence

ACTION AREA 3.B: Staff who encounter families are trained in screening and referrals

Training and professional development include pre-service and in-service training in the prevention of child abuse and neglect. Training modules are portable, easy to use, and adaptable to settings where staff have regular contact with children and families, including child care, pediatric clinics, and schools. Trainers promote collaboration through joint training and team consultation with participants from governmental, academic, and community-based settings.

Technical assistance is available as questions or concerns arise. Networks are established to track and address training and resource needs and to build communities of learners to share innovations and work together to solve problems.

States and counties invest in strategic planning across sectors and jurisdictions. Action plans clearly delineate roles and responsibilities and establish mechanisms for on-going communication.

ACTION AREA 3.C: Adequate capacity to provide services exists, based on information systems that track family needs and progress

Community coalitions target resources, design service capacity, and build linkages based on solid data about the needs and interests of “screened out” families. Although families engage in services and supports based on their individual needs, the system of care and capacity are established to meet a predictable level of demand based on experience with families and community characteristics. Decision makers plan intentionally and allocate resources using meaningful estimates of need.

GOAL 4: Families are Free from Substance Abuse and Mental Illness

ACTION AREA 4.A: High-quality, accessible, family-centered treatment services for substance abuse and mental illness

Outpatient and residential treatment services for substance abuse and mental illness pay attention to the circumstances of clients with children, minimize separation from children, and integrate education about parenting and child development into the program.

ACTION AREA 4.B: Coordination among public systems that encounter families struggling with addiction, mental illness, and domestic violence

Systems and institutions that encounter families, including those that deal with public health, mental health, homelessness, domestic violence, law enforcement, and judicial review, coordinate care over time. They address the withdrawal effects for parents who stop using alcohol or other drugs and may experience intense emotions which can increase the chance of child abuse or neglect. Service providers reach other family members with resources, including direct access to supportive services. Services should validate participants’ feelings, emphasize accomplishment-based self-esteem, and offer intensive parenting and prevention education, as well as support for all new parents.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5: Communities are Caring and Responsive

ACTION AREA 5.A: Sustainable networks of services and supports contribute to child protection.

Partnerships involve an array of stakeholders in planning, implementation, and monitoring efforts to promote family well-being and reduce child abuse and neglect. The coalition works to diversify resources to sustain efforts beyond a single funding stream. Coalition participants may include government agencies, community-based service providers, grassroots groups, civic associations, faith-based groups, residents, businesses, funders, researchers, and others.

Public and private funding is pooled and aligned to help promote cross-sector initiatives to build community, enhance services and supports, and promote effective infrastructures over time.

Coalitions inform funders and policymakers about opportunities for and barriers to effective action that require solutions at the funding, policy, or regulatory level.

ACTION AREA 5.B: Systems of care stay connected to families over time and assist with challenges as needed.

Service providers and support networks attend to stressful transitions beyond the immediate issues, such as change in employment status, birth or immigration of additional family members, enrollment in a new school, and change of residence. Programs offer on-going supports after completion of intensive treatment.

ACTION AREA 5.C: Neighborhoods are safe, stable, and supportive

A variety of community-building strategies contribute to neighborhoods' supportiveness and to residents' sense of belonging and economic prospects. Community-based programs help low-income families obtain the financial support they are entitled to and the opportunities they need to become self-sufficient.

Local partnerships build social connections and make neighborhoods more stable by engaging residents and promoting home ownership. Community policing and neighborhood-building activities promote neighborhood safety.

National and local groups campaign to influence community norms regarding the importance of preventing child abuse and neglect and promoting the social, emotional, and cognitive development of children. To influence societal beliefs about parenting, public awareness campaigns reach out to large numbers of individuals in a consistent manner, using everyday communication media (e.g. television, radio, newspapers, magazines, billboards, the Internet).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6: Vulnerable Communities Have The Capacity To Respond

ACTION AREA 6.A: Services and supports target populations in communities with concentrated risk factors

Interventions and strategies are targeted to impact geographic areas that face multiple challenges such as poverty, violence, poor health, and lack of access to good jobs, affordable housing, and high-quality goods and services. The combined efforts aim to increase the social and economic capacity of neighborhoods, engage residents, mobilize information networks, capitalize on concurrent efforts to improve physical and organizational infrastructure, increase the tax base, and strengthen connections to resources.

ACTION AREA 6.B: Promising community-based organizations achieve geographic saturation with interventions and supports that respond to an array of needs

Community-based organizations achieve geographic saturation with coherent interventions and supports that respond flexibly to a wide range of needs.



Actions



Indicators



Ingredients



Rationale



Evidence

RATIONALE FOR WORKING TO ACHIEVE THIS OUTCOME

Children who have been neglected or abused are more likely to suffer from a variety of other problems, including attention deficit disorders, depression, conduct problems, reduced cognitive development, language deficits, reduced emotional stability and poor self-regulation, poor problem-solving skills, an inability to cope with or adapt to new or stressful situations, and shortfalls in physical health. All of these are important factors in school readiness and school success (Chalk, Gibbons & Scarupa, 2002).

Prompt and effective responses to abuse, neglect, and other crises can ameliorate or protect against many negative effects. The fields of child abuse prevention, family strengthening and support, early care and education, public health, and others have all recognized the importance of a coordinated approach to reaching families and staying connected over time for the purpose of preventing child abuse and avoiding the long-term costs of child maltreatment (National Alliance of Children's Trust and Prevention Funds, 2006). Treatment is more effective and recurrences less likely the earlier treatment begins (National Institute of Mental Health, 2000).

Over the years, child maltreatment researchers and practitioners have explicitly recognized that most maltreatment results from a complex web of factors related to a person's personality, family history, and community context. Ecological theory, with its acknowledgement that individual, familial, community, and societal factors interact to increase or decrease the likelihood of child maltreatment, now represents the most commonly accepted theory of maltreatment (Garbarino, 1977; Bronfenbrenner, 1979; Belsky, 1980; Cicchetti and Rizley, 1981; Doll, *et al.*, 2007).

Depression, attachment difficulties, and post-traumatic stress—prevalent among mothers living in poverty—undermine mothers' development of empathy, sensitivity, and responsiveness to their children, often leading to poorer developmental outcomes (National Research Council, 2000). Children who have clinically depressed parents or parents reporting signs of depression are at risk for a variety of negative outcomes, including health, cognitive, and socio-emotional problems (Child Trends, 2002); behavioral problems and poorer performance on math and reading assessments (U.S. Department of Health and Human Services, 1999); and poor emotional adjustment as they age (Korenman, Miller, & Sjaastad, 1994; Miller, 1998). Their parents have poorer parenting skills and fewer cognitive, stimulating, and supportive interactions with their children (Downey & Coyne, 1990; Zaslow, *et al.*, 2001).

Programs that connect low-income, high-risk families to responsive and supportive networks, services, and institutions help to prevent child abuse and neglect because they identify early warning signs and link children and parents with the help they need (National Research Council, 2000). Traditional child welfare approaches to maltreatment focus largely on physical injury, the relative risk of recurrent harm, and questions of child custody, with a strong criminal justice orientation. When viewed through a child development lens, however, the abuse or neglect of young children should be evaluated and treated as a matter of child health and development within the context of a family relationship crisis (National Scientific Council on the Developing Child, 2004).



Actions



Indicators



Ingredients



Rationale



Evidence

Families are an integral and critical component of interventions that aim to improve academic and social outcomes for children and youth. Family-strengthening programs make a deliberate and sustained effort to ensure that parents have the necessary opportunities, relationships, networks, and supports to raise their children successfully (National Assembly Human Services, 2005). This approach has a positive impact on family environment, parent-child relationships, parenting, family involvement and, as part of a larger comprehensive intervention, can improve child outcomes (Caspé & Lopez, 2006)

The regular referral of suspected cases of child abuse or neglect from the child welfare system to the early intervention system would ensure that developmental and behavioral needs are assessed and treated. Child abuse prevention strategies that emphasize both the developmental needs of children and the importance of community-based supports for families show how we can close the gap between science and practice for our most vulnerable young children (National Scientific Council on the Developing Child, 2004).

Overview: Rationale



Actions



Indicators



Ingredients



Rationale



Evidence

SUMMARY OF INDICATORS

OUTCOME: PREVENTION OF CHILD ABUSE AND NEGLECT

- Children free from intentional injury or harm
- Families provide safe, stable homes.
- Reduced incidence of abuse or neglect**

** Rates of abuse and neglect should be assessed through a combination of measures, because involvement with the child welfare system may be skewed by policies, procedural changes, and issues unrelated to the incidence of abuse or neglect.

CHILD CONDITIONS

i. Children in good physical and mental health

- Children have up-to-date immunizations
- Children receive regular well-child care and screenings
- Children attend school regularly (fewer than 10 absences per year)
- Children with chronic health problems follow a plan for care
- Children and youth do not have untreated mental health problems or substance abuse problems

ii. Children's cognitive and socio-emotional development on track

- Children and youth interact positively with peers and adults
- Children and youth with cognitive delays or social or emotional disabilities follow a plan for dealing with these issues
- Children do not exhibit behavior problems in the borderline or clinical range, as judged by parents and/or teachers

FAMILY CONDITIONS

i. Parental resilience (Parent functioning)

- Parents have less stress, greater competence in managing stress, greater anger management (coping) skills
- Parents free of issues that negatively impact parenting, including substance abuse, symptoms of depression, and domestic violence
- Parents demonstrate efficacy, including the capacity to seek help



Actions



Indicators



Ingredients



Rationale



Evidence

ii. **Strong social connections**

- Parents can identify people who have provided (and can be counted on to provide in the future) emotional and/or instrumental support when needed
- Parents are connected to community social institutions, services, and supports

iii. **Knowledge of child development and demonstrated skill in parenting**

- Parents have realistic expectations of young children and apply them to interactions with their child(ren)
- Parents use positive, age-appropriate disciplinary practices
- Parents establish and maintain predictable, age-appropriate daily routines for their child(ren)
- Parents engage in appropriate play with their child(ren) on a regular basis

iv. **Basic supports and services used by families as needed** (Parents are helped and supported to negotiate the system and to obtain help and support as needed)

- Parents access health, housing, child care, food, and other basic services and supports as needed to maximize healthy family functioning (assuming that high-quality services and supports are available, accessible, adequately funded, affordable, etc.):

Parents use a consistent medical provider or have an identified medical home for themselves and their children

Children and families have health care coverage/insurance

Pregnant women receive appropriate prenatal care and have positive childbearing experiences

Parents identify and use appropriate child care

Parents with drug abuse or mental health problems receive effective treatment; families involved in domestic violence receive assistance

v. **Family environment**

- Families have at least two supportive adults in the household
- Non-custodial parents not living in the home have regular contact with child(ren) when appropriate
- Family has had low mobility (moved fewer than two times) and low turbulence (changes in primary caretakers) during the past five years.
- Children have stable, secure relationships with parent or other adult
- Mothers have children born more than two years apart (intentional child spacing)



Actions



Indicators



Ingredients



Rationale



Evidence

- Parents establish appropriate boundaries for the children and adults in their lives

COMMUNITY CONDITIONS

i. **Community environments that support healthy child development and family functioning**

- Community has capacity to make available, accessible, and affordable the high-quality services needed to maximize healthy family functioning, including:
 - Child health services
 - Prenatal care and childbearing services
 - Family planning services
 - Drug abuse and mental health treatment
 - Housing
 - Child care and early childhood education
 - Food and nutrition
 - Domestic violence support and services
 - Transportation
- Community provides families with healthy environments, distinguished by:
 - Absence of concentrated poverty
 - Absence of neighborhood violence
 - Absence of physical toxins (lead, poisoned air, water, etc.)
 - Presence of neighborhood watch program, neighborhood association, etc.
- Neighborhoods foster social ties among residents
- Neighborhoods reflect a belief that residents can act collectively to improve their well-being and their children's future
- Community climate positions children as an asset and resource and supports and values adults in their parenting role



Actions



Indicators



Ingredients



Rationale



Evidence

DEFINING THE OUTCOME: LONG-TERM INDICATORS OF PROGRESS

Using outcomes as the basis for action makes it easier to plan strategies, allocate resources, and design policies and programs rationally. An outcomes framework drives funders and program directors to think more realistically about the connections between investments and results, and it reduces some of the long-standing confusion between the means and ends of social interventions.

Outcomes that are defined in terms of clear, practical results that the general public can understand are more likely to galvanize partnerships, motivate commitment, spread across agencies and institutions, and produce powerful strategies for change. To ensure that skeptical decision-makers and members of the public embrace the target results, outcomes must be accompanied by indicators that not only have face-value appeal but are known (through research or experience) to produce positive results.

In the field of child abuse and neglect, however, it is very difficult to measure the results of preventive efforts—and, therefore, to show a clear link between indicators and outcomes. There are two issues:

- Few indicators neatly and precisely match the desired outcomes; and
- Most agencies face intense pressure to hold individual actors accountable for results, even though the desired outcomes are vulnerable to factors outside their control and can only be achieved through the efforts of multiple organizations and agencies.

Thus the challenge of defining outcomes for the prevention of child abuse and neglect is also a matter of ensuring that accountability is allocated as fairly and sensitively as possible.

USEFUL TYPES OF OUTCOMES

Three types of outcomes are useful for community- and population-based efforts to prevent child abuse and neglect. Each has pros and cons, depending on the circumstances:

- 1. Reduced incidence of re-reporting to or re-entry into the child welfare system.** This outcome is of particular interest when several different methods are involved in managing intake into the child welfare system. The outcome is flawed, however, because the incidence of reports is probably only loosely related to the actual incidence of damage to children.
- 2. Reduced rates of children coming into the child welfare system.** This seems to be the most straightforward outcome for documenting the impact of preventive efforts, especially since child welfare administrative data are readily available. The two disadvantages of this outcome are: (1) Not all entries into the child welfare system are negative events, and it is not always easy to distinguish between appropriate and inappropriate entry; and (2) the forces that determine rates of entry into the system often are arbitrary and easily biased.
- 3. Increased rates of child well-being and reduced rates of damage to children.** This, and similar formulations of a positive vision, are widely appealing and consistent with the outcome articulated by the Stakeholders Group in the *Final Report on*



Actions



Indicators



Ingredients



Rationale



Evidence

the Future of California’s Child Welfare Services (California Dept of Social Services, Sept, 2003): “Every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities.” This outcome recognizes that success can only be achieved through the collective work of many systems and organizations. Another benefit is that systems and organizations are more likely to collect data and monitor results if the outcome shows up in more than one system.

LONG-TERM INDICATORS

Experts consulted in the development of this Pathway agreed that the measures used to report child abuse and neglect, taken alone, are biased and prone to fluctuations in response to policy and procedural changes. Therefore, the following measures are most useful **when used in combination, not individually**, to document real changes in the incidence of abuse and neglect:

- An index based on number of reports of abuse or neglect, substantiated reports, and repeat reports (over a period of time that is long enough to minimize the immediate effect of highly publicized incidents)—perhaps disaggregated by type or severity of abuse or neglect
- Number of children in foster care
- Number of first-time victims and first-time perpetrators (an indicator used by PART)
- Number of emergency room visits to treat child injury or ingestion of a harmful substance
- Reductions in selected types of child injuries



Actions

Indicators

Ingredients

Rationale

Evidence

TARGETS OF INTERVENTION

	CHILDREN	FAMILIES	COMMUNITIES
Primary or Universal Prevention	Goal I: Children and Youth Nurtured, Safe, and Engaged	Goal II: Strong, Connected Families	Goal V: Caring, Responsive Communities
Secondary or Targeted Prevention		Goal III: Identified Families Access Services and Supports	Goal VI: Greater Capacity to Respond in Vulnerable Communities
Tertiary or Treatment Prevention		Goal IV: Families Free from Substance Abuse and Mental Illness	

Multiple factors at the individual, family, and community levels contribute to or protect against child maltreatment. Effective strategies to prevent child abuse and neglect are just as interrelated and complex. Family strengthening, therefore, is at the core of efforts to prevent child abuse and neglect. Family-strengthening initiatives are holistic; they address the fact that personal, family, and community contexts are essential elements of an individual's development and life. Positive intervention in the lives of children threatened by child abuse and neglect is a shared community concern rather than the sole responsibility of any single agency or professional group.

Programs and projects that operate in isolation, individual best practices, and even islands of excellence will not achieve truly transformative results. Widespread prevention of non-accidental harm to children and youth (and its costly consequences) requires community-wide efforts to intervene with children, families, and communities; the willingness of policymakers and funders to create a coherent, supportive infrastructure; mobilization of multiple organizations, institutions, and disciplines; and connections between programs and resources across domains, creating a range of necessary opportunities and services.

In addition, strategies need to incorporate multiple levels of prevention. **Primary prevention** aims to prevent the occurrence of negative conditions and events (such as disease, traffic fatalities, and child abuse and neglect) in populations not defined by risk. Examples are nutrition education, seat belt campaigns, and home visits to families with newborns.

Secondary prevention targets individuals and groups with specific risk factors that predispose them to experience adverse conditions or events. Examples include screening and follow-up for individuals who have experienced abuse and support services for depressed mothers and their infants.



Actions



Indicators



Ingredients



Rationale



Evidence

Tertiary prevention responds directly to adverse conditions or events. It attempts to treat and restore individuals to their highest function, minimize negative effects, and prevent related complications.

The Pathways Mapping Initiative’s **Pathway to the Prevention of Child Abuse and Neglect** contains six goals that span the levels of intervention and prevention. The goals, which are derived from a review of research, interviews, and two Mental Mapping Meetings (see Appendix I), do not list every action that contributes to the desired outcome. Instead, the Pathway offers a framework that, when combined with local wisdom and an understanding of local circumstances, helps users construct their own community-wide strategies for increasing protective factors and reducing the risk factors associated with child abuse and neglect.

Overview: Intervention



Actions

Indicators

Ingredients

Rationale

Evidence

CROSS-CUTTING INGREDIENTS OF EFFECTIVE IMPLEMENTATION

Key Ingredients are the underlying elements that make certain services and supports effective in contributing to the prevention of child abuse and neglect. They reflect the fact that how interventions are implemented and how services are provided are often as important as whether they are provided. For example, when home visitors are able to develop and maintain respectful and empowering relationships with clients, the chance that home visits will contribute to improved outcomes goes up significantly.

Key ingredients are important not only to achieving outcomes but to:

- Understanding which elements are essential to success, so that program models are not diluted or distorted when they are expanded, scaled up or replicated.
- Determining the extent to which actions now in place or being designed are likely to succeed
- Identifying elements of current actions that need to be added or modified.

The Key Ingredients of Effectiveness that apply to all elements of the Pathway to the Prevention of Child Abuse and Neglect are organized into the following categories:

ACCESSIBILITY
 HIGH QUALITY
 EFFECTIVE MANAGEMENT
 RESULTS ORIENTED
 CONNECTIONS TO AND ACROSS SERVICES AND SUPPORTS
 COMMUNITY ENGAGEMENT AND SOCIAL NETWORKS
 SUSTAINABILITY
 FUNDING

ACCESSIBILITY

Outreach and enrollment procedures ensure that families can easily locate and reach needed services:

- Aggressive outreach attracts all who could benefit from the intervention.
- Outreach occurs at times and locations convenient to families, including locations where high-risk individuals congregate or pass through. Outreach includes efforts to reach children and families in rural or remote areas.
- Materials are written in the language(s) of the target population(s). To the extent possible, staff members speak those languages.
- Program design, materials, and staff reflect and respect clients' cultural norms.
- Program requirements are simple, streamlined, and results-oriented.

Programs do all they can to make services **affordable**:

- Programs offer services at no cost and/or offer sliding fee scales to remove financial barriers.



Actions



Indicators



Ingredients



Rationale



Evidence

- Programs obtain third-party payments on behalf of clients whenever possible.
- Programs avoid burdensome eligibility requirements and asset thresholds.

Services emphasize **prevention** in addition to treatment and remediation. Interventions occur in the **early stages of a problem**, before multiple risks accumulate and conditions reach “diagnosable thresholds.” Individuals can receive services without a formal diagnosis.

Service systems work continuously with community entities to ensure that all appropriate **services and supports are available to everyone** who needs them.

Systems are designed to provide **multiple entry points** to essential services and supports.

Systems are designed to encourage programs to reach and **serve high-risk populations** (e.g., teen moms, families with low-birthweight babies, families with multiple risk factors) without limiting access to other populations.

Policies and payment mechanisms **maximize eligibility** for services:

- Policies and payment mechanisms promote services for hard-to-reach and high-risk populations without imposing eligibility requirements that limit access to other populations.
- Policies expand low-income families’ eligibility for and access to all needed services and supports.
- Policies ensure that legal immigrants are eligible for all child and family benefits, including food stamps.
- Third-party payers (including child care subsidies, S-CHIP and Medicaid) and public-private partnerships presume eligibility while families’ applications are under review, thus ensuring continuous coverage.

Means-tested programs (e.g., health care, subsidized child care, pre-school programs) are under **continuous review** to assess trade-offs between targeting resources to those in greatest need and achieving universal coverage.

HIGH QUALITY

Services and supports are as comprehensive as necessary to be responsive to the needs of families and children:

- Programs are designed to meet the specific needs of individual families and children.
- To the extent compatible with their primary mission, programs mobilize a mix of formal and informal supports as well as therapeutic interventions.
- To the extent compatible with their primary mission, programs are flexible and wide-ranging. They include long-term services for chronic difficulties, crisis intervention, and responses to evolving challenges in the same setting.
- Providers identify circumstances that prevent clients from using services and supports effectively and adopt practices that remove barriers (e.g., clients’ transportation, mobility, language, and child care needs).
- Program staff do not compartmentalize families’ problems.



Actions



Indicators



Ingredients



Rationale



Evidence

- The focus, duration, frequency, and intensity of interventions, services, and supports are carefully calibrated to the needs, resources, and risk factors of specific children and families.

Services and supports are family-centered and respond to the needs of individual children and families:

- Programs respond to individuals in the context of their family and to families in the context of their community.
- Programs address the “whole child.”
- Services reflect the language, values, and cultural backgrounds of clients.
- Programs are characterized by mutually respectful interactions.
- Services engage families in positive activities and build networks of support while also addressing their problems.
- Whenever possible, assistance with problems is an integral part of activities with families (e.g., parent support groups; English as a Second Language, citizenship, or exercise classes; family suppers).

Service settings, procedures, and staff explicitly encourage the development of on-going, mutually respectful relationships among staff and clients:

- Service settings are welcoming to families and cognizant of their diverse needs.
- Staff have time to build relationships with clients in order to thoroughly understand their strengths, needs, and circumstances.
- Staff involve families and caregivers in identifying needs and solutions.
- Policies and practices for interacting with families make them feel comfortable and safe seeking help.

Programs are sensitive to clients with diverse cultural backgrounds, values, languages, education, and communities:

- They make efforts to attract staff who share the cultural heritage and speak the language of the children and families they serve.
- They encourage staff to share with each other their experience and expertise on issues of culture and race.
- They target outreach and services to traditionally underserved families that may have experienced racism and language barriers.
- They give staff time to learn about the different cultures and child-rearing practices of the families and communities they serve.

Programs have staff, facilities, and supports needed to maintain the **highest quality standards** established by public jurisdictions and professional organizations.

Policies, regulations, and payment mechanisms impose **minimal burdens** on providers and families.

Policies, regulations, payment mechanisms, and staff training support the provision of **competent, comprehensive, continuing, appropriate, and acceptable care and services**.



Actions



Indicators



Ingredients



Rationale



Evidence

Policies and staff training encourage the development of **respectful, trusting relationships** between providers and families.

Policies and systems strategically address **individual behaviors and institutional practices** that cause inequitable distribution of services and disparities in outcomes because of race or income.

Systems invest money and time to address **issues of social justice and equity**.

EFFECTIVE MANAGEMENT

Explicit **principles have been articulated** to guide decision-making and practice.

The program's practices in **recruiting, hiring, and retaining qualified staff** are aligned with intended results:

- Programs are mission-driven. Staff demonstrate a belief in the mission.
- Staff roles, training and guidance reflect the skills, sophistication, and needs of staff as well as clients.
- Program takes measures to minimize staff turnover.

Administrative practices support **front-line discretion** while maintaining program quality, individual rights, and accountability:

- Families who present multiple needs and challenges are welcome and engaged by staff.
- Staff help families prioritize interventions to avoid adding stress to fragile families.
- Staff coordinate services, such as family support and home visiting, to reduce duplication and improve effectiveness.
- Programs monitor their efforts to ensure that families are not overwhelmed by services and do not have multiple case managers.

Professional staff and others who provide support to families are **well-trained and well-supervised**:

- Staff have continuing access to training, supervision, and consultation that help them acquire necessary knowledge and skills and develop a rich repertoire of responses to unexpected circumstances.
- Staff feel supported by their colleagues and supervisors.
- Staff have easy access to consultation with and support from experts in mental health, substance abuse, domestic violence, impaired parent-child relationships, and child development.
- Staff working with children have skills, support, and time to be sensitive to the needs of their families. Staff working with families and other adults have skills, supports, and time to be sensitive to the needs of their children.

Systems have the capacity for **on-going, cross-program training and support** to front-line providers, especially in settings and under auspices that serve high-risk children and families.

RESULTS ORIENTED



Actions



Indicators



Ingredients



Rationale



Evidence

Effectiveness is gauged by the **results and outcomes** experienced by children and families:

- Programs seek early, visible gains while working toward long-term goals.
- Regular program assessment and professional development efforts ensure continuous improvement.
- Special attention to enrollment, participation, and attrition helps programs reach and persevere with the highest-risk individuals and families, including those in which caregivers are experiencing abusive relationships, substance abuse, or severe depression.

Community groups **assess whether actions and Key Ingredients are in place** to reduce incidence of child abuse and neglect, identify gaps, and work toward filling them:

- Community has the capacity to monitor program, neighborhood, and community-wide outcomes.
- Community groups recognize the elements of high-quality services and supports (both formal and informal) and invest in them.
- Community groups track the availability of primary and preventive services in addition to crisis interventions.

CONNECTIONS TO AND ACROSS SERVICES AND SUPPORTS

Programs take responsibility for **forging connections** to and across services and supports:

- Staff have the capacity to link children and families with primary supports and services (e.g., housing, child care, jobs) and with specialized services.
- Staff communicate across programs and agencies, plan solutions jointly, agree on common objectives, and share responsibility for attaining goals.
- Program staff recognize the importance of building social connections, organizing and mobilizing community residents, and developing local leaders.
- Agencies coordinate services to minimize burdens on families, reduce duplication, and improve effectiveness.

Community groups work to share information about families and to **guide families to entry points** for primary and specialized services and supports.

Systems are designed to connect families with **basic supports, supportive networks, and specialized services.**

Systems develop policies and practices to **minimize administrative demands** on families:

- Client information is shared appropriately across programs to facilitate referrals and avoid duplication in obtaining data and histories. · Services and supports use common eligibility definitions and determinations.
- Case management services are coordinated across programs.
- Fundraising methods promote community-wide planning and the appropriate coordination of services and supports.

Training and supervision are designed to cross disciplines and systems.

Systems **go beyond program boundaries** to collect and analyze data on the effectiveness of



Actions



Indicators



Ingredients



Rationale



Evidence

actions and strategies.

COMMUNITY ENGAGEMENT AND SOCIAL NETWORKS

Community groups continually prepare residents to participate confidently in community-wide planning and decision making and to use experts as needed to help shape and implement strategies.

Residents participate actively in community visioning, planning, service design, decision making, and neighborhood improvement efforts.

Community activities and events promote belonging, social connectedness, and the development of relationships.

The community is committed to building bridges across race, class, and language. Community initiatives:

- Explicitly recognize that issues of race, class, and language bias have traditionally limited the diversity of participants in the decision-making process; they promote a greater understanding of issues of race, language, culture, class, social justice, and equity ; they identify and build on the assets of diverse people and groups who reside in the community
- Foster opportunities to identify common ground and understanding across racial, language, cultural, and class lines within a community
- Regularly assess how well they are addressing issues of social justice, equity, and diversity

SUSTAINABILITY

Stakeholders develop alliances at the local, state, regional, and national levels to maximize the chances of sustaining what works over time. Alliances that support leadership development, technical assistance, and funding are especially important.

Policies governing supports for training, recruitment, retention, reimbursement, credentialing, and licensing (including loan forgiveness) ensure an adequate supply of high-quality providers.

Systems establish early, ongoing efforts to identify alternative funding sources and leverage private-sector support.

Sustainability strategies encourage community engagement around issues that are priorities for children and families.



Actions



Indicators



Ingredients



Rationale



Evidence

FUNDING

Funding investments are made on terms and at levels that ensure high-quality implementation:

- Adequate, stable, predictable funding is available for services and supports that prevent problems, as well as for services provided in response to identified problems.
- Funding policies recognize the importance of strengthening service providers and community organizations by providing core funding for essential activities that cannot be supported through categorical projects or programs.
- Funding is available to respond to children and families at high social risk, in addition to those who have biological impairments or risks.
- When new standards are applied or quality standards are raised, funding and other resources are available for technical assistance, training, and compliance monitoring.

Funding is sufficiently flexible that services and supports can be tailored to the needs of specific families and communities:

- Funding policies facilitate program efforts to integrate multiple funding streams to support two- and three-generation services.
- Funding is available to connect services across traditional categories (e.g., when a prenatal care provider finds that his/her patient needs housing assistance or substance abuse treatment).
- Funding policies allow for “glue money” to promote a continuum of services and supports across disciplines and systems, networks of services, links between services, and on-going expert consultation for service providers.
- Funding policies are designed to assure the availability of temporary and emergency assistance (e.g., to prevent homelessness)

Funding is allocated through processes that are simple, streamlined, and focused on achieving results for children, families, and neighborhoods.

- Rules for funding, reimbursement, and eligibility do not undermine the accessibility and effectiveness of services.
- Funding is available to produce information that is linguistically and culturally appropriate for families.
- Funding processes are coordinated to help families navigate and use helping systems, communicate effectively with staff, and make informed decisions about lifestyle choices, treatment options, and other aspects of services and supports.

Funding policies take into account the greater needs for intensive services among high-risk populations.

GOAL



GOAL 1

Children and Youth Are Nurtured, Safe and Engaged

Early detection
of health and
developmental
concerns

High quality child care
and schools support
social and cognitive
development

Opportunities for
youth to engage in civic
and community life



Actions
specific strategies,
activities, or steps
taken to impact
the quality and
capacity of local
services and
supports, the
availability of
resources, or the
policy contexts
that contribute to
the outcome



Examples
program and
policy initiatives
illustrating
how actions
have worked
elsewhere



Indicators
measures for
targeting and
monitoring the
impact of actions
and documenting
progress toward
the outcome



Ingredients
elements of
how actions are
implemented
that make them
effective



Rationale
research-based
reasons to
believe that
identified actions
are likely to
contribute to
the desired
outcome



Evidence
research
documenting
that identified
actions contribute
to achieving the
targeted outcome
or conditions
that lead to the
outcome



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

Actions with Examples: Children and Youth Are Nurtured, Safe, and Engaged

A. Early detection of health and developmental concerns

Pediatric medical practices conduct age-appropriate developmental screenings, provide parents with age-appropriate anticipatory guidance, and screen children and families for psychosocial strengths and needs. Providers of pediatric care pay attention to the living conditions of the children they see, including homelessness, domestic violence, and dangers posed by the home or neighborhood environment. Providers take responsibility for connecting families with people and agencies that can help them provide safe and stimulating environments for their children.

EXAMPLES

- * To improve access to state-funded and community-based early mental, emotional, and developmental services in California, **Best-PCP-Behavioral, Developmental, Emotional Screening and Treatment by Primary Provider in Medi-Cal Managed Care** addresses structural and policy constraints that influence the ability of providers to find and refer children in need. The project, funded by the Commonwealth Foundation's **Assuring Better Child Health and Development II**, is also developing a model of provider practices that will increase the number of children identified and linked to prevention and early intervention services, especially within Medi-Cal managed care. A stakeholder workgroup developed a matrix that identifies the roles and responsibilities of state and local agencies for children's healthy mental development and has monitored pilot tests of screening tools such as the Ages and Stages Questionnaire. www.nashp.org/_docdisp_page.cfm?LID=C9C5006C-F477-499B-902ACBDB9CC70B6B
- * **Help Me Grow**, a statewide single-point-of-access network in Connecticut, helps providers and families identify developmental concerns, find appropriate resources, and connect with programs and services. Key components of *Help Me Grow* include training on developmental surveillance offered in hospitals, clinics, and pediatric offices; up-to-date monitoring of available resources and community-based programs; and a statewide system of referral and coordination. With one phone call to the Child Development Infoline (a collaborative effort of the Children's Trust Fund, United Way/Infoline, Connecticut Birth to Three System, and the state Department of Education), a health provider or parent with concerns about a child's development or behavior can access professional assistance and a database of community-based support services. www.ct.gov/ctf/cwp/view.asp?a=1786&q=296676
- * The **Boston Medical Center's Department of Pediatrics**, recognizing that "medical care doesn't mean just caring for illnesses or injuries but treating the whole child and family," provides onsite assistance to families with health-related needs. **The Medical-Legal Partnership for Children** (formerly the Family Advocacy Program) offers legal assistance to families with problems relating to housing, public benefits, domestic violence, nutrition, health care, employment, education, and immigration; educates health care professionals to



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

identify poverty-based barriers to health; and addresses systemic problems and gaps in services through multidisciplinary policy advocacy. www.mlpforchildren.org **Project HEALTH** seeks to interrupt the link between poverty and poor health by leveraging community resources to address needs that range from swim programs for asthmatic children to exercise and nutrition programs for obese children and housing for families trapped in unsafe living conditions. www.projecthealth.org

- * **Starting Early Starting Smart (SESS)** is a 12-site initiative to support the healthy development of children up to age seven who are affected by alcohol, other substance abuse, and serious mental health issues. It is a collaboration of the Johns Hopkins Center for the Prevention of Youth Violence, Baltimore City Head Start, and the Marguerite Casey Foundation. Sites include primary health care settings, early childhood programs, and programs designed for Native American tribes and children in foster care. SESS' strategies aim to: (1) build a statewide system of behavioral supports for young children and families; (2) increase skills of early childhood staff to help multi-need families; (3) integrate family-focused services into substance abuse and mental health settings; (4) connect "child only" cases (not living with parents) with prevention, treatment, and support services; (5) address the needs of fathers and mothers affected by substance abuse, violence, and mental illness; (6) use welfare-related money to promote integrated behavioral and child development services for the most at-risk families and children; and (7) unite staff of TANF, early childhood, substance abuse, mental health, and domestic violence services. The practice segment of SESS includes staff training, universal interventions, targeted family and child support strategies, and clinical services. www.jhsph.edu/preventyouthviolence/Community/SESS.html
- * The **Family, Infant, and Toddler Program** of the Vermont Department of Health is a family-centered, coordinated system of early intervention services for infants and toddlers who have delayed development, or a health condition that delays development, and their families. The program links families with public and private agencies, parent-child centers, local school districts, health care practitioners, private therapists, and child care providers. Services and supports are provided in the most convenient and natural places for the family and child, including the home, child care setting, and community play group. www.dcf.state.vt.us/cdd/programs/prevention/fitp/index.html

B. High-quality child care settings and schools support social and cognitive development

Providers and coalitions create links among services for child care, health care, mental health, substance abuse, developmental assessment, and child protection so they can mobilize specialized help. The linkages focus on children and families who are at high risk; who have social, emotional, or developmental difficulties (including maternal depression, substance abuse, child abuse, and domestic violence); or who need support to reduce social isolation.

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

EXAMPLES

- * The **Early Developmental Screening and Intervention Initiative (EDSI)**, funded by First 5 LA (Los Angeles, CA), aims to make developmental services more family-centered, culturally appropriate, and empirically based and to address parental concerns. EDSI's goal is to transform community systems so that young children with developmental or behavioral concerns are diagnosed and treated earlier. Actions include defining and improving the roles of health care providers, family support, early care and education professionals, and community organizations; implementing pathways between family supports and services agencies; and promoting a policy agenda. www.healthychild.ucla.edu
- * The **Program for Infant/Toddler Caregivers**, a collaboration between WestEd and the California Department of Education, provides formal and informal child care staff with pre- and in-service training that emphasizes children's developmental and learning needs. The goal of PITC is to help caregivers recognize the crucial importance of giving tender, loving care and assisting in the infants' intellectual development through an attentive reading of each child's cues. Operating in California and other states, the program also offers educational materials, a certification program for infant and toddler caregivers, and an annual conference. www.pitc.org/pub/pitc_docs/about.html
- * **Centronia** (formerly the Calvary Bilingual Multicultural Learning Center, Washington, DC) provides early care and education to more than 400 families from three urban neighborhoods. It emphasizes the arts, technology, bilingualism, and multiculturalism to nurture children's learning and development and to engage parents. The center provides prenatal home visiting, health and developmental screenings, social service referrals, school-age care and youth development activities, and family support services (e.g., workshops on parenting, abuse and neglect, domestic violence, life skills, and job skills; help with school-family relationships; and continuing education opportunities). All staff who work with families meet weekly to review families' needs and solutions. www.centronia.org
- * **Curiosity Corner**, a national program operating in multiple locations, engages three- and four-year-olds in literacy-focused, problem-solving activities. Instruction revolves around active teaching, detailed supportive structures, and the developmental needs of young children. One key to the program's success is in-depth professional development provided by the training staff of the Success for All Foundation, which supports the implementation of thematic units. Each unit features active, integrated experiences that enhance children's language and literacy and their cognitive, mathematical, social, personal, creative, and physical development. www.successforall.net/early/early_curiosity.htm
- * **KIDS Now (Kentucky Invests in Developing Success)** has arranged for Early Childhood Mental Health Specialists, located in regional mental health centers, to provide prevention and intervention services to early care and education programs and the young children and families they serve. www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/KIDS+NOW+Initiative.htm
- * The **Addison County Parent/Child Center** in Middlebury, Vermont provides childcare and preschool for children up to age three, using a curriculum that promotes social and emotional development. The Center houses mental health services that enable professionals to look in on the children they serve and to coach and interact with childcare providers and parents. Onsite job training, workshops, and meetings with social service staff, plus

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

transportation provided by the center, make it easy for isolated families to access services. www.sover.net/%7Eethepcc/

- * The **Strengthening Families through Early Care and Education** initiative identified 21 exemplary early childhood programs across the country that build protective factors around children to reduce child abuse and neglect. These “centers of excellence” developed a learning network and participate in a national network of technical assistance to help states, localities, and individual program replicate the approach. www.cssp.org/doris_duke/programs.html

Child care providers develop networks and participate with coalitions that promote high-quality environments and practices but differ in response to family beliefs about education and child rearing. They support cultural and linguistic heritages and meet families' work-related needs for care during nights, weekends, summers, and holidays.

EXAMPLES

- * **Project Relationship**, developed by the Los Angeles Unified School District, Division of Special Education Infant and Toddler Programs, with the support from the U.S. Department of Special Education, enhances the competencies of those working directly with children and families through a process of inquiry reflection, and respect that is outlined in a manual and accompanying video. The program is based on a structured problem-solving approach, to facilitate more open communication and to respond to the particular issues, interpersonal dynamics, and culture of each child care setting. The goal is to help staff better understand the behavioral cues of young children, promote special attachments between specific caregivers and young children, and facilitate dialogue among staff, children, and families about feelings, issues, and conflicts. www.nccp.org/media/cwr00h-text.pdf
- * **Educare Centers** provide care for children from birth to age five, with a strong focus on those under age three, to reach at-risk young children with intensive services before problems occur. Services are offered full-day, year-round at sites in Chicago, Omaha, Milwaukee, Kansas City, and Tulsa. Educare partners with low-income working parents to meet their child care needs while promoting their children's intellectual, social, emotional, and language development. Private- and public-sector leaders are invited to visit Educare centers to observe first-hand a high-quality program for at-risk children and to gain a better sense of the changes needed in policies, funding, and teacher standards. www.ounceofprevention.org/index.php?section=programs&action=program&program=5&page=41
- * The **Haitian Health Institute**, with support from Boston Medical Center, serves as facilitator and networking point for the Haitian Multi-Service Center of Dorchester, MA. The center prepares and assists immigrants in their move toward social and economic self-sufficiency. In addition to child care, it provides education; adult and children's health services; emergency support; immigration services; and HIV/AIDS counseling, case management, and support. www.bmc.org/program/haiti/
- * The **Family Support Center** run by the **Ashe County (NC) Partnership for Children** is a nonprofit organization led by local volunteers and staffed by a coordinator, early childhood caregivers, and therapists. The center teaches caregivers how to better promote early literacy skills. Many of the participants are grandparents caring for children of their teenage daughters. The Partnership also supports a Cooperative Play Center, open to the

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

entire community, which has a wide variety of resources including a kitchen, science center, playroom, infant center, and music room. Several programs help to manage the programmatic and business aspects of running a home-based child-care service. www.acpartnership.org

- * The **Children's Services Council of Palm Beach County** (Florida), helps local child care centers enhance their facilities and obtain equipment, training, and other assistance. The program hires staff who represent the cultures of participating children and who speak the parents' languages. All materials are printed in the three languages spoken by local residents, and interpreters attend all events. Staff receive World of Difference training through the Miller Early Childhood Initiative. www.cscpbcc.org

Funders and policymakers make funding available in sufficient amounts and on terms that enable programs to use multiple funding streams to build consultation into their daily work and their professional development activities.

EXAMPLES

- * With funding from 15 private and community foundations, two Prop 10 Commissions, the United Way, and the city and county of San Francisco, the **Early Childhood Mental Health Project** provides mental health consultation to 46 low-income child care centers. By helping teachers become more aware and knowledgeable about their interactions with children, the model seeks to improve overall care while targeting the developmental needs of individual children. www.jfcs.org/Services/Children,_Youth,_and_Families/Parents_Place/Early_Childhood_Mental_Health_Consultation/
- * The **Hilton/Early Head Start Training Program** is a public/private partnership between the Conrad N. Hilton Foundation, the Head Start Bureau, and the California Institute on Human Services. The training program is designed to increase capacity in Early Head Start and Migrant and Seasonal Head Start settings to provide excellent services to infants/toddlers with disabilities and their families. www.specialquest.org
- * The **San Antonio Department of Community Initiatives** contracts with agencies city-wide to provide support for family, friend, and neighbor care providers by linking them to learning opportunities; resources; and activities with schools, museums, libraries, community centers, and churches. The partnering agencies tailor their services to the needs of local family, friend, and neighbor care providers, offering everything from basic information to help in pursuing credentials and licensing to networking events. Some also provide child care, food, and other incentives to make it easier for providers to become involved. www.sanantonio.gov/comminit/?res=1024&ver=true



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

Community groups collaborate to strengthen the capacity of providers of informal child care, often by creating hubs of support that pool resources from different community institutions (e.g., museums, libraries, family support centers, child-care centers), offer formal and informal training, and create opportunities for home-based caregivers to strengthen their skills.

EXAMPLES

- * Hawaii's **Good Beginnings Alliance Play and Learn Centers** provide neighborhood gathering places throughout the state where families and caregivers could connect with each other. These neighborhood gathering places are staffed by volunteers and early childhood education specialists. They offer venues for area parents and caregivers to get together, learn about child development, and participate in informal leadership development activities. The centers also provide early childhood learning materials and supplies to area families. Many neighborhood participants have been inspired to pursue further child-care and child development training after participating in center activities. www.goodbeginnings.org
- * The **Ashe County Partnership for Children Family Support Center** (North Carolina), a nonprofit organization led by local volunteers and staffed by a coordinator, early childhood caregivers, and therapists, focuses on teaching caregivers how to better promote early literacy skills. Many of the participants are grandparents caring for children of their teenage daughters. The Partnership also supports a Cooperative Play Center open to the entire community, which has a wide variety of resources, including a kitchen, science center, playroom, infant center, and music room. Other Partnership projects help providers manage the program and business aspects of running a home-based child-care service. www.acpartnership.org
- * The **Head Start At-Home Partners Project** of the Child Care Resource Center (Cambridge, MA) works with 25 families using in-home relative care. Services include health and dental screenings, child development learning activities, and field trips with other caregivers. The Cambridge Child Care Resource Center also created a home video, "When a Relative, Friend, or Neighbor Takes Care of Your Child," which provides one-on-one technical assistance to parents and caregivers. www.cccrcinc.org

C. Opportunities for youth to engage in civic and community life

Activities for youth take place in a wide range of settings, both formal and informal, and provide opportunities for young people to belong, to lead, and to serve their communities. Although activities may include support for academic learning, they are more than tutoring or "homework help" programs. They employ strategies to enable youth to build their capacities, develop healthy relationships, and pursue their talents, skills, and dreams.

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **1**

Children and Youth
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and Engaged

EXAMPLES

- * **AfterSchool Matters** (Chicago), a non-profit organization, partners with the City of Chicago, the Chicago Park District, the Chicago Department of Children and Youth Services, the Chicago Public Library, and community-based organizations. AfterSchool Matters creates out-of-school opportunities, including apprenticeships with skilled professionals, for young people in schools across the city. The apprenticeships enable teens to develop skills and responsibility over time, with opportunities to receive stipends for higher levels of apprenticeships and summer employment. AfterSchool Matters also operates drop-in centers in schools and community organizations and conducts intensive outreach in areas where there is a dearth of programming for teens. www.afterschoolmatters.org
- * The **Hampton Coalition for Youth** was formed by the City of Hampton, VA in 1990 to ensure a focus on the needs of children and youth. The Coalition created an action plan for investing in youth and has maintained its focus through the ensuing years. The Coalition, which became a city department, develops youth issues and policy; promotes developmental assets through a citywide Mobilization for Youth; established a comprehensive system to promote youth civic engagement; and sponsors the Hampton Youth Commission, a youth-led, 24-member group that represents the ideas and opinions of young people to the City Council. As an outgrowth of a youth mapping project the city also employs two youth as part-time planners, giving youth an official voice in city government. www.hampton.gov/youth
- * **Beacons** are community centers located in public school buildings that offer an array of activities and services for participants of all ages, before and after school, in the evenings, and on weekends. Individual Beacons are managed by community-based organizations and work collaboratively with their host schools, community advisory councils, and neighborhood organizations and institutions. Beacons offer recreational programs, social services, educational enrichment, and vocational activities in four core areas: youth development programming, academic support and enhancement, parent involvement and family support, and neighborhood safety and community building. Beacons community centers have expanded from an original 12 sites to more than 80 in New York City and additional sites in Palm Beach County, FL, Savannah, GA, and San Francisco, CA. www.fcny.org/portal.php/syd/beacons/
- * The **Flint (MI) Youth Violence Prevention Center's Youth Empowerment Solutions for Peaceful Communities (YES)** is based on empowerment theory and positive youth development. Youth in a designated school attendance area identify and assess conditions in their community that may contribute to youth violence. Based on their findings, they plan and pursue community change in partnership with neighborhood organizations. Youth are involved in evaluating the impact of their projects. KidSpeak provides a public forum for youth to talk about issues and testify before the state legislature and invited guests such as elected officials, funders, law enforcement officers, judges, college administrators, school board members, and other high-profile stakeholders. www.sph.umich.edu/yvpc/projects/yes/index.shtml

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **1**

Children and Youth
are Nurtured, Safe
and Engaged

Mentoring programs connect young people to caring adults in a one-to-one relationship that can augment the support a youth receives from his/her family. In addition to providing personal relationships and support, mentors introduce young people to connections and experiences in the broader community, especially to contacts for jobs and education.

EXAMPLES

- * **Big Brothers Big Sisters (BBBS)** operates programs throughout the United States, matching youth with mentors who are carefully chosen, trained, and supervised. BBBS develops long-term relationships between mentors and young people to promote positive development and social responsibility: mentors and students are expected to meet at least once each week for a minimum of one year. www.bbbs.org/site/c.dijKKYPLjvH/b.1539751/k.BDB6/Home.htm
- * The **Amachi** initiative develops partnerships among faith-based organizations, public agencies, and nonprofit organizations to identify children of prisoners (including adolescents) and match them with caring adult volunteers. Amachi began in Philadelphia and has expanded to many urban areas across the country. www.amachimentoring.org/cncsdedicated.html
- * **Friends of the Children**, founded in Portland (OR), pairs full-time professionally trained mentors, called Friends, with vulnerable children for a 12-year commitment. Friends spend at least 16 hours per month with a selected child both in and out of school. Children are identified during the spring semester of kindergarten based on risk factors including poor social skills, learning difficulties, truancy, troubled older siblings, poverty, substance abuse, or domestic violence within the family. www.friendsofthechildren.com

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **1**

Children and Youth
are Nurtured, Safe
and Engaged

Indicators: Children and Youth Are Nurtured, Safe, and Engaged

I. Children in good physical and mental health

DEFINITION

A child's physical and mental health refers to such factors as health status, growth, and disabilities; physical abilities, such as gross and fine motor skills; and conditions before, at, and after birth.

MEASURES

- Children have up-to-date immunizations
- Children receive regular well-child care
- Children attend school regularly (fewer than 10 absences per year)
- Children with chronic health problems follow a plan for their care
- Children and youth do not have untreated mental health problems or substance abuse problems

SIGNIFICANCE

Many factors contribute to a child's healthy physical, social, and emotional development, including: genetics; environment; economic conditions related to poverty (e.g., poor nutrition, inadequate housing, exposure to environmental hazards); access to care for special health needs; the stable, constructive involvement of other adults (e.g., teachers, relatives, religious leaders, neighbors), especially for families and children exposed to risks and/or difficult life events; and negative social and behavioral patterns within the family (e.g., abuse, neglect, domestic violence, alcoholism, smoking).

Understanding the opportunities and threats to optimal development is a key to helping children and youth reach their full developmental potential. Early identification and intervention at critical developmental stages can prevent, ameliorate, or lessen the harmful impact of many diseases and disabilities (Health of Florida's Children and Youth website, 2007).

Most young children receive the 10 recommended well-child visits in their first three years of life, and pediatricians provide health care to most children from birth to age three. Clinicians play an important role in "developmental surveillance" and are trusted sources of information to parents on topics such as injury prevention, positive developmental practices within the home, and discipline (Kuo, 2007).

Indicators



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Ingredients



Rationale



Evidence

GOAL **1**

Children and Youth
are Nurtured, Safe
and Engaged

Indicators

2. Children’s cognitive and socio-emotional development on track

DEFINITION

“Socio-emotional development” combines two interrelated aspects of children’s behavioral health and learning. Social development refers to children’s ability to interact with others and their capacity for self-regulation. Emotional development includes children’s perceptions of themselves, their abilities to understand other people’s feelings, and their ability to interpret and express their own feelings.

MEASURES

- Children and youth interact positively with peers and adults
- Children and youth with cognitive delays or social or emotional disabilities follow a plan for dealing with these issues
- Children do not exhibit behavior problems in the borderline or clinical range, as judged by parents and/or teachers

SIGNIFICANCE

Young children’s socio-emotional development plays an essential role in their cognitive skill building, social competence, mental health, and overall well-being. The nature of this development is deeply affected by the quality of a child’s relationships with his or her primary attachment figures, usually parents. Healthy development is threatened when families of young children face multiple problems and stressors.

The quality of a child’s social relationships affects his or her sense of self-worth, competence, and overall view of the world. Emotional competence has been increasingly recognized as intimately connected to a young child’s developing linguistic and cognitive capacities. At the same time, emotional development is considered a foundation for psychosocial well-being and mental health (Hyson, 1994; National Research Council, 2000).

Research also indicates that while difficult child behaviors (e.g., noncompliance, defiance) do not by themselves cause maltreatment, they are commonly implicated in an escalating cycle of negative parent-child interactions that may include physical abuse (National Research Council, 2000; Ammerman, 1991). Consequently, support for children’s social and emotional development can be considered a preventive factor for child maltreatment, especially physical abuse (Horton, 2003).



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Ingredients



Rationale



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GOAL 1

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Ingredients: Children and Youth are Nurtured, Safe, and Engaged

Key Ingredients are the underlying elements that make certain services and supports effective in helping to prevent child abuse and neglect. They matter because how interventions are implemented and how services are provided are as important as whether they are provided.

Key Ingredients of Effectiveness that apply to all elements of the Pathway are categorized as follows:

- Accessibility
- High Quality
- Effective Management
- Results Orientation
- Connections to and across Services and Supports
- Community Engagement and Social Networks
- Sustainability
- Funding

These cross-cutting Key Ingredients are summarized in the Overview to the Pathway for the Prevention of Child Abuse and Neglect. Each goal contains Key Ingredients for specific strategies or programs.

INGREDIENTS: Early childhood care and education

- A respectful staff culture. A culture that is inclusive, respectful, non-violent, supportive, and empowering is the foundation for programmatic efforts that build protective factors for children and families. In such a setting, staff develop personal relationships with families, teachers, and other staff members and they model the warmth and supportive commitment for parents who may not have experienced it in their own development.
- Flexible staff roles. Parents' ability to trust staff and to turn to them with questions, problems, or frustrations is at the heart of efforts to strengthen families; it may be crucial for engaging families in intensive services that are viewed as stigmatizing. Staff who are cross-trained, work as a team, and are encouraged to go the extra mile for families who need it can respond to families in a timely manner.
- Parents supported as leaders. Parents are integral and active decision makers in their child(ren)'s education and in service design and delivery. Staff should respect parents and

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

make it easy for them to talk about their needs and feelings. Parents should be encouraged to take leadership in the broader community.

- Customized physical space. The place in which child care occurs communicates the importance of keeping children safe and nurturing their development. A welcoming, safe space invites parents to socialize, learn, and observe their children in class.
- Engaged men. Men typically are not staff or visitors of child care centers, so hiring male staff and engaging fathers and grandfathers in activities is a characteristic of exemplary family-strengthening efforts. Staff should convey complete information to male and female parents and show children examples of men and women in nurturing roles.
- Relationships with child welfare personnel. Relationships with child welfare staff make child care staff aware of available resources and smooth the way for early responses to child abuse and neglect cases. Parents and staff should understand child welfare issues and the impact of abuse and neglect on child development within the larger context of parenting skills.
- Enhanced services with family support, mental health consultation, and support for families with children with special needs.

Excerpts from: Horton, C. (2003). *Protective Factors Literature Review: Early Care and Education Program and the Prevention of Child Abuse and Neglect*. Washington, D.C.: Center for the Study of Social Policy. Available online at: <http://www.cssp.org/uploadFiles/horton.pdf>

INGREDIENTS: Effective family-strengthening programs

- Strong theoretical underpinnings for program design.
- Opportunities for parent-child bonding. Parents have opportunities to learn new information and parenting techniques and to come together with their children in a community space. By engaging in activities that are developmentally appropriate—eating dinners together, interacting in structured or free play, or simply talking with each other—parents and children spend time together, reinforce their connection, and strengthen relationships.

Ideas for parent-child bonding activities: Share a family meal, do homework together, solve puzzles, play board games, creating art, tell stories about family experiences and history, conduct parent-child interviews, play sports, sing songs, dance, visit community locations (e.g., libraries, museums, parks).

- A focus on recruitment and retention. Family decisions to enroll in family-strengthening intervention programs are shaped by many individual, programmatic, and neighborhood conditions. Programs that understand these conditions and actively focus on recruiting and retaining parents have a better chance of getting families in the door and maintaining their participation. Program staff should think of recruitment and retention difficulties as natural issues rather than indications of negative family characteristics. Recruitment is viewed as an ongoing process that permeates the course of the entire intervention, and staff are prepared to tackle retention barriers at every stage of intervention.

Tips for recruitment and retention: Recruit families through face-to-face visits; ask current and former program participants to help with recruitment; hold meetings for parents during nontraditional hours, including weekends and evenings; visit parents in community locations; provide transportation, infant

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

care, and meals at meetings; ensure that staff are culturally sensitive; understand the beliefs, values, and attitudes of the community; help staff think of recruitment and retention as a routine and ongoing process.

- Staff are prepared to work with families and to implement the program effectively. Staff have opportunities to reflect on their attitudes and beliefs about working with families, and they have the skills needed to engage all groups. Program staff may also communicate and work with other adults who come into contact with families (i.e., staff of other programs and services).

Tips for working with staff: Help the staff who interact with families gain perspective by discussing hypothetical cases from family members' points of view; ask staff to evaluate their own assumptions and beliefs about the families they work with; develop staff communication skills; help staff interpret and apply research on families and the program's theoretical rationale; provide staff time for group reflection on difficult conversations or situations.

Excerpts from: Caspe, M., & Lopez, M.E. (2006) *Lessons from Family-Strengthening Interventions: Learning from Evidence-Based Practice*. Cambridge: Harvard Family Research Project. Available online at: www.gse.harvard.edu/hfrp/content/projects/fine/resources/research/lessons.pdf

INGREDIENTS: Effective mentoring

- Mentoring relationships last at least one year. Research shows that youth in mentoring relationships that last more than 12 months feel more confident about doing their schoolwork, skip fewer school days, have higher grades, and are less likely to start using drugs or alcohol. Youth in one-on-one mentoring relationships of shorter duration (three to six months) had no significant improvements in academic, social, and substance-use outcomes. Those involved in relationships of briefer duration felt less confident doing their schoolwork and had a substantially lower sense of self-worth.
- Mentors maintain frequent contact with youth and know their families. Young people in a research study whose mentors contacted them often reached better outcomes than those in comparison groups. Youth who felt their mentors knew their family well were almost 1.5 times more likely to enroll in college than those who said their mentors did not. Even more striking, these youth were about three times more likely to be attending college two years after high school graduation.
- Young people perceive high-quality relationships with their mentors. Young people with the most positive perceptions about these relationships tend to earn higher grades, are considered to be better students, are more likely to go to college, and are less likely to start using drugs and alcohol.
- Program structure and planning facilitate high levels of interaction between young people and their mentors. Supervision of the mentor-mentee match is the program practice most associated with close mentoring relationships. Mentors and mentees meet most frequently in programs that provide regular supervision. Training for mentors before and after they are assigned to mentees also is important.

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **1**

Children and Youth
are Nurtured, Safe
and Engaged

- The needs and interests of youth, rather than the expectations of adult volunteers, drive the program. Mentoring programs that take a developmental approach rather than a prescriptive one tend to be more satisfying for mentors and mentees. In a developmental approach, mentors spent a lot of time initially getting to know their mentees, are flexible in their expectations for the relationship, and take cues from mentees about what activities to pursue.

Excerpts from: Jekielek, S.M., Moore, K.A., Hair, E.C., and Scarupa, H.J. (February 2002). Mentoring: A promising strategy for youth development. *Child Trends Research Brief*. Available online at: www.childtrends.org/what_works/clarkwww/mentor/MentorBrief.pdf

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

Rationale: Children and Youth Are Nurtured, Safe, and Engaged

Healthy babies are less likely to be abused or neglected than low-birth-weight babies and sick infants, making good prenatal care an important technique for preventing child abuse and neglect. Beyond basic medical care for the mother and child, prenatal care should introduce parents to support programs that prepare them for the demands of parenting (Cohn Donnelly, 1997). Research has shown that reaching families in the “magic moment” around the time of the child’s birth establishes a more frequent pattern of health care for the child and mother, and families are most receptive to assistance at this time (Chase-Lansdale & Pittman, 2002).

Developmental delays are prevalent among low-income children but are significantly under-detected. More than 95% of children under age three see a child health care clinician; most young children receive the recommended 10 well-child visits in the first three years of life, and pediatricians provide health care to most children under age three (Zero to Three, January 2007). Nonetheless, most of the clinicians miss opportunities to detect developmental problems, counsel parents about developmental issues, or refer children to needed services (Kaye, May & Abrams, 2006). Barriers to early identification and intervention for developmental problems include primary health care providers’ lack of expertise, failure to take seriously parents’ reports of delays and problems, and lack of access to screening programs and follow-up services (Hendrickson, et al., 2000).

Medical clinicians have a crucial role to play in tracking children’s development (“developmental surveillance”) and providing information to parents on such topics as injury prevention, positive developmental practices within the home, and discipline. There are health care delivery and policy options that can be used to increase the detection of children’s developmental problems as facilitate the assessment and treatment of children and families who need follow-up care (Kaye, May & Abrams, 2006). Child health services are best delivered primarily within the context of a “medical home,” where continuity and personal relationships can be maximized. The primary care practitioner’s office is the place where most children younger than age five are seen routinely, and thus is ideal for developmental and behavioral screening and for attending to parental concerns (American Academy of Pediatrics Committee on Children with Disabilities, 2001).

Timely screening and assessment of individual children leads to better outcomes by ensuring early diagnosis of learning problems, making appropriate interventions possible, and helping teachers choose appropriate curriculum and instruction; it also serves as a basis for providing guidance to parents (Katz, 1997).

Undetected developmental problems and emotional disturbance may cause poor child outcomes. These include: delays in acquiring speech and language, inability to maintain relationships, and serious impediments to school learning (Boyer, 1991; Terman, et al., 1996); and poor peer relations, which are associated with later emotional and mental health problems, school dropout, delinquency, aggression, poor social skills, and lack of empathy for peers (Harter, 1983; Marshall, 1990).

Rationale



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

Rationale

Maltreatment can have a negative impact on children's emotional stability and self-regulation, problem-solving skills, and the ability to cope with or adapt to new or stressful situations—all of which are important to school readiness and academic success. Children who have been neglected or physically abused are more likely to have cognitive and emotional problems and to suffer from attention deficit disorder, depression, self-conduct problems, and limited cognitive development. Abuse and neglect are linked to language deficits, reduced cognitive functioning, and shortfalls in physical health including failure to thrive, somatic complaints, and high mortality. Children who have been neglected or physically abused tend to perform poorly in school, as evidenced by low grades, low standardized test scores, and frequent retention in grade. The negative effects are greatest for neglected children, who tend to have lower grades, lower standardized test scores, and lower rates of grade promotion (Augustinos, 1987; Eckenrode, et al., 1991; Fantuzzo, 1990, Guterman, 2001; Wolfe & Mosk, 1983; Hart, et al., 1998; Chalk et al., 2003).

Youth development—the experiences one has from age 8 to 18—helps young people acquire the competencies necessary for healthy and productive adulthood. Age-appropriate youth development programs offer opportunities and supports that impart the skills and knowledge needed to meet the challenges of young adulthood. They provide access to safe places, challenging experiences, and caring people on a daily basis (Roth, et al., 2000). They engage young people in their communities, uncovering the issues and problems of community life and exploring ways to make a positive difference. As young people participate actively in civic and community life, they experience their own strengths and competencies and raise their aspirations for success in education and careers.

Successful after-school youth development programs combine motivating activities with opportunities to develop talents and skills and extra academic instruction. Research on the Extended-Service Schools Initiative found that programs are most successful in engaging youth when they create a positive social environment (with warm, friendly adult-youth and peer relationships) and a supportive but challenging intellectual environment (encouraging youth to achieve beyond their own expectations, stay the course, and celebrate their accomplishments) (Grossman et. al., 2002).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth are Nurtured, Safe and Engaged

Evidence: Children and Youth Are Nurtured, Safe, and Engaged

Participants in a pre-school family support intervention, had a 52% lower rate of court petition of maltreatment by age 17 compared with children in a comparison group (5.0% vs. 10.5%, after adjusting for pre-program maltreatment and background factors). Authors of this study believe that the services, which included parent involvement in the classroom, vocational and educational training, and home visits from a school-community representative, were one of two factors leading to the reduction in child maltreatment (Reynolds & Robertson, 2003).

Soft baby carriers are a promising strategy for enhancing mother-child attachment and maternal sensitivity, two factors believed to protect against maternal neglect (Anisfeld, et al., 1990). A randomized study of soft baby carriers versus infant seats found that the use of soft baby carriers significantly increased maternal responsiveness and secure attachment in infants. Hunziker and Barr (1986) found that increased maternal carrying of young infants, whether by arms or soft baby carriers, significantly reduced infant crying and fussiness and increased periods of infant content. Tessier, et al. (1998) further report that skin-to-skin contact between mothers and their low-birth-weight infants significantly increased maternal competence and sensitivity, compared with mothers in a control group that received traditional hospital services (Daro, 2006).

Low availability and use of child care and decreased opportunities for respite from parenting and other activities outside the home are risk factors for child abuse and neglect (Guterman, 2001).

Home visiting programs have demonstrated multiple benefits. Programs that focus on postpartum and neonatal health can establish a regular source of medical care for children (a "medical home") so they receive required well-baby medical visits and immunizations and have their growth and development monitored for problems that need early treatment. Home visiting programs can address barriers to the use of medical services that are particularly formidable for low-income families, such as scheduling difficulties, lack of transportation, long waiting room times, and lack of personally responsive care (Riportella-Muller, et al., 1996; Wagner & Clayton, 1999). Home visiting programs have been shown to affect smoking during pregnancy (Gomby, et al., 1999), accidental injuries (Olds, et al., 1999), incidence of child abuse (Olds, et al., 1999; Wagner & Clayton, 1999), delay of subsequent pregnancies (Kitzman, et al., 1997), domestic violence (Duggan, et al., 1999), and adequacy of parenting skills (Duggan, et al., 1999; Gomby, et al., 1999). The savings that accrue from providing low-income families with home visits have been shown to exceed the cost of these programs (Karoly, et al., 1998).

A long-term study of youth-serving organizations in urban neighborhoods (McLaughlin, et al., 1994) found that successful youth-serving organizations have: family-like environments, opportunities for active participation and real accomplishment, sensitivity to youths' realities and aspirations, a view of youth as resources, flexibility to respond to crises and demands of young people's lives, connections to local neighborhoods and institutions, positive opportunities for practice and experience, and positive messages that young people can hear and respond to.

Skilled, well-trained staff are a key to young people's positive experience with youth-serving agencies. An evaluation of the New York City Beacons program (Warren, et al., 2002) found that

Evidence



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 1

Children and Youth
are Nurtured, Safe
and Engaged

the quality of youth development in the Beacons environment made a difference in outcomes for young people. The Beacons sites where staff participated most frequently in professional development activities had the highest youth development quality rating and the best outcomes for young people.

Several studies highlight the benefits of participation in youth development programs. The Beacons initiative in New York was evaluated through a collaborative effort of the Academy for Educational Development (AED), the Chapin Hall Center for Children at the University of Chicago, and the Hunter College Center on AIDS, Drugs, and Community Health. The evaluation was an intensive study of six Beacons sites, selected as a stratified random sample of the 40 sites then operating in New York City. Methods included youth surveys and interviews; interviews with Beacon, lead agency, and school staff; and observations of sites and activities. Evaluators found that in sites with higher-quality youth development, young people were more likely to feel better about themselves and report that the Beacon helped them learn leadership skills. They were also less likely to report that they had cut classes, hit others to hurt them, deliberately damaged other people's property, stolen money or other property, or been in a fight (Warren, et al., 2002).

A random assignment study by Public/Private Ventures (Tierney, et al., 1995) compared outcomes for youth participating in Big Brothers Big Sisters with those who did not, over a one-year period. The participants were between 10 and 16 years old; 50% were male and more than 50% belonged to an ethnic minority population. Researchers found that BBBS youths, as a whole, were less likely to initiate drug use and alcohol use, hit someone, skip a day of school or a class, or lie to their parents. Additional positive impacts were found for gender- and ethnic-specific subgroups.

Evidence

GOAL



Families Are Strong and Connected

GOAL 2

Support to families to strengthen parenting capacity

Social networks and services attuned to child development and connected to specialty care

Supports and services help parents to meet basic needs and decrease stress



Actions

specific strategies, activities, or steps taken to impact the quality and capacity of local services and supports, the availability of resources, or the policy contexts that contribute to the outcome



Examples

program and policy initiatives illustrating how actions have worked elsewhere



Indicators

measures for targeting and monitoring the impact of actions and documenting progress toward the outcome



Ingredients

elements of how actions are implemented that make them effective



Rationale

research-based reasons to believe that identified actions are likely to contribute to the desired outcome



Evidence

research documenting that identified actions contribute to achieving the targeted outcome or conditions that lead to the outcome



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

Actions with Examples: Families Are Strong and Connected

A. Help and support to parents to improve their parenting skills and their understanding of how they can contribute to their children's success

Family-strengthening services, such as home visiting and parent education, provide emotional support and promote the skills necessary to nurture and manage children's behavior. Effective services combine formal facilitation and guidance by professionals with peer connections and on-going support.

EXAMPLES

- * The **Prenatal-To-Three Initiative** (San Mateo County, CA) is a collaboration of agencies and individuals working to provide information, support, and care for families of pregnant women and children up to age five who receive Medi-Cal. The initiative strives to build parenting skills and confidence, facilitate early identification and treatment of potential problems, and improve access to the health care system. The array of services includes weekly drop-in Touchpoints Parents Support Groups, offered in six locations and open to all parents with children up to age 5, where participants read, play games, and learn about child health, development, nutrition, and community resources.
www.co.sanmateo.ca.us/smc/departament/home/0,,1954_194745_194736,00.html
- * The **Avancé Child and Family Development Program** is a community-based intervention that operates throughout Texas to provide education and support to Latino parents with children under age three in underserved communities. It focuses on parent education, early childhood development, brain development, literacy, and school readiness. Parents are taught that they are the first and most important teachers for their children. The nine-month core program operates in housing projects, community centers, and schools. Avancé instructors guide parents through their children's stages of emotional, physical, social, and cognitive development with special attention to the importance of reading, effective discipline, nutrition, and other key topics. Parents attend classes in literacy, spoken English, and GED preparation. www.avance.org
- * Homeless families receive needed social services as part of their search and placement in permanent housing under **Beyond Shelter's Housing First Program** in California. A case manager continues working with the family for at least six months after the family moves into a new home. www.beyondshelter.org
- * **Minding the Baby** (Fair Haven, CT), a collaboration between the Yale Child Study Center, the Yale University School of Nursing, and the Fair Haven Community Health Center, offers preventive intervention to high-risk urban mothers beginning during pregnancy. An interdisciplinary team including a nurse practitioner and a clinical social worker conduct weekly home visits with mothers and babies using a mentalization-based approach to develop mothers' reflective capacities. Home visitors provide support for positive parenting and child health



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 2

Families are Strong
and Connected

outcomes as well as modeling the development of strong parent-child relationships beginning in pregnancy and continuing through the infant's first year. This approach—which is an adaptation of both nurse home visiting and infant-parent psychotherapy models—seems particularly well suited to highly traumatized mothers and their families. www.fhchc.org

- * Families who participate in **Healthy Families Arizona** get weekly visits from specialists who help them with coping skills, child health and nutrition, early developmental assessments, accessing school readiness programs, and obtaining information on other services. Home visitors are specially trained in cultural competency, substance abuse, domestic violence, and drug-exposed infants. www.healthyfamiliesarizona.org
- * Parent encouragement and education are key features of the community-based **Maryland Family Support Centers Network**. Parenting classes, parent-child activities, and peer education encourage positive and healthy parenting practices. http://www.nccp.org/initiative_17.html
- * In the **Nurse-Family Partnership**, nurse home visitors throughout the United States work intensively with low-income women and their families to shape parents' abilities to care for themselves and their infants and toddlers. The goal is to prevent child maltreatment, childhood injuries, unintended subsequent pregnancies, school drop out, parents' inability to find work, and welfare dependence. www.nursefamilypartnership.org
- * The **Triple P (Positive Parenting Program)** tailors information, advice, and professional support to parents' concerns and interests. Interventions range from brief information resources and targeted problem-solving consultation offered by primary care practitioners to more intensive parent training programs that target broader family issues, such as relationship conflict and parental depression, anger, and stress. Information and seminars are available for parents of children from birth through adolescence. www8.triplep.net
- * **Families and Schools Together (FAST)** is a multi-family group intervention designed to build protective factors for children (4 to 12 years old) and empower parents to be "prevention agents" for their children. A collaborative team of parents, trained professionals, and school personnel recruit participants and deliver FAST program components to five to 25 families at a time. Team members do not lecture; they combine participatory, research-based activities with turn taking, experiential learning, and parent support. www.wcer.wisc.edu/fast/

B. Social networks and services attuned to child development and connected to specialty care

Family support services connect parents with each other and with needed services and supports. Using a strengths-based approach, service providers help families identify assets and interests and set goals for improvement. In the context of this relationship, families can safely seek help with problems that may require professional attention or treatment. Families also enhance strengths and increase confidence in their own ability to achieve goals, solve problems, and meet needs.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

EXAMPLES

- * Through Family Support Centers, the Rhode Island **Family Support Initiative** helps families obtain legal help, clothing, housing assistance, furniture, health care, Early Head Start, and parent education. Center staff help families locate and apply for services, accompany clients to community-based services, and provide follow-up advocacy and transportation when necessary. Families are encouraged to connect with other families and to enjoy group activities. www.nccp.org/initiative_10.html
- * **Parents Anonymous** is a community-based parent education and support program through which parents and professionals form partnerships to share responsibility, expertise, and leadership for strengthening families and improving services and communities. Adult group sessions focus on parenting issues and challenges, with parents setting their own goals and timelines. Parents expand their networks of support, reduce stress and isolation, and learn about community resources. While parents are meeting, children and youth participate in leadership and problem-solving activities. www.parentsanonymous.org
- * The **Center for Family Life in Sunset Park** (Brooklyn, NY) is the community nucleus for immigrant families who need help overcoming cultural, economic, and language barriers so they can help their children succeed in school. The centerpiece is intensive individual, family, and group counseling conducted in a nurturing, supportive atmosphere either in clients' homes or at the center. The center pioneered neighborhood-based foster care and provides emergency services such as crisis intervention, food, and clothing. Networking extends to the police, churches, and elected officials. www.cflsp.org
- * Iowa's **crisis nursery programs**, available in select counties, provide a temporary place for children from birth to age 12 to stay during times when their parents face overwhelming circumstances or emergencies. The programs are available 24 hours a day, seven days a week, for up to 72 hours at a time. Programs use licensed day care centers or registered day care homes for the actual child care. Staff conduct intake interviews, counsel parents, and arrange placements for the children. They may also provide transportation to centers and travel to pick up children. www.pcaiowa.org/iowa_child_abuse_prevention_program.html
- * The **Families and Centers Empowered Together (FACET) program** (Wilmington, DE) uses social support to reduce isolation among families in urban, high-risk, low-income areas. FACET empowers parents to become equal partners in the care of their children and to build on strength and resiliency families. Outcomes include increases in parent efficacy, decision-making skills, family cohesion, communication, and coping skills. www.familyandworkplace.org/providers/provider.facet.asp

Actions & Examples

C: Supports and services help parents meet basic needs and decrease stress

Community-based programs help low-income families obtain the financial supports they are entitled to and the opportunities they need to become self-sufficient. With policymakers' support, programs mobilize multiple income sources to support parents (caregivers) with young children who lack employment.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

EXAMPLES

- * The **Providence Asset Building Coalition (PABC)**, a program of Making Connections-Providence, ensures that low-income families apply for and receive the Earned Income Tax Credit. The coalition, composed of representatives from community groups, financial institutions, and community residents, trains volunteer tax preparers who offer their services at community based-organizations throughout Providence.
www.mcprovidence.org/matriarch/default.asp
- * **New Economics for Women (NEW)** in Los Angeles aims to overcome poverty and achieve family and individual prosperity. NEW takes a holistic approach to an array of family needs, from finding a stable, safe place to live to owning a home or successful business. Beginning with the security of an affordable home, families enter a comprehensive management program. Residents and community members are encouraged to pursue new knowledge by participating in the resources offered by NEW, including Para Mi Futura Family Resource Center, financial literacy programs, baby care, wellness programs, and after-school learning centers. NEW also supports entrepreneurial ventures through its NEWConnect Business Growth Center. www.neweconomicsforwomen.org/home.html
- * The **STRIVE** job readiness program helps people who have significant barriers to employment become work-ready and secure a job. It promises lifetime access to developmental and support services at no cost to participants or employers.
www.strivenewyork.org/strive.html
- * **Money Smart** is a training program that helps adults develop financial knowledge and confidence and learn how to use banking services effectively. It can help banks fulfill part of their Community Reinvestment Act obligations.
www.fdic.gov/consumers/consumer/moneysmart

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

Indicators: Families Are Strong and Connected

I. Parental resilience (Parent functioning)

DEFINITION

Resilience is the ability to overcome adversity. It is a dynamic process, not a static trait, and may change with time and circumstances. Important dimensions of resilience are family cohesion; family belief systems, including religious beliefs; and coping strategies, including patterns of communication and problem solving (Kalil, 2003).

MEASURES

- Parents with less stress, greater competence in managing stress, greater anger management (coping) skills
- Parents free of issues that negatively impact parenting, including substance abuse, symptoms of depression, and domestic violence.
- Parents with high level of efficacy, including the capacity to seek help

SIGNIFICANCE

Parental psychology plays a crucial role in the causes and prevention of child abuse and neglect. Although researchers agree that parents maltreat their children for multiple, complex reasons, a parent's personal developmental history and psychological resources are considered among the most important. Research on intergenerational patterns of child maltreatment estimates that approximately 70% of maltreating parents were abused and/or neglected by their own parents in childhood. Maltreating mothers have twice the rate of depression of non-maltreating mothers in a comparable low-income sample (Horton, 2003).

Studies have also found, however, that the majority of parents who were maltreated as children do not maltreat their own offspring. These parents developed the ability to overcome challenges and stressors that could have led them to continue the cycle of abuse and neglect. Three sets of factors promote this type of family resiliency: family belief systems, organizational patterns, and communication processes (Daro, 2002).

Resilient families typically try to make meaning out of adversity by maintaining a positive outlook on life and grounding their experience within transcendent or spiritual beliefs. Organizationally, they are flexible, connected, and able to make use of extended kin and community resources. They communicate clearly, consistently, and truthfully with others. They express emotions openly and solve problems collaboratively. Research findings suggest that the most important factor for family resiliency is the capacity to empathize with oneself and with others through the medium of a safe, caring relationship (Horton, 2003).

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

2. Strong social connections

DEFINITION

Social connections include informal and formal contacts that offer support, modeling, assistance, or guidance to parents. Informal connections, such as family, neighbors, and community groups, make up an individual's social network. Formal connections, such as pediatricians, child care and human service providers, and public benefit systems, offer opportunities for parents to identify concerns and opportunities, pursue goals and interests other than parenting, and seek additional help when needed.

MEASURES

- Parents can identify people who have provided (and can be counted on to provide in the future) emotional and/or instrumental support when needed.
- Parents are connected to community social institutions, services, and supports.

SIGNIFICANCE

A lack of social connections, and low levels of contact with others (e.g., reduced interactions with kin, few adults in the household), are risk factors for child maltreatment and neglect.

Social connections may be very important if they are positive, trusting, reciprocal, and flexible and embody pro-social, child-friendly values. Positive social connections strengthen the web of informal supports that help parents cope effectively with the stresses of child rearing and their daily lives. In particular, they give families extra access to important psychological and instrumental resources such as emotional support, material aid, needed information, job referrals, and help with childcare (PCAN, 2007).

When parents have positive social ties to the parents of their children's friends, they can discuss childrearing issues with them and establish a baseline of shared standards, as well as sanctions for violating the norms. Parents who do not have these social connections, however, don't know whether they can trust other parents to enforce the same standards (Horton, 2003).

Beeman (1997) found that trust, reciprocity, flexibility, and a balance of independence and mutual assistance characterize the relationships of non-neglecting mothers. Neglecting mothers, in contrast, are more dependent on others and have relationships characterized by conflict and distrust.

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

Indicators

3. Knowledge of child development and demonstrated skill in parenting

DEFINITION

“Parenting skills” refers to skills necessary for parents to effectively nurture and manage children’s behavior at each stage of development. Knowledge about typical development and realistic expectations is likely to influence child-rearing practices, such as praise, discipline, limit setting, and monitoring.

MEASURES

- Parents have realistic expectations of young children and apply them to interactions with their child(ren)
- Parents use positive, age-appropriate disciplinary practices
- Parents establish and maintain predictable, age-appropriate daily routines for their child(ren)
- Parents engage in appropriate play with their child or children on a regular basis

SIGNIFICANCE

Mental health professionals who work with maltreating parents have observed that child abuse and neglect often correlates to a lack of understanding of basic child development. Given that a lack of parental nurturing is a threat to healthy growth, neglect poses a high risk to child development (Hildyard & Wolfe, 2002).

Parent education programs to prevent child maltreatment are based on the belief that if parents in vulnerable families understand child development and effective child management techniques they will be less likely to abuse or neglect their children. Parents who understand their children’s developmental stages and needs are less prone to use corporal punishment and can adjust discipline accordingly (Hildyard & Wolfe, 2002).

Families respond differently to interventions depending on their level of psychological health, self-knowledge, and ability to internalize a given type of learning. Some vulnerable but relatively functional families recognize their limitations with regard to child rearing and secure and utilize the services they need. Other families may not recognize when they need assistance, know how to find it, or be able to apply information without support. Highly dysfunctional families usually need extended therapeutic support to make use of parenting guidance (Daro, 2002).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

4. Basic supports and services used by families as needed (Parents are helped and supported to negotiate the system and to obtain help and support as needed)

DEFINITION

Basic supports are services that help parents care for their children (e.g., housing, health care, child care, nutrition). They may involve the temporary provision of basic material needs (e.g., money for rent, warm clothing, respite care) and/or access to needed behavioral health services (e.g., substance abuse treatment programs, mental health services).

MEASURES

Parents access health, housing, child care, food, and other basic services and supports as needed to maximize healthy family functioning (assuming that high-quality services and supports are available, accessible, adequately funded, etc.):

- Parents use a consistent medical home or have an identified medical home for themselves and their children
- Children and families have health care coverage/insurance
- Pregnant women receive appropriate pre-natal care and have positive childbearing experiences
- Parents identify and use appropriate child care
- Parents with drug abuse or mental health problems receive effective treatment; families involved in domestic violence receive assistance

SIGNIFICANCE

Research demonstrates that family poverty is the strongest factor known to be correlated with child abuse and neglect. Basic supports that help families cope with the stresses associated with poverty—especially in times of crisis or intensified need—play an important role in preventing child maltreatment. Risk factors such as unemployment, inadequate housing, and substance abuse are highly correlated both with child maltreatment and with poverty (Horton, 2003).

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

Indicators

5. Family environment

DEFINITION

“Family environment” refers to characteristics of the home that influence children, including the physical setting, parents’ health and well-being, and the presence of routines and structure.

MEASURES

- Families have at least two supportive adults in the household
- Non-custodial parents not living in the home have regular contact with child(ren) when appropriate
- Family has had low mobility (moved fewer than two times) and low turbulence (changes in primary caretakers) during the past five years
- Children have stable, secure relationships with parent or other adult
- Mothers have children born more than two years apart (intentional child spacing)
- Parents establish appropriate boundaries for the children and adults in their lives

SIGNIFICANCE

Children are most at risk of maltreatment if their families are overwhelmed by multiple problems such as inadequate income, unemployment, inadequate housing, emotional stress, drug or alcohol abuse, mental illness, or domestic violence. (Knitzer, 2000)

A positive home environment predicts desirable cognitive and social development among children. One component of a positive home environment is parental structure. Regular, consistent routines enforced by parents (e.g., consistent bedtimes and mealtimes) can provide a sense of security, comfort, and control to children and help them develop self-confidence. Routines can decrease behavioral conflicts by enabling young children to anticipate what will happen next and can help ease transitions between different activities and different caretakers. Routine interactions are an opportunity for parents to teach children social behaviors such as sharing and waiting and for children to develop communication skills and self-control. (Molfese, 1997; Knitzer, 2000)

The relationship between a mother and father, whether married or not, influences how they both interact with their child(ren). Children in single-parent homes tend to have less parental supervision and worse relationships with their parents than their counterparts with married parents. Several studies have shown that children are most likely to thrive when they have the opportunity for warm, close, and enduring relationships with both of their parents. (Susman-Stillman et. al, 2003; Chase-Lansdale & Pittman, 2002; Hildyard & Wolfe, 2002)

Parents’ perceptions of themselves as capable of coping successfully with life’s problems are positively associated with children’s social and academic functioning. (Horton, 2003)



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 2

Families are Strong and Connected

Ingredients: Families Are Strong and Connected

A. Early detection of health and developmental concerns

Key Ingredients are the underlying elements that make certain services and supports effective in helping to prevent child abuse and neglect. They matter because how interventions are implemented and how services are provided is as important as whether they are provided.

Key Ingredients of Effectiveness that apply to all elements of the Pathway are categorized as follows:

- Accessibility
- High Quality
- Effective Management
- Results Orientation
- Connections to and across Services and Supports
- Community Engagement and Social Networks
- Sustainability
- Funding

These cross-cutting Key Ingredients are summarized in the Overview to the Pathway for the Prevention of Child Abuse and Neglect. Each goal contains Key Ingredients for specific strategies or programs.

INGREDIENTS: Effective parent education

- Program structure includes long-term services (two years or more), connections to additional services for troubled parents, and (if applicable) support groups for parents with similar life experiences whose children are close to the same age.
- Staffing patterns feature dynamic leadership, peer facilitators (e.g., parents whose life experiences are similar to those of group members), and ongoing staff training and supervision.
- Program values recognize the importance of developing trust between/among parents and staff and of respecting individual and cultural differences.

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 2

Families are Strong and Connected

- Program consistently focuses on parents' strengths, emphasizes solid decision making rather than quick fixes, and recognizes that high-quality interpersonal relationships are essential to the learning process.
- Opportunities exist for on-going, informal "teachable moments" that apply and reinforce positive parenting principles in an everyday context.
- Parent education is integrated with more intensive services as needed. Highly stressed parents who were not well-nurtured as children themselves may benefit most from addressing psychological and emotional therapy before tackling child-rearing concerns.

Daro, D. (2002). Educating and changing parents: Strengthening the primary safety net for children. In Browne, K., Hanks, H., Stratton, P., & Hamilton, C. (Eds.), *Early Prediction and Prevention of Child Abuse: A Handbook*. West Sussex: John Wiley & Sons, Ltd, Chapter 8.

Horton, C. (2003) *Protective Factors Literature Review: Early Care and Education Program and the Prevention of Child Abuse and Neglect*. Washington, D.C.: Center for the Study of Social Policy.

INGREDIENTS: Effective Home Visiting Services

- Programs are driven by clear purposes and theory. Evaluations of home visiting services suggest that too broad a focus dilutes program effectiveness. MacLeod and Nelson reported that home visiting programs that also sought to provide social support were less successful at reducing maltreatment than home visitation programs without this component. Similarly, the parent-child environment was less likely to be changed when the home visiting program provided basic supports (e.g., money, clothing) (Daro, 2006).
- Sources of prenatal care make available well-trained, supervised adults who offer home support during pregnancy, childbirth, and the child's early life.
- Home visits are of sufficient duration, frequency, and intensity to respond effectively to family strengths, crises, and care-giving challenges. Meta-analyses of studies that measured the impact of home visiting found that the intensity of services varies with the desired outcome. Moderate amounts of home visiting (i.e., 25-30 months with 13 to 32 home visits) had the greatest impact on preventing substantiated cases of child maltreatment, accidents, injuries. However, the reverse was true for parent behavior outcomes: a moderate amount of home visits (13-50) had significantly less effect on parental behavior than fewer (< 12) home visits or more home visits (> 50) (Daro, 2006).
- Programs make special provisions to reach and retain the highest-risk families, including those involved in abusive relationships or substance abuse and those with a severely depressed parent or impaired parent-infant relationship.
- Programs combine training, supervision, support, and consultation in ways that reflect the visits' purpose and the visitors' sophistication and experience. Programs have strong capacity to supervise home visitors and provide them with ready access to consultation. Programs that use paraprofessionals emphasize intensive pre-service training and ongoing support, supervision, and consultation.

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

- Programs connect families to multiple services, including home visiting, peer support, family support centers, health and mental health care, child care, preschool education, and specialized services.

Pathways Mapping Initiative (2004). Pathways Mapping Initiative. Last Updated May 2007. Retrieved on May 17, 2007 from: www.PathwaysToOutcomes.org

Daro, D. & McCurdy, K. (2006) Interventions to prevent child maltreatment. In Doll, L., Mercy, J., Hammond, R., Sleet, D., & Bonzo, S. (Eds.) *Handbook on Injury and Violence Prevention Interventions*. New York: Kluwer Academic/Plenum Publishers.

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 2

Families are Strong
and Connected

Rationale: Families Are Strong and Connected

Only a portion of the families at risk of child maltreatment come to the attention of child welfare agencies. Experts agree that a much larger population of vulnerable families exists and would benefit from services and supports. Efforts to connect all families with appropriate support through primary services (e.g., child care centers, health care professionals, family support centers, home visiting services, CalWorks, schools, after-school programs) are the most likely to reach families for whom the prevention of child abuse is not a top priority.

Social support networks, including formal and informal connections, help to build family strengths that lower the chance of child abuse and neglect. Social networks are associated with better parenting skills, greater knowledge of child development, and stronger family relationships. Mothers with large social networks are more likely than their counterparts to be involved in their children's lives, both at home and at school. Mothers who have social support are more likely to be responsive parents and to provide a stimulating home environment (Sheldon, 2002; Adamakos, et al., 1986; Burchinal, et al., 1996).

Mothers who are depressed are more likely to be neglectful than abusive (Okunaku, 2005) as depression renders mothers less likely to be warm and supportive of their children and less effective in monitoring their needs. A depressed mother, whether diagnosed or not, may not always be able to perform basic parent-child interactions, respond to her child(ren)'s need for emotional nurturing and attachment, and properly care for her child(ren). Children of depressed mothers develop more slowly as infants; as they age, they have higher rates of misbehavior and lower academic achievement (Chase-Lansdale & Pittman, 2002; Wessel, 2000; Gurian, 2003; Krishnakumar & Black, 2003).

Social support networks are crucial for all parents but have extra relevance for some subgroups. For young single mothers, social support (e.g., child care, material assistance, emotional support) mitigates postpartum adjustment difficulties (Gee & Rhodes, 2003). Male partners are important social resources for adolescent mothers, and their involvement influences maternal postpartum adjustment and parenting (Gee & Rhodes, 2003). Research has found that family support is more important to African-American single mothers than to Caucasians, because of cultural traditions, and that extended family support typically leads to more positive parenting styles and skills (Jones, et al., 2005).

Domestic violence may be the main precursor to child abuse and neglect fatalities in the United States, according to the U.S. Advisory Board on Child Abuse. Studies reveal that 30% to 60% of the families that experience domestic violence have both child and adult victims, and 50% of the men who frequently abuse their wives also abuse their children (Bragg, 2003). Children in homes with domestic violence are more likely to experience neglect than abuse; however, some face both (Saathoff & Stoffel, 1999; Bragg, 2003; Bancroft & Silverman, 2004). Experts do not agree on whether witnessing domestic violence is in itself an abuse; the definition repeatedly changes (Edelson, 1999; Bancroft & Silverman, 2004).

Rationale



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

Child-caregiver relationships are the most important component of supportive social and cognitive environments. Stable, secure, nurturing relationships are a central feature of healthy human development and can help young children overcome many risk factors (National Research Council, 2000). Young children who have warm, supportive relationships with their mothers show greater academic competence in school and display better classroom conduct and work habits (Thompson, 2002). The reverse is also true: a disturbed relationship between the primary caregiver and the child is one of the most significant risk factors for later poor outcomes (Solchany & Barnard, 2001).

Effective interventions can buffer the cumulative burden of multiple risk factors and stressors that can lead to child abuse and neglect. Effective interventions can help parents understand their child's unique characteristics and provide guidance on how to build a mutually rewarding relationship, which facilitates the child's development and promotes the parent's sense of well-being (National Research Council, 2000). Effective interventions help parents and children form relationships that are warm, nurturing, individualized, responsive, reciprocal, and characterized by "good fit" (National Research Council, 2000).

Rationale



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 2

Families are Strong and Connected

Evidence: Families are Strong and Connected

Participants in Families and Schools Together (FAST), an eight-week program held in schools and community locations, were more likely than control-group families to seek substance abuse treatment or mental health counseling, pursue adult education, volunteer in the community, and become community leaders. A support network for parents during and after the program contributed to the positive results (Caspé & Lopez, 2006). Evaluations across populations and FAST sites show improved academic competence, school performance, and behavior (social skills and attention span) among participating children. The program also reduced children’s behavioral problems at school and at home, reduced family conflict, and broadened families’ friendship networks (FRIENDS, n.d.).

Participants in The Incredible Years—a multi-faceted, developmentally based curriculum for parents, teachers, and children delivered in primary schools and early education settings—improved their positive affective response rate, self-confidence, communication, and problem solving within the family while decreasing their use of harsh discipline and rate of parental depression (Webster-Stratton, 1998; Webster-Stratton et al, 2001). Key components of the model include group training in parenting skills; classroom management training for teachers; and peer support groups for parents, children, and teachers (Daro, 2006).

Home visiting programs can reduce rates of child abuse and neglect by an estimated 40%, especially among at-risk families (Centers for Disease Control and Prevention, 2005). Much of the success is attributable to the long-term relationships established with families, beginning with prenatal care or shortly after the child’s birth (Centers for Disease Control and Prevention, 2005; Olds, et al., 1999). A study of 26 home visiting programs reported a 39% reduction in child abuse and neglect by visited parents as compared to the control group, measured by child protective services reports and reported injuries (Hahn, et al., 2003). An examination of 60 home visiting programs documented a significant reduction in potential abuse and neglect as measured by emergency room visits and treated injuries, ingestions, or accidents. That study also noted that home visits produced significant but relatively small effects on the mother’s behavior, attitudes, and educational attainment (Sweet & Appelbaum, 2004). Geeraert, et al. (2004) find stronger effects on indicators of child and parent functioning (Daro, 2006).

A meta-analysis of programs targeting families with children under age 5 highlights programmatic and participant characteristics that promote maternal sensitivity and attachment security, elements that are linked to neglectful and abusive behavior (Egeland & Erickson, 1993). The programs encompassed a variety of intervention strategies, target populations, and provider credentials. Analysts found moderate impacts on maternal sensitivity and positive, though small, effects on attachment security. A program focus on maternal sensitivity had more impact than a focus on increasing maternal support, altering parental cognitive representations, or a combined focus. The use of videos or video feedback, service length of less than 16 sessions, service initiation after the child was six months old, and the inclusion of fathers in the intervention also strengthened the effects. For families with multiple problems, non-professional providers were more effective than professional providers (Daro and McCurdy, 2006).

Evidence



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **2**

Families are Strong
and Connected

“Warm Lines” and specialized call centers can be an efficient and cost-effective access point to services that can help prevent child abuse. These services must be adequately staffed by trained telephone caseworkers who have substantive knowledge of child development, offer cultural and language diversity, have access to a searchable computerized inventory of community-based resources, and have reciprocal relationships with direct service providers (Carey, 2006).

Evidence

GOAL



Identified Families Access Services and Supports

Community-based services structured to respond to "screened out" families.

Staff who encounter families are trained in screening and referrals

Adequate service capacity based on information systems that track family needs and progress

GOAL 3



Actions
specific strategies, activities, or steps taken to impact the quality and capacity of local services and supports, the availability of resources, or the policy contexts that contribute to the outcome



Examples
program and policy initiatives illustrating how actions have worked elsewhere



Indicators
measures for targeting and monitoring the impact of actions and documenting progress toward the outcome



Ingredients
elements of how actions are implemented that make them effective



Rationale
research-based reasons to believe that identified actions are likely to contribute to the desired outcome



Evidence
research documenting that identified actions contribute to achieving the targeted outcome or conditions that lead to the outcome



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **3**

Identified Families
Access Services
and Supports

Actions with Examples: Identified Families Access Services and Supports

A. Community-based services are structured to respond to “screened-out” families

State and county child welfare agencies implement “differential response” protocols to connect families that do not meet abuse or neglect criteria to community resources. Although the immediate risk of abuse or neglect is low, these families can likely benefit from supports and services. In California, these families are called “Path 1 Families.”

EXAMPLES

- * **Another Road to Safety (ARS)** (Alameda County, CA) provides intensive family support to young children and families referred to Child Protective Services who did not meet the threshold for a formal CPS investigation or services. Every Child Counts, the county’s First Five Organization, the Alameda County Social Services Agency, and two community-based organizations work together to assess risk and engage families in preventive and early intervention services. Advocates from the communities in which they work reflect the families’ language, ethnicity, and background; they work with family members, provide referrals, and monitor progress for up to one year through regular home visits. prescottjoseph.org/news/another-road-to-safety-ars
- * The **Family Builders Program** allows child protective workers in several Arizona counties to refer low-risk child abuse reports to a network of community-based providers for family assessments and case management, after triage by Child Protective Services. The program uses a strengths-based, family-centered approach to limit the re-occurrence of substantiated child abuse and neglect cases. www.abcs.org/Service.aspx?ID=23
- * **Family Assessment Response** (formerly Alternative Response) for families reported to the child protection system, began in 2000 as a demonstration project in 20 Minnesota counties and went statewide in 2004. The alternative response option enables counties to offer non-confrontational, strengths-based assessments to families involved in all but the most serious reports of child maltreatment. Each agency determines whether to provide an alternative response or a traditional investigation (although circumstances of substantial endangerment require an investigation). In 2002, 20% of all reported children were referred to alternative response. The proportion was highest among Asian (23%), Hispanic (23%), and White children (24%) and lowest among American Indian (12%), African-American (13%), and multiple-race children (17%). edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4747-ENG
- * The **Missouri Division of Family Services** has an alternative response system that assigns carefully screened reports of suspected maltreatment (mild, moderate, or first-time non-criminal physical abuse, neglect, emotional maltreatment, or educational neglect) to “Family Assessment,” where workers determine the family’s service needs and secure the child’s safety. In 2002, 64% of children reported to Child Protective Services were referred to the family assessment track. www.dss.mo.gov/fsd/index.htm



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Child welfare agencies partner with community groups in neighborhoods that have a high concentration of families involved with the child welfare system, to make their services more effective and acceptable and to build a "community presence." They connect formal services and agencies with neighborhood networks so individual families experience services and agencies as responsive and "on their side."

EXAMPLES

- * The **St. Louis Neighborhood Network** is part of **Community Partnerships for Protecting Children**, a coordinated effort to foster widespread, shared responsibility for keeping children safe, strengthening families, and increasing community participation in child protection. Key features include decentralized, neighborhood-based services; collaboration among city and state public agencies, local nonprofit service providers, faith-based institutions, schools, neighborhood associations, civic and voluntary organizations, residents, and community leaders to establish networks of protection and prevention and to integrate formerly disparate programs; a commitment to strength-based, individualized, family-oriented solutions based on an understanding of families' strengths, needs, and circumstances; and shared decision making between agencies and residents. <http://stlouis.missouri.org/501c/slnn/index.html>
- * **Parents and Children Together (PACT)** (Honolulu, HI) creates opportunities for families and children to identify and address their own strengths, needs, and concerns. PACT's programs include early childhood education through Early Head Start and Head Start; prevention and treatment of child abuse, neglect, and domestic violence; mental health support; community building and economic development; and family literacy, educational, and vocational activities (ESL, GED, etc.). Family support workers help families in crisis obtain comprehensive health, education, and social services. www.cssp.org/doris_duke/index.html
- * **Crossway Community** (Kensington, MD) provides education, training, support services, and transitional housing for families in the Washington, DC metropolitan area. Its Family Leadership School is a two-year residential education program for single mothers and their children striving to overcome the risks of homelessness, poverty, domestic violence, and/or severe social isolation. www.montgomerycountymd.gov/mc/services/volunteer/iris/agenall/470isqjl.htm
- * The **Center for Family Life in Sunset Park** (Brooklyn, NY) is the community nucleus for immigrant families who need sensitive help to overcome cultural, economic, and language barriers to help their children succeed in school. The program's centerpiece is intensive individual, family, and group counseling conducted in a nurturing, supportive atmosphere either in clients' homes or at the center. The center pioneered neighborhood-based foster care and provides emergency services such as crisis intervention, food, and clothing. Networking extends to the police, churches, and elected officials. www.cflsp.org



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

B. Staff who encounter families are trained in screening and referrals

Training and professional development include pre-service and in-service training in the prevention of child abuse and neglect. Training modules are portable, easy to use, and adaptable to settings where staff has regular contact with children and families, including child care, pediatric clinics, and schools. Trainers promote collaboration through joint training and team consultation with participants from governmental, academic, and community-based settings.

EXAMPLES

- * **Healthy Steps for Young Children** was initiated by The Commonwealth Fund and co-sponsored by other private foundations, the American Academy of Pediatrics, and medical care facilities. It offers expanded services and information to parents of young children in the context of ordinary well-child medical care. The initiative focuses on increasing the time families spend with health and child development specialists; strengthening relationships between families and health care providers; and linking families with resources to identify and prevent problems at an early stage. www.healthysteps.org
- * **Zero to Three** offers a train-the-trainer curriculum on “Preventing Child Abuse and Neglect: Parent-Provider Partnerships.” The curriculum helps trainers prepare child care professionals to incorporate essential, proactive strategies in their programs to prevent child abuse and neglect. The hallmark of the approach is to help child care providers build “protective factors” into their programs that promote positive parenting and healthy social-emotional development in children. www.zerotothree.org/site/PageServer?pagename=ter_trng_pcan
- * The **Ounce of Prevention Fund** (Illinois) provides training and technical assistance through its directly operated Early Head Start and Head Start programs, as well as annual training and face-to-face consultations for hundreds of other early childhood professionals. Staff training emphasizes the early detection of developmental delays, support for children and families in highly stressed communities, recognition of child abuse and neglect, and language development. www.ounceofprevention.org

Technical assistance is available as questions or concerns arise. Networks are established to track and address training and resource needs and to build communities of learners to share innovations and work together to solve problems.

EXAMPLES

- * **Help Me Grow**, a statewide single-point-of-access network in Connecticut, helps providers and families identify developmental concerns, find appropriate resources, and connect with programs and services. Key components of Help Me Grow include training on child development offered in hospitals, clinics, and pediatric offices; up-to-date monitoring of available resources and community-based programs; and a statewide system of referral and



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

coordination. With one phone call to the Child Development Infoline (a collaborative effort of the Children's Trust Fund, United Way/Infoline, Connecticut Birth to Three System, and the state Department of Education), a health provider or parent with concerns about a child's development or behavior can access professional assistance and a database of community-based support services. <http://www.ct.gov/ctf/cwp/view.asp?a=1786&q=296676>

- * **Child Abuse Prevention Councils** operate in most California counties to bring a wide spectrum of child abuse prevention professionals, community members, and parents together to improve services to children and families. The Councils' main functions are to make the community aware of child abuse prevention, provide professional support and training, promote networking among organizations, and advocate for child abuse prevention issues.
- * The Annie E. Casey Foundation's **Family to Family Initiative** provides states and communities with technical assistance and funding to help with planning and implementing innovations in their foster care systems. The Foundation' support includes funds for development and for transitional costs that accelerate system change. www.aecf.org/Home/MajorInitiatives/Family%20to%20Family.aspx

States and counties invest in strategic planning across sectors and jurisdictions. Action plans clearly delineate roles and responsibilities and establish mechanisms for on-going communication.

EXAMPLES

- * Funded with a Children's Mental Health Services grant, the **Children's Upstream Project (CUPS)**, Vermont's system of behavioral supports for young children and families, is the nation's first statewide early childhood mental health initiative. It includes prevention and treatment. CUPS builds on regional early childhood planning networks by promoting new partnerships that link the early childhood community with planners and providers from mental health, substance abuse, domestic violence, and child health agencies, as well as parents. Although the lead agency is the mental health agency, CUPS is supported by a state-level outreach team involving many agencies. CUPS has seeded training for staff of family support, child care, mental health, and TANF programs. It has arranged for mental health professionals to become the core providers if families being served by home visitors (through Vermont's Healthy Babies program) need more intensive services to meet complex needs. http://www.nccp.org/pub_cwr00h.html
- * As part of California's redesign of its child welfare systems, pilot counties designed training for staff of county and community-based organizations and established multi-disciplinary **Team Decision-Making** processes for case planning and monitoring and administrative oversight.
- * **Prevent Child Abuse Iowa** is an information clearinghouse on child abuse and its prevention for public officials, professionals, the media, and the general public. Through an annual conference and quarterly newsletter, "Together for Prevention," The initiative manages two statewide child abuse prevention programs, the Iowa Child Abuse Prevention Program and the Young Families Initiative. www.pcaiowa.org
- * **All Children Excel (ACE)** in Ramsey County, MN relies on police reports and community referrals to identify youths under age 10 who are committing delinquent acts. ACE links the youth with an array of interventions to improve school attendance, academic achievement,



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

social competence, and connections with pro-social adults and peers. After an intensive risk assessment involving police, schools, and community-based organizations, youth deemed at high risk are assigned a family case manager. The case manager establishes a treatment plan focused on building the youth's resiliency, and they meet weekly until the youth turns 18. Case managers also help parents obtain mental health counseling, parenting-skills training, substance abuse treatment, job training, employment opportunities, and housing. The child welfare agency can require parents to participate or remove the child from home if necessary.

www.co.ramsey.mn.us/ph/yas/ace.htm

- * The **Friends National Resource Center**, a service of the Children's Bureau Administration for Children and Families within the U.S. Department of Health and Human Services, is a partnership of six organizations that work together to provide training and technical assistance to state lead agencies for Community Based Child Abuse Prevention (CBCAP) programs. CBCAP, authorized by Title II of the Child Abuse Prevention and Treatment Act, provides federal funds to a lead agency designated by the governor to support community-based child abuse prevention programs and activities in each state.

www.friendsnrc.org

C. Adequate capacity to provide services exists, based on information systems that track family needs and progress

Community coalitions target resources, design service capacity, and build linkages based on solid data about the needs and interests of “screened out” families. Although families engage in services and supports based on their individual needs, the system of care and capacity are established to meet a predictable level of demand based on experience with families and community characteristics. Decision makers plan intentionally and allocate resources using meaningful estimates of need.

EXAMPLES

- * Several pilot counties in California have developed independent data tracking systems for Path I families to augment the data collected by child welfare agencies. The Contra Costa County database collects information about family strengths, needs, services received, and feedback from community-based service providers who work with the family. The county is developing a client satisfaction survey for participating families. Meaningful information about Path I families can be used to project the need for specific services and result in a more responsive community infrastructure. As community coalitions become experienced with differential responses and “Path I families,” they are likely to identify strengths and gaps in their ability to promote positive outcomes. This system of care may, in turn, reduce child abuse and neglect among similar families who are not reported to child welfare systems. For example, analyzing the demographic characteristics of families referred to Path I or geo-coding where the families live may help community organizations select activities (e.g., block parties, adult education efforts, public health outreach, home visiting). A better understanding of families' needs may improve capacity to provide health care, early childhood, after-school, mental health, and substance abuse services.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Actions & Examples

- * The **Community Services Planning Council** (Sacramento, CA), a partner in the **National Neighborhood Indicators Partnership**, is a forum for service providers, consumers, community leaders, and other Sacramento area residents. The council conducts studies of unmet needs and develops programs to meet those needs; evaluates human services and offers technical assistance on human services issues; and collects, classifies, and disseminates information on human services. By engaging community organizations, residents, and public agencies, the CSPC gives local policymakers a public voice and acts as a catalyst for change. The CSPC information system was developed to provide a central clearinghouse for measurable data on social and economic indicators and descriptive information on public and non-profit services. Acting as a data intermediary, the CSPC provides data in various formats (e.g., maps, charts, graphs, detailed reports, summary analyses). The CSPC information system contains more than 150 regional indicators from state agencies, now available for seven counties and the state as a whole. www2.urban.org/nnip/desc_sac.html; www.communitycouncil.org/indexa.html
- * The **Interagency Council on Child Abuse and Neglect (ICAN)** in Los Angeles County is in charge of data analysis and reporting for a network of stakeholders working to prevent child abuse and neglect. A special committee meets monthly to facilitate data sharing and accountability within and across agencies. An annual report, “The State of Child Abuse in Los Angeles County,” highlights data on ICAN members’ services. ican.co.la.ca.us
- * The **Interagency Coordinating Council for Building Healthy Families** (Texas) created an inventory of policies, programs, and activities undertaken by 11 state agencies that aim to prevent child abuse and neglect prevention and provide early intervention. The council recommends improvements to the policies of state agencies that promote and foster healthy families through activities such as parent education and training, home visitation, public awareness campaigns, life skills development, crisis services, and family support groups. www.dfps.state.tx.us/Documents/Prevention_and_Early_Intervention/pdf/2006-06-01_ICC-Inventory.pdf
- * The **ECD Mapping Project** implemented in British Columbia, Canada by the Human Early Learning Partnership uses the Early Development Instrument (EDI) to examine populations of children to help communities assess how well they are doing in supporting young children and their families. Using the EDI to map the school readiness of children across BC, they can identify and understand the influence of socio-economic and community factors on child development and monitor changes over time. The project produces maps that “plot” EDI data, socio-economic data, and information about community assets/resources revealing important differences in child development, where children and families live, where there are children who are developmentally at-risk, and which communities have large differences in the number of children who are ready for school.
http://www.earlylearning.ubc.ca/mapping/mapping_aboutedi.htm



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Indicators: Identified Families Access Services and Supports

I. Parental resilience (Parent functioning)

DEFINITION

Resilience is the ability to overcome adversity. It is a dynamic process, not a static trait, and may change with time and circumstances. Important dimensions of resilience are family cohesion; family belief systems, including religious beliefs; and coping strategies, including patterns of communication and problem solving (Kalil, 2003).

MEASURES

- Parents with less stress, greater competence in managing stress, greater anger management (coping) skills
- Parents free of issues that negatively impact parenting, including substance abuse, symptoms of depression, and domestic violence.
- Parents with high level of efficacy, including capacity to seek help

SIGNIFICANCE

Parental psychology plays a crucial role in the causes and prevention of child abuse and neglect. Although researchers agree that parents maltreat their children for multiple, complex reasons, a parent's personal developmental history and psychological resources are considered among the most important. Research on intergenerational patterns of child maltreatment estimates that approximately 70% of maltreating parents were abused and/or neglected by their own parents in childhood. Maltreating mothers have twice the rate of depression of non-maltreating mothers in a comparable low-income sample (Horton, 2003).

Studies have also found, however, that the majority of parents who were maltreated as children do not maltreat their own offspring. These parents developed the ability to overcome challenges and stressors that could have led them to continue the cycle of abuse and neglect. Three sets of factors promote this type of family resiliency: family belief systems, organizational patterns, and communication processes (Daro, 2002).

Resilient families typically try to make meaning out of adversity by maintaining a positive outlook on life and grounding their experience within transcendent or spiritual beliefs. Organizationally, they are flexible, connected, and able to make use of extended kin and community resources. They communicate clearly, consistently, and truthfully with others. They express emotions openly and solve problems collaboratively. Research findings suggest that the most important factor for family resiliency is the capacity to empathize with oneself and with others through the medium of a safe, caring relationship (Horton, 2003).

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

2. Strong social connections

DEFINITION

Social connections include informal and formal contacts that offer support, modeling, assistance, or guidance to parents. Informal connections, such as family, neighbors, and community groups, make up an individual's social network. Formal connections, such as pediatricians, child care and human service providers, and public benefit systems, offer opportunities for parents to identify concerns and opportunities, pursue goals and interests other than parenting, and seek additional help when needed.

MEASURES

- Parents can identify people who have provided (and can be counted on to provide in the future) emotional and/or instrumental support when needed
- Parents are connected to community social institutions, services, and supports

SIGNIFICANCE

A lack of social connections, and low levels of contact with others (e.g., reduced interactions with kin, few adults in the household), are risk factors for child maltreatment and neglect.

Social connections may be very important if they are positive, trusting, reciprocal, and flexible and embody pro-social, child-friendly values. Positive social connections strengthen the web of informal supports that help parents cope effectively with the stresses of child rearing and their daily lives. In particular, they give families extra access to important psychological and instrumental resources such as emotional support, material aid, needed information, job referrals, and help with childcare (PCAN, 2007).

When parents have positive social ties to the parents of their children's friends, they can discuss childrearing issues with them and establish a baseline of shared standards, as well as sanctions for violating the norms. Parents who do not have these social connections, however, don't know whether they can trust other parents to enforce the same standards (Horton, 2003).

Beeman (1997) found that trust, reciprocity, flexibility, and a balance of independence and mutual assistance characterize the relationships of non-neglecting mothers. Neglecting mothers, in contrast, are more dependent on others and have relationships characterized by conflict and distrust.

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Indicators

3. Knowledge of child development and demonstrated skill in parenting

DEFINITION

“Parenting skills” refers to skills necessary for parents to effectively nurture and manage children’s behavior at each stage of development. Knowledge about typical development and realistic expectations is likely to influence child-rearing practices, such as praise, discipline, limit setting, and monitoring.

MEASURES

- Parents have realistic expectations of young children and apply them to interactions with their child(ren)
- Parents use positive, age-appropriate disciplinary practices
- Parents establish and maintain predictable, age-appropriate daily routines for their child(ren)
- Parents engage in appropriate play with their child or children on a regular basis

SIGNIFICANCE

Mental health professionals who work with maltreating parents have observed that child abuse and neglect often correlates to a lack of understanding of basic child development. Given that a lack of parental nurturing is a threat to healthy growth, neglect poses a high risk to child development (Hildyard & Wolfe, 2002).

Parent education programs to prevent child maltreatment are based on the belief that if parents in vulnerable families understand child development and effective child management techniques they will be less likely to abuse or neglect their children. Parents who understand their children’s developmental stages and needs are less prone to use corporal punishment and can adjust discipline accordingly (Hildyard & Wolfe, 2002).

Families respond differently to interventions depending on their level of psychological health, self-knowledge, and ability to internalize a given type of learning. Some vulnerable but relatively functional families recognize their limitations with regard to child rearing and secure and utilize the services they need. Other families may not recognize when they need assistance, know how to find it, or be able to apply information without support. Highly dysfunctional families usually need extended therapeutic support to make use of parenting guidance (Daro, 2002).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

4. Basic supports and services used by families as needed (Parents are helped and supported to negotiate the system and to obtain help and support as needed)

DEFINITION

Basic supports are services that help parents care for their children (e.g., housing, health care, child care, nutrition). They may involve the temporary provision of basic material needs (e.g., money for rent, warm clothing, respite care) and/or access to needed behavioral health services (e.g., substance abuse treatment programs, mental health services).

MEASURES

Parents access health, housing, child care, food, and other basic services and supports as needed to maximize healthy family functioning (assuming that high-quality services and supports are available, accessible, adequately funded, etc.):

- Parents identify and use a consistent medical home for themselves and their children
- Children and families have health care coverage/insurance
- Pregnant women receive appropriate pre-natal care and have positive childbearing experiences
- Parents identify and use appropriate child care
- Parents with drug abuse or mental health problems receive effective treatment; families involved in domestic violence receive assistance

SIGNIFICANCE

Research demonstrates that family poverty is the strongest factor known to be correlated with child abuse and neglect. Basic supports that help families cope with the stresses associated with poverty—especially in times of crisis or intensified need—play an important role in preventing child maltreatment. Risk factors such as unemployment, inadequate housing, and substance abuse are highly correlated both with child maltreatment and with poverty (Horton, 2003).

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Indicators

5. Family environment

DEFINITION

“Family environment” refers to characteristics of the home that influence children, including the physical setting, parents’ health and well-being, and the presence of routines and structure.

MEASURES

- Families have at least two supportive adults in the household
- Non-custodial parents not living in the home have regular contact with child(ren)
- Family has had low mobility (moved fewer than two times) and low turbulence (changes in primary caretakers) during past five years
- Children have stable, secure adult relationships with parent or other adult
- Mothers have children born more than two years apart (intentional child spacing)
- Parents establish appropriate boundaries for the children and adults in their lives

SIGNIFICANCE

Children are most at risk of maltreatment if their families are overwhelmed by multiple problems such as inadequate income, unemployment, inadequate housing, emotional stress, drug or alcohol abuse, mental illness, or domestic violence. (Knitzer, 2000)

A positive home environment predicts desirable cognitive and social development among children. One component of a positive home environment is parental structure. Regular, consistent routines enforced by parents (e.g., consistent bedtimes and mealtimes) can provide a sense of security, comfort, and control to children and help them develop self-confidence. Routines can decrease behavioral conflicts by enabling young children to anticipate what will happen next and can help ease transitions between different activities and different caretakers. Routine interactions are an opportunity for parents to teach children social behaviors such as sharing and waiting and for children to develop communication skills and self-control. (Molfese, 1997; Knitzer, 2000)

The relationship between a mother and father, whether married or not, influences how they both interact with their child(ren). Children in single-parent homes tend to have less parental supervision and worse relationships with their parents than their counterparts with married parents. Several studies have shown that children are most likely to thrive when they have the opportunity for warm, close, and enduring relationships with both of their parents. (Susman-Stillman et. al, 2003; Chase-Lansdale & Pittman, 2002; Hildyard & Wolfe, 2002)

Parents’ perceptions of themselves as capable of coping successfully with life’s problems are positively associated with children’s social and academic functioning. (Horton, 2003)



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Ingredients: Identified Families Access Services and Supports

Key Ingredients are the underlying elements that make certain services and supports effective in helping to prevent child abuse and neglect. They matter because how interventions are implemented and how services are provided are as important as whether they are provided.

Key Ingredients of Effectiveness that apply to all elements of the Pathway are categorized as follows:

- Accessibility
- High Quality
- Effective Management
- Results Orientation
- Connections to and across Services and Supports
- Community Engagement and Social Networks
- Sustainability
- Funding

These cross-cutting Key Ingredients are summarized in the Overview to the Pathway for the Prevention of Child Abuse and Neglect. Each goal contains Key Ingredients for specific strategies or programs.

INGREDIENTS: Effective coordination among public agencies

- **Staff cross-training.** Cross-training staff from multiple agencies can help address gaps in staff expertise, improve understanding of roles and responsibilities, overcome resistance to changes in service delivery approaches, and develop common intervention strategies.
- **Information and tracking systems.** Such systems can improve coordination between agencies. Automated information and referral directories also assist staff whose clients have multiple needs.
- **Common intake and assessment forms.** By integrating the information collected by various agencies, common intake and assessment forms can lead to more comprehensive identification of children's and families' needs. This information can enable staff to connect children and families to needed supports and services at the earliest moment possible. Early interventions can help resolve problems before they escalate.
- **Coordinated case management.** Staff from various agencies are involved in developing service plans for the same children and families. Coordinated case management can help to involve

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Ingredients

expertise, resources, and funding across agencies, which ensures that clients receive a more comprehensive and coordinated set of services and supports.

- Co-located staff. Co-location involves placing offices or staff from various agencies at the same location (e.g., placing substance abuse treatment staff in child welfare offices). Co-location can help ensure that clients receive a continuum of care by making various supports and services accessible at one central location.
- Coordinating funding streams. Interagency collaboration may entail using discrete funding streams in more synchronized and flexible ways. One of the most common strategies is to wrap multiple categorical funding streams together to fund comprehensive services. This strategy, commonly referred to as “braiding,” involves aligning separate funding streams with the components of comprehensive services. Clients experience seamless service delivery and the administering agency carefully tracks and accounts for the use of each funding stream. Another strategy, typically used at the state and county level, is to blend flexible pots of money into one funding pool to support statewide systems reform. Another state-level strategy is to make categorical funds more flexible by removing, reducing, or aligning requirements and regulations that impede collaboration. Although states must conform to regulations attached to federal funding streams, many other funders give states flexibility in terms of eligibility for services and types of services supported. State policymakers can examine requirements and regulations to determine if there are places where state regulations are impeding the coordinated use of funds for comprehensive services.
- Integrated administration. States or localities may choose to integrate administration for several services, effectively making several agencies accountable to the same governing agency. For example, the same agency could oversee both child welfare and substance abuse services.

Excerpts from: Szekely, A. (2005) Developing a Comprehensive Approach to Child Abuse and Neglect Prevention: Strategies for State and Local Policymakers. Washington DC: The Finance Project. Available online at: <http://www.financeproject.org/publications/childabuseSB.pdf>

INGREDIENTS: Effective prevention efforts

- Avoid oversimplifying the work of prevention; recognize the importance of an ecological framework.
- Recognize that prevention will be successful in many situations, but not all. It’s important not to set the bar unrealistically high.
- Accept that some parents may not participate in or benefit from prevention programs.
- Establish significant partnerships between local child protective service agencies and local child abuse prevention programs.
- Ensure that existing programs have necessary supports and are well-integrated into the community before developing new programs.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **3**

Identified Families
Access Services
and Supports

- Work to create the political will needed for meaningful legislative reforms that promote prevention.

Excerpts from: Daro, D. & Cohn Donnelly, A. (2002). Charting the waves of prevention: Two steps forward, one step back. *Child Abuse & Neglect*, 26, 2, 731-742. Available at http://www.chapinhall.org/article_abstract.aspx?ar=1438

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Rationale: Identified Families Access Services and Supports

The alternative response approach to child protection is based on an assumption that child welfare agencies can protect children and support families in a less invasive way while also saving resources for the most intensive, high-risk cases (Zielewski, 2006). In alternative response systems, if the risk of harm to the child is minimal (as determined by frequently used screening tools) a child welfare worker helps the family assess strengths, determine needs, and obtain appropriate community services instead of conducting a traditional case investigation. (Bremond, 2006)

Efforts to make it easier for parents to get help should build on the systems and institutions with which parents already have contact. Two such systems are local schools and pediatric health services. At schools, primary prevention strategies that target all parents with school-age children offer a more universal level of support without the stigma associated with secondary prevention efforts (Daro & Donnelly, 2002).

Strong parenting education programs share several strengths and resources with each other and with high-quality early childhood education (ECE) programs. Thus ECE programs may be well-suited to support parenting education efforts. ECE programs can combine formal education and support with informal “teachable moments” that apply and reinforce positive parenting principles in an ongoing, everyday context. The synergy between formal and informal learning may be especially effective at building the parental knowledge and understanding that protects against child maltreatment (Horton, 2003).

Early care and education programs are the only consistent, daily point of institutional contact for many families with young children, so they are well-positioned to intervene early when there is a risk of child abuse and neglect. High-quality early care and education programs help to prevent child abuse and neglect by building supportive relationships with families, observing children carefully, responding to early warning signs of abuse and neglect, and promoting children’s social and emotional development (Kagan, 2003).

Adults who physically abuse children typically have inappropriate expectations of children’s abilities and assess their children’s behavior in excessively negative ways. Common stresses of child rearing, such as colic, night waking, separation anxiety, exploratory behavior, negativism, poor appetite, or resistance to toilet training may trigger harsh punishments or episodes of abuse (Reppucci, et al., 1997).

Rationale



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 3

Identified Families
Access Services
and Supports

Evidence: Identified Families Access Services and Supports

A major challenge to improving families' skills, conditions, and choices comes from the difficulty of engaging families in services and keeping them involved over time. Another Road to Success, a differential response program in Alameda County (CA), attempted contact with 1,273 clients referred by the county's social services agency in 2004-05. It took an average of 12 days from the first attempt to make contact, with an average of six attempts per family (Bremond, 2006). An evaluation of the Early Head Start Child Welfare Initiative also identified lack of family participation as a major obstacle (James Bell Associates, 2006).

Parents who did not have sufficient love and support in their own childhoods often have a hard time understanding or accepting the fact that infants and young children depend on them. Therefore, highly stressed parents who were not well-nurtured as children may benefit most from programs that work through important psychological and emotional barriers before addressing basic child-rearing concerns, research by the Child Abuse Prevention Project at the University of Florida suggests (Horton, 2003).

A study of North Carolina's multiple response system found that it appeared to have no harmful effect on safety, response time, or case decision-making and that families responded positively to the approach. A review of Minnesota's alternative response system found similar results, concluding that the approach creates more responsive and engaged families. The U.S. Department of Health and Human Services' analysis of data from the National Child Abuse and Neglect Data System discovered that services are more frequently provided to alternative response families than families that have a traditional case investigation, possibly because some investigated cases are not substantiated (Zielewski, 2006).

Several counties in California piloted a differential response program to expand the services available to families before problems became crises. With very few additional resources augmenting the capacity of community-based organizations, the pilot counties referred more than 6,600 families for community response and reduced the number of families re-referred to emergency hotlines (Child and Family Policy Institute of California, 2006).

Several studies have demonstrated that factors associated with social isolation, such as reduced interaction with kin or fewer adults in the household, are risk factors for child maltreatment and, especially, neglect. ("Social isolation" is defined as a lack of integration into social networks, low levels of contact and communication with others, and a prolonged absence of intimate ties.) Limited availability and use of child care, and limited opportunities for respite from parenting and other activities outside the home, also are risk factors (Seagull, 1987).

The Parenting Partnership Program in Tacoma, WA is a home visitation program designed to meet the needs of "medically fragile" children from socially vulnerable families. The program evolved from an awareness of post-neonatal intensive care unit support for isolated and unprepared parents. The program strives to prevent maltreatment by helping parents resolve abusive histories and foster predictable, responsive care for their sick infants, increase problem-solving skills, and

Evidence



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **3**

Identified Families
Access Services
and Supports

alleviate social isolation. Parents receive weekly home visits and participate in monthly support group meetings for the first three years of the child's life. Program addresses a gap in follow-up support services to parents of high-medical-needs children. (Thacker, 2003)

Evidence

GOAL



Families Are Free From Substance Abuse and Mental Illness

High quality, accessible family-centered treatment services for substance abuse and mental illness

Coordination among public systems that encounter families struggling with addiction, mental illness, and domestic violence



Actions
specific strategies, activities, or steps taken to impact the quality and capacity of local services and supports, the availability of resources, or the policy contexts that contribute to the outcome



Examples
program and policy initiatives illustrating how actions have worked elsewhere



Indicators
measures for targeting and monitoring the impact of actions and documenting progress toward the outcome



Ingredients
elements of how actions are implemented that make them effective



Rationale
research-based reasons to believe that identified actions are likely to contribute to the desired outcome



Evidence
research documenting that identified actions contribute to achieving the targeted outcome or conditions that lead to the outcome



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **4**

Families are Free From
Substance Abuse and
Mental Illness

Actions with Examples: Families Are Free From Substance Abuse and Mental Illness

A. High-quality, accessible, family-centered treatment services for substance abuse and mental illness

Outpatient and residential treatment services for substance abuse and mental illness pay attention to the circumstances of clients with children, minimize separation from children, and integrate education about parenting and child development into the program.

EXAMPLES

- * In California, the **Pregnant and Parenting Women’s Alternative Sentencing Program Act** allows offenders who are pregnant and mothers of children under age six to attend substance abuse or parenting programs instead of being incarcerated. Legislators reallocated \$15 million from prison construction funds to build three residential mother-child treatment facilities. www.caselaw.lp.findlaw.com/cacodes/pen/1174-1174.9.html
- * **California Safe and Healthy Families (Cal-SAHF)** is a home visiting program that serves families with multiple, complex needs related to substance abuse, domestic violence, and mental health. It provides a combination of basic and supportive services to improve child health and developmental outcomes, reduce the need for child welfare interventions, decrease psychiatric and other medical costs, promote positive parenting, and reduce dependence on public assistance. Families receive individualized home visits supplemented by weekly group meetings for parents and children, help with child care and transportation, and other supports as needed. Multidisciplinary teams include a licensed clinical social worker or registered nurse, a child development specialist, and a child care aide; they work with 20 to 25 families at a time. Seven Cal-SAHF programs are funded by a combination of federal (Child Abuse Prevention and Treatment Act) and state funds. Many incorporate intensive case management and are linked with family resource centers. casrc.org/projects/completed/calshf.htm
- * **Family Reclaim** (Oakland, CA) is a community-based collaboration among the East Oakland Youth Development Center, Highland Hospital, and Children’s Protective Services that addresses the dual impact of substance abuse and child neglect on children and families. The mission is to create a collaboration of families, community leaders, and agencies to help substance-abusing families nurture their children. Services include child protective services, intensive case management, and substance abuse treatment, and respite child care. Family Reclaim is a voluntary program that offers them culturally-sensitive concrete assistance in partnership. Another Oakland-based collaborative is integrating infant mental health services provided by **Families in Recovery Staying Together (FIRST)** into a residential drug treatment program at **Project Pride**, a division of East Bay Community Recovery Project. www.fssba-oak.org, www.ebcrcp.org/pride.php



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

- * **Operation PAR (Parental Awareness and Responsibility)** serves four Florida counties as part of its mission to “strengthen our communities by caring for families and individuals impacted by substance abuse and mental illness.” PAR Village houses an innovative treatment model that provides up to 18 months of residential treatment for women and their children. Children receive services at the PAR Village Developmental Center, a licensed therapeutic preschool for children whose mothers live at PAR Village. The center’s goals are to interrupt multi-generational chemical dependency and decrease the developmental gaps between the children of substance abusers and their peers. At a separate, community-based site Operation PAR provides outpatient services to pregnant and parenting women who have a history of substance abuse, with therapeutic child development interventions integrated into the treatment model. www.operationpar.org/about.htm
- * **Breaking the Cycle (BTC; Toronto, Canada)** is an early-identification, prevention, and treatment program for pregnant and parenting women who abuse substances. Seven partner agencies offer integrated interventions, including parent-child psychotherapy, child development services, home visitation, health and medical care, addiction counseling, case management and service coordination, mental health counseling, child care, support for basic needs (including food, transportation, and clothing) and pregnancy outreach. BTC focuses on building and enhancing the mother’s relationships, delivering a range of services through a single-access model with outreach and home visiting components. www.breakingthecycle.ca
- * **Starting Early Starting Smart (SESS)** operates in 12 sites to support the healthy development of children up to age seven who are affected by alcohol, other substance abuse, and serious mental health issues. It is a collaboration of the Johns Hopkins Center for the Prevention of Youth Violence, Baltimore City Head Start, and the Marguerite Casey Foundation. Sites include primary health care settings, early childhood programs, and programs designed for Native American tribes and children in foster care. SESS’ strategies are to: (1) build a statewide system of behavioral supports for young children and families; (2) increase skills of early childhood staff to help multi-need families; (3) integrate family-focused services into substance abuse and mental health settings; (4) connect “child only” cases (not living with parents) with prevention, treatment, and support services; (5) address the needs of both fathers and mothers affected by substance abuse, violence, and mental health issues; (6) use welfare-related money to promote integrated behavioral and child development services for the most at-risk families and children; and (7) unify TANF, early childhood, substance abuse, mental health, and domestic violence staff. SESS’ practice segment includes staff training, universal interventions, targeted family and child support strategies, and clinical services. www.jhsph.edu/preventyouthviolence/Community/SESS.html

Actions & Examples

B. Coordination among public systems that encounter families struggling with addiction, mental illness, and domestic violence

Systems and institutions that encounter families, including those that deal with public health, mental health, homelessness, domestic violence, law enforcement, and judicial review, coordinate care overtime. They address the withdrawal effects for parents who stop using alcohol or other drugs and may experience intense emotions, which can



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

increase the chance of child abuse or neglect. Service providers reach other family members with resources, including direct access to supportive services. Services should validate participants' feelings, emphasize accomplishment-based self-esteem, and offer intensive parenting and prevention education, as well as support for all new parents.

EXAMPLES

- * **The Nurturing Program for Families in Substance Abuse Treatment and Recovery** (Solano County, CA) targets parents of young children who are in substance abuse treatment and recovery and may have current or past mental health issues or trauma. The program focuses on substance abuse's effects on families, parenting, and the parent-child relationship. Its goal is to enhance parents' self-awareness and thus their capacity to understand their children. Recognizing that the parent-child bond may be weakened by periods of physical and/or emotional unavailability (resulting in gaps in the parents' knowledge of their children's experiences, milestones, and growth), the program is designed to help parents re-establish strong connections with their children. The focus is on nurturing the parent while expanding his/her ability to transmit this nurturance to their children. Adaptations of the program have been used in various settings. Selected as a promising prevention program by SAMHSA, it is being used by SAMHSA grantees in the Family Strengthening program at the Center for Substance Abuse Prevention.
www.cachildwelfareclearinghouse.org/program/33/detailed
- * **Exodus** (Compton, CA) combines safe housing with substance abuse treatment for pregnant women or women with infants who have a long history of substance abuse and are at risk of homelessness. Mothers may also have older children with them. Staff include a substance abuse specialist, a clinical psychologist, a child psychologist, and professionals who deal with sexual abuse. Every family gets a counselor, a case manager, and a child development specialist. Young children attend a child development program or a therapeutic center; strategies for young children (e.g., on-site, enriched, therapeutic child care; mental health and developmental services; connections to other early childhood programs) are integrated into intensive residential programs for their mothers. Families typically stay from 10 months to two years. Exodus offers lifetime family aftercare services and is part of a comprehensive, community-based set of programs for families affected by substance abuse in south central Los Angeles.
www.nccp.org/media/cwr00h-text.pdf
- * **PROkids**, offered by Connecticut Children's Medical Center in Hartford, provides comprehensive primary care linked with home visits, outreach, and advocacy for mothers affected by substance abuse and their young children, newborn through age three. PROkids uses the Empathic Care model, a therapeutic 12-point intervention. A team of providers, including a clinical psychologist, a social worker, infant mental health promoters (home visitors), and a pediatrician, promote positive infant mental health by strengthening the attachment relationship and ensuring the child's safety and well-being. They use the mother's relationship with the newborn infant as a powerful motivator for recovery and change (McLaren, 2006). www.ccmckids.org/research/data_center_projects.asp
- * The **Abandoned Infants Assistance Program** (Los Pasos, NM) has developed a model of integrated "Interdisciplinary Service Teams" consisting of pediatricians, social workers, case managers and family advocates, developmental consultants, clinical supervisors, and the family. Together they develop a single service plan that integrates the goals of all individual disciplines.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

For families struggling with chemical addiction, this integrated approach ensures that treatment decisions are not made in isolation.

- * **Project BEFORE (Bridging Empowers Families to Overcome Risks and Excel)**, based in rural Kansas, targets young children under age six and their caregivers who have or are at risk of having a substance abuse or mental health problem. Services combined home visiting/case management with individualized supports to families (e.g., strengthening the network of informal supports, connecting mothers with 12-step programs). Each family designates key members of its case management team, which typically include the parent(s), the home visitor, an early childhood specialist, and one or two others (such as a supportive neighbor, or a mental health or vocational counselor). www.nccp.org/media/cwr00h-text.pdf
- * The **Family Violence Prevention Fund** curriculum provides practical information, guidelines, and tools for identifying, assessing, and intervening with families who are experiencing domestic abuse and child maltreatment. Through projects that include qualitative research with survivors and activists, community organizing efforts, and work to engage fathers, the Family Violence Prevention Fund creates viable strategies for changing the social and institutional norms that perpetuate family violence. FVPF works with domestic violence programs, batterer intervention programs, child welfare agencies and community organizers to influence and form effective collaborations and build partnerships to promote safe and healthy families. endabuse.org
- * The **Santa Clara County Greenbook Initiative** (CA) is one of six communities taking part in a Federal initiative designed to change the way courts and social services agencies handle the complex challenge of helping families facing both domestic violence and child maltreatment. Building on the recommendations of the National Council for Juvenile Federal Court Judges' Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice, the goal of the Initiative is to increase collaboration among courts, child protective services, domestic violence agencies, law enforcement, and other in the community to devise better service delivery systems. www.kidsincommon.org/greenbook/greenbook.html, www.thegreenbook.info
- * The **San Diego Children's Hospital Family Violence Program** works with mothers and children who have been affected by domestic violence. The program provides supportive counseling, court advocacy, safety plan coordination, and parenting assistance for up to 2 years. The program provides service coordination between child protective services, the courts, and domestic violence shelters to enable mothers to be supported in their healing process so that they can in turn be a better parent to their children. The program integrates child protection and adult probation services to minimize re-victimization and maximize safety. www.chadwickcenter.org/programs.htm
- * The **Michigan Families First: Domestic Violence Collaboration Project** provides coordinated services to families enduring child abuse and domestic violence, with the goal of keeping families together in safety. Families First workers work with women seeking to secure a violence-free life for themselves and their children in the critical weeks after having contacted a domestic violence service program. Families First workers help with safety planning; independent living issues such as housing, transportation, child care, budgeting; parenting issues such as creating a stable parent/child relationship; breaking isolation by creating a social support network and linking up with other social services (such as medical, legal, mental health, and drug or alcohol treatment). www.michigan.gov/dhs/0,1607,7-124-5452_7124_7210-15388--,00.html



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **4**

Families are Free From
Substance Abuse and
Mental Illness

- * **Safe Passages** (Oakland, CA) a public-private partnership, has developed health- and safety-related strategies to improve the quality and quantity of services for children and youth. The Oakland Early Childhood Initiative addresses the needs of children birth through age 5 who witness violence through a curriculum for service providers, a coordinated service system, mental health consultation, parent-infant psychotherapy, and outreach and public awareness. The Middle School and After School strategies focus on violence prevention among youth and maintaining safe, stimulating environments in school and during out-of-school time.
www.safepassages.org

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

Indicators: Families Are Free From Substance Abuse and Mental Illness

Indicators

I. Parental resilience (Parent functioning)

DEFINITION

Resilience is the ability to overcome adversity. It is a dynamic process, not a static trait, and may change with time and circumstances. Important dimensions of resilience are family cohesion; family belief systems, including religious beliefs; and coping strategies, including patterns of communication and problem solving (Kalil, 2003).

MEASURES

- Parents have less stress, greater competence in managing stress, greater anger management (coping) skills.
- Parents are free of issues that negatively impact parenting, including substance abuse, symptoms of depression, and domestic violence.
- Parents demonstrate efficacy, including the capacity to seek help.

SIGNIFICANCE

Parental psychology plays a crucial role in the causes and prevention of child abuse and neglect. Although researchers agree that parents maltreat their children for multiple, complex reasons, a parent's personal developmental history and psychological resources are considered among the most important. Research on intergenerational patterns of child maltreatment estimates that approximately 70% of maltreating parents were abused and/or neglected by their own parents in childhood. Maltreating mothers have twice the rate of depression of non-maltreating mothers in a comparable low-income sample (Horton, 2003).

Studies have also found, however, that the majority of parents who were maltreated as children do not maltreat their own offspring. These parents developed the ability to overcome challenges and stressors that could have led them to continue the cycle of abuse and neglect. Three sets of factors promote this type of family resiliency: family belief systems, organizational patterns, and communication processes (Daro, 2002).

Resilient families typically try to make meaning out of adversity by maintaining a positive outlook on life and grounding their experience within transcendent or spiritual beliefs. Organizationally, they are flexible, connected, and able to make use of extended kin and community resources. They communicate clearly, consistently, and truthfully with others. They express emotions openly and solve problems collaboratively. Research findings suggest that the most important factor for family resiliency is the capacity to empathize with oneself and with others through the medium of a safe, caring relationship (Horton, 2003).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **4**

Families are Free From
Substance Abuse and
Mental Illness

Indicators

2. Strong social connections

DEFINITION

Social connections include informal and formal contacts that offer support, modeling, assistance, or guidance to parents. Informal connections, such as family, neighbors, and community groups, make up an individual's social network. Formal connections, such as pediatricians, child care and human service providers, and public benefit systems, offer opportunities for parents to identify concerns and opportunities, pursue goals and interests other than parenting, and seek additional help when needed.

MEASURES

- Parents can identify people who have provided (and can be counted on to provide in the future) emotional and/or instrumental support when needed
- Parents are connected to community social institutions, services, and supports

SIGNIFICANCE

A lack of social connections, and low levels of contact with others (e.g., reduced interactions with kin, few adults in the household), are risk factors for child maltreatment and neglect.

Social connections may be very important if they are positive, trusting, reciprocal, and flexible and embody pro-social, child-friendly values. Positive social connections strengthen the web of informal supports that help parents cope effectively with the stresses of child rearing and their daily lives. In particular, they give families extra access to important psychological and instrumental resources such as emotional support, material aid, needed information, job referrals, and help with childcare (Prevent Child Abuse, 2007).

When parents have positive social ties to the parents of their children's friends, they can discuss childrearing issues with them and establish a baseline of shared standards, as well as sanctions for violating the norms. Parents who do not have these social connections, however, don't know whether they can trust other parents to enforce the same standards (Horton, 2003).

Beeman (1997) found that trust, reciprocity, flexibility, and a balance of independence and mutual assistance characterize the relationships of non-neglecting mothers. Neglecting mothers, in contrast, are more dependent on others and have relationships characterized by conflict and distrust.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

Indicators

3. Knowledge of child development and demonstrated skill in parenting

DEFINITION

“Parenting skills” refers to skills necessary for parents to effectively nurture and manage children’s behavior at each stage of development. Knowledge about typical development and realistic expectations is likely to influence child-rearing practices, such as praise, discipline, limit setting, and monitoring.

MEASURES

- Parents have realistic expectations of young children and apply them to interactions with their child(ren)
- Parents use positive, age-appropriate disciplinary practices
- Parents establish and maintain predictable, age-appropriate daily routines for their child(ren)
- Parents engage in appropriate play with their child or children on a regular basis

SIGNIFICANCE

Mental health professionals who work with maltreating parents have observed that child abuse and neglect often correlates to a lack of understanding of basic child development. Given that a lack of parental nurturing is a threat to healthy growth, neglect poses a high risk to child development (Hildyard & Wolfe, 2002).

Parent education programs to prevent child maltreatment are based on the belief that if parents in vulnerable families understand child development and effective child management techniques they will be less likely to abuse or neglect their children. Parents who understand their children’s developmental stages and needs are less prone to use corporal punishment and can adjust discipline accordingly (Hildyard & Wolfe, 2002).

Families respond differently to interventions depending on their level of psychological health, self-knowledge, and ability to internalize a given type of learning. Some vulnerable but relatively functional families recognize their limitations with regard to child rearing and secure and utilize the services they need. Other families may not recognize when they need assistance, know how to find it, or be able to apply information without support. Highly dysfunctional families usually need extended therapeutic support to make use of parenting guidance (Daro, 2002).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **4**

Families are Free From
Substance Abuse and
Mental Illness

Indicators

4. Basic supports and services used by families as needed (Parents are helped and supported to negotiate the system and to obtain help and support as needed)

DEFINITION

Basic supports are services that help parents care for their children (e.g., housing, health care, child care, nutrition). They may involve the temporary provision of basic material needs (e.g., money for rent, warm clothing, respite care) and/or access to needed behavioral health services (e.g., substance abuse treatment programs, mental health services).

MEASURES

Parents access health, housing, child care, food, and other basic services and supports as needed to maximize healthy family functioning (assuming that high-quality services and supports are available, accessible, adequately funded, etc.):

- Parents use a consistent medical provider or have an identified medical home for themselves and their children
- Children and families have health care coverage/insurance
- Pregnant women receive appropriate pre-natal care and have positive childbearing experiences
- Parents identify and use appropriate child care
- Parents with drug abuse or mental health problems receive effective treatment; families involved in domestic violence receive assistance

SIGNIFICANCE

Research demonstrates that family poverty is the strongest factor known to be correlated with child abuse and neglect. Basic supports that help families cope with the stresses associated with poverty—especially in times of crisis or intensified need—play an important role in preventing child maltreatment. Risk factors such as unemployment, inadequate housing, and substance abuse are highly correlated both with child maltreatment and with poverty (Horton, 2003).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

Indicators

5. Family environment

DEFINITION

“Family environment” refers to characteristics of the home that influence children, including the physical setting, parents’ health and well-being, and the presence of routines and structure.

MEASURES

- Families have at least two supportive adults in the household
- Non-custodial parents not living in the home have regular contact with child(ren) when appropriate
- Family has had low mobility (moved fewer than two times) and low turbulence (changes in primary caretakers) during the past five years
- Children have stable, secure relationships with parent or other adult
- Mothers have children born more than two years apart (intentional child spacing)
- Parents establish appropriate boundaries for the children and adults in their lives

SIGNIFICANCE

Children are most at risk of maltreatment if their families are overwhelmed by multiple problems such as inadequate income, unemployment, inadequate housing, emotional stress, drug or alcohol abuse, mental illness, or domestic violence. (Knitzer, 2000)

A positive home environment predicts desirable cognitive and social development among children. One component of a positive home environment is parental structure. Regular, consistent routines enforced by parents (e.g., consistent bedtimes and mealtimes) can provide a sense of security, comfort, and control to children and help them develop self-confidence. Routines can decrease behavioral conflicts by enabling young children to anticipate what will happen next and can help ease transitions between different activities and different caretakers. Routine interactions are an opportunity for parents to teach children social behaviors such as sharing and waiting and for children to develop communication skills and self-control. (Molfese, 1997; Knitzer, 2000)

The relationship between a mother and father, whether married or not, influences how they both interact with their child(ren). Children in single-parent homes tend to have less parental supervision and worse relationships with their parents than their counterparts with married parents. Several studies have shown that children are most likely to thrive when they have the opportunity for warm, close, and enduring relationships with both of their parents. (Susman-Stillman et. al, 2003; Chase-Lansdale & Pittman, 2002; Hildyard & Wolfe, 2002)

Parents’ perceptions of themselves as capable of coping successfully with life’s problems are positively associated with children’s social and academic functioning. (Horton, 2003)



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From Substance Abuse and Mental Illness

Ingredients: Families Are Free From Substance Abuse and Mental Illness

Key Ingredients are the underlying elements that make certain services and supports effective in helping to prevent child abuse and neglect. They matter because how interventions are implemented and how services are provided are as important as whether they are provided.

Key Ingredients of Effectiveness that apply to all elements of the Pathway are categorized as follows:

- Accessibility
- High Quality
- Effective Management
- Results Orientation
- Connections to and across Services and Supports
- Community Engagement and Social Networks
- Sustainability
- Funding

These cross-cutting Key Ingredients are summarized in the Overview to the Pathway for the Prevention of Child Abuse and Neglect. Each goal contains Key Ingredients for specific strategies or programs.

INGREDIENTS: Enhancing care for families with substance use disorders who are involved in the child welfare and family judicial systems

- AOD treatment will be available and accessible for children and families who suffer from a substance use disorder and/or co-occurring disorder.
- There is no "wrong door" for accessing services and creating opportunities for children and families to receive court, agency, and community-based services within their local service systems.
- Field practice and service delivery will be: child-focused, family-driven, culturally appropriate, strengths-based, age-appropriate, community-centered, evidence-based and data-driven, trauma-informed, and recovery-oriented.
- Given the complexity of serving children and families, it is crucial to have a comprehensive array of services.

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **4**

Families are Free From
Substance Abuse and
Mental Illness

Ingredients

- Professionals and caregivers at both the state and community level need to develop common knowledge and shared values about child protection and AOD issues in order to assist children and families with AOD problems to achieve positive outcomes.
- Federal, State, and pertinent Tribal government confidentiality laws and HIPAA Privacy provisions will guide and direct the client information sharing process between the AOD and child welfare systems, the courts, and other related systems. Memorandum of Understandings (MOU) will be jointly prepared across systems to guide system collaboration and information sharing and communications protocols.
- Information systems are needed that can be linked to share information and monitor family and treatment outcomes, and enable decision makers to manage resources and monitor performance.
- Training should include elements from the core competencies articulated in the field practice and services delivery portion of the “Principles of Daily Practice” section.
- Services and supports for families affected by substance abuse disorders in the child welfare and the court systems will be provided by knowledgeable, skilled service providers who understand the cultural diversity of the families and communities they serve.
- Policies will support culturally competent service delivery in procedures, outreach, advocacy, and training throughout the service delivery system, and incorporate knowledge of ICWA and tribal governments.
- It is essential to coordinate services and funding streams (flexible, joint, multiple) across systems to maximize the use of limited resources. Planning across systems makes better use of limited dollars and reduces potential duplication of services while increasing the availability of services and supports for the child and family.
- Sustainability is fostered by cross-system coordination and joint advocacy for the availability of sufficient resources in each system to adequately serve families who have co-occurring problems affecting their parenting, family stability, and risks to children.
- Communications by and about collaborators must be respectful and positive and any collaboration issues and concerns need to be expressed and resolved privately between collaborating entities.
- When services are being designed and funding priorities are being set, family and community input needs to be part of the process.
- The family will be part of the process at each level of planning, service delivery, and evaluation.

Excerpt from the National Center for Substance Abuse and Child Welfare Consortium (2007) Synthesis of cross system values and principles: A national perspective. Available online at:

<http://ncsacw.samhsa.gov/files/Shared%20Values%20and%20Guiding%20Principles.pdf>



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

Rationale: Families Are Free From Substance Abuse and Mental Illness

Rationale

Children in homes where substance abuse exists suffer from a variety of physical, mental, and emotional health problems at a greater rate than do children in the general population. Substance abuse is present in 40% to 80% of child abuse and neglect cases (Child Welfare League of America, 2001). In fact, neglect is the major reason that children are removed from a home in which parents have alcohol or other drug problems. Parents who are affected by substance abuse, domestic violence, and depression often cannot bond with or care for their children, putting those children at greater risk of neglect or abuse. Children of alcoholics suffer more injuries and poisonings than do children in the general population. Alcohol and other substances may act as dis-inhibitors, lessening impulse control and allowing parents to behave abusively (Prevent Child Abuse, 2006).

Most substance abuse programs are set up to help parents deal with their addictions but not to address parenting issues (Thomas et al, 2003). Children suffer long-term consequences from emotional neglect and/or physical abuse caused when their early relationships with parents are shattered or disrupted by substance abuse. Even when parents want to help their children, however, the challenges of substance abuse, domestic violence, mental health problems, and other pressures facing low-income families (e.g., housing, poverty, health care, child care) can get in the way. Lacking options to accommodate their children, many mothers do not seek treatment for substance abuse because they fear losing their children to foster care (Tupper, 2005).

Prevention and intervention efforts must acknowledge the intermingled risk factors in families' lives. Solitary treatment for substance abuse, domestic violence, and mental health problems is not adequate; nor are programs that treat only the parent or the child rather than both generations. Treatment combined with interventions to repair the parent-child relationship and to help parents learn parenting skills is crucial for developing strong families and healthy children (Knitzer, 2000). The most effective approaches "assume that individuals have different inherent protective factors, skills, and opportunities" and allow parents to build on their individual bases of strength (Tolan, et al., 2004).

Many cases of chronic neglect involve emotionally unstable and depressed parents, including those who themselves had poor attachment to primary caregivers as children. Mental health services may help such parents become more emotionally stable, less depressed, and better able to adequately care for their children (Prevent Child Abuse, 2006).

The withdrawal effects of parents who stop using alcohol or other drugs include experience intense emotions, which may increase the chance of child abuse or neglect. During this period, which may last up to two years, it is especially important to provide other family members with resources, including direct access to supportive services before child maltreatment occurs. Services should validate participants' feelings, emphasize self-esteem, and offer intensive parenting and prevention education and support for all new parents.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

Rationale

Relapse is an unfortunate symptom of chemical addiction, and a common occurrence without on-going support. After the birth of an infant, or when an alternative placement is made, outreach programs can assist mothers and other family members to avoid relapse by assessing the mother's motivation for change and by providing clinical and systems intervention such as individual counseling family therapy, parenting skills assistance, and in many cases, child care (Diamond-Berry, 2007)

Mothers who are depressed are more likely to be neglectful than abusive as depression renders mothers less likely to be warm and supportive of their children and less effective in monitoring their needs (Okunaku, 2005). A mother experiencing depression, whether diagnosed or not, may not always be able to perform basic parent-child interactions, respond to her child(ren)'s emotional nurturance and attachment needs, and properly care for her child(ren) (Chase-Lansdale & Pittman, 2002; Wessel, 2000; Gurian, 2003; Krishnakumar & Black, 2003). Since children of depressed mothers show slower development (infants) and higher rates of misbehavior and lower academic achievement (school age), maternal depression is a perpetual risk factor to children (Wessel, 2000; Gurian, 2003; Okunaku, 2005). For adolescent mothers, involving the maternal grandmothers in their treatment is an important step in alleviating depression because strain in this relationship is heavily correlated with maternal depression (Gee & Rhodes, 2003; Krishnakumar & Black, 2003).

Despite the high rates of different forms of maternal depression, it is frequently untreated, particularly among low-income women (CDC, 2005; Maternal and Child Health Bureau, 2005). Certain demographic factors that may lead to chronic stress such as living in poverty or receiving public assistance, having less than a high school education, being unemployed and/or homeless, and having high numbers of children or adults in a household, are also associated with maternal depression (Wessel, 2000; Lennon, Blome & English, 2001; Gurian, 2003). Women with little family or community support tend to be more vulnerable to maternal depression (Okunaku, 2005) and low-income women are twice as likely to suffer from depression as those of secure economic status (Lennon, Blome & English, 2001; Gee & Rhodes, 2003). Health care providers often misdiagnose maternal depression in ethnic minority women because of "their tendency to express psychological distress through physical symptoms;" additionally, cultural barriers often prevent women from seeking mental health help (Okunaku, 2005).

When treated, the majority of women suffering from depression fully recover and are able to positively interact with and care for their children; however, a time lag exists between when maternal improvement and child progression (Gurian, 2003). To be effective all services should accommodate cultural differences and be offered in multiple, non-stigmatizing settings (CDC, 2005). Supporting the de-stigmatization of depression is a first step toward assisting in faster, more effective treatment.

The U.S. Advisory Board on Child Abuse suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country. Studies reveal that there are both child and adult victims in 30-60 percent of families experiencing domestic violence and that 50 percent of men who frequently abuse their wives also abuse their children (Bragg, 2003). Children in homes with domestic violence are more likely to experience neglect than abuse, however, some face both (Saathoff & Stoffel, 1999; Bragg, 2003; Bancroft & Silverman, 2004). Parents who suffer from abuse are experiencing higher stress levels, which in turn, affects their relationships with and responses to their children. Domestic violence affects women's parenting abilities in two ways: 1) no apparent change when women



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

compartmentalize the violence in their lives from their interactions with their children, or more frequently, 2) by diminishing their capacities to attach to their children and respond to their developmental needs. Additionally, reasons why victims do not or cannot leave relationships with domestic violence, including fear, isolation, financial dependence, guilt and shame, emotional and physical impairment, hope, individual belief systems, and cultural hurdles, are linked to the root causes of child abuse and neglect. (Bragg, 2003).

The extensive overlap between families with both domestic violence and child abuse and neglect reveals the need for sensitive programs that address multiple issues. The safety of abused children is linked to the safety of adult victims, therefore, helping adult victims find security better ensures the welfare of the child (Bragg, 2003). Many perpetrators of domestic violence have ongoing contact with their children, and do not understand the impact the violence has on their children (Saathoff & Stoffel, 1999). Therefore, incorporating parenting components into batterer intervention programs is a mechanism for more responsible fathering.

Rationale



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 4

Families are Free From
Substance Abuse and
Mental Illness

Evidence: Families Are Free From Substance Abuse and Mental Illness

Residential treatment has long been recognized as key to recovery for substance-abusing mothers, with stays of six to 18 months often necessary to address the multiple problems involved (e.g., domestic violence, sexual abuse, related psychological issues). Although mothers perform better in recovery when able to remain with their children, most programs require separation from children with no allowance for child care while in treatment. A study of 467 women and their 1,374 children who completed a comprehensive residential family-based treatment program in Jacksonville (FL) found that 72% remained clean of alcohol and drugs one year after exiting the program and 92% experienced no further interaction with the criminal justice system (Tupper, 2005).

The Greenbook Project was a Federal demonstration project consisting of six pilot sites selected to test and implement the recommendations of the National Council for Juvenile Federal Court Judges' Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice. The cross-site evaluation measured the extent to which the demonstration sites' collaborative efforts result in system change and improvements in safety, recidivism rates, and abuser accountability. The evaluation found that all sites improved information sharing between programs and courts, created collaborative responses to the co-occurrence of domestic violence and child abuse, and working within the child welfare system to ensure the child stay with the non-abusive parent. Sites created co-located staff positions, primarily domestic violence advocates located in child welfare offices, enhanced pre-existing relationships, and developed stronger batterer intervention programs that build accountability into services. (Greenbook National Evaluation Team, 1999)

External evaluation of Breaking The Cycle has found many benefits from the comprehensive and integrated program initiative, including: (a) enhanced birth and perinatal outcomes for infants of substance-involved mothers, (b) enhanced developmental outcomes of children who are involved, (c) enhanced parenting confidence and confidence, (d) enhanced treatment outcomes, and (e) decreased rates of separation of mothers and children. Involvement in a prenatal-and-relapse prevention group meets women's needs for affiliation and relationships with others who are in a similar situation, as well as decreased feelings of isolation and disconnection that are highly prevalent in this population of women. (Motz, 2007)

Evidence

GOAL



Communities Are Caring and Responsive

Sustainable networks of services and supports contribute to child protection

Systems of care stay connected to families over time and assist with challenges as needed

Neighborhoods are safe, stable, and supportive



Actions
specific strategies, activities, or steps taken to impact the quality and capacity of local services and supports, the availability of resources, or the policy contexts that contribute to the outcome



Examples
program and policy initiatives illustrating how actions have worked elsewhere



Indicators
measures for targeting and monitoring the impact of actions and documenting progress toward the outcome



Ingredients
elements of how actions are implemented that make them effective



Rationale
research-based reasons to believe that identified actions are likely to contribute to the desired outcome



Evidence
research documenting that identified actions contribute to achieving the targeted outcome or conditions that lead to the outcome



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Actions with Examples: Communities Are Caring and Responsive

A. Sustainable networks of services and supports contribute to child protection

Partnerships involve an array of stakeholders in planning, implementation, and monitoring efforts to promote family well-being and reduce child abuse and neglect. The coalition works to diversify resources to sustain efforts beyond a single funding stream. Coalition participants may include government agencies, community-based service providers, grassroots groups, civic associations, faith-based groups, residents, businesses, funders, researchers, and others.

EXAMPLES

- * The **First 5 California School Readiness Initiative** implements programs in all of California's 58 counties to engage families, community members, and educators in the work of preparing children, birth to age five, for elementary school. Efforts focus on communities with low-performing schools as measured by the Academic Performance Index; activities can be school-based or school-linked. Five essential, coordinated elements are required of every program: early care and education, parenting and family support services, health and social services, schools' readiness for children and/or school capacity, and supportive infrastructure (participant/site/district/county coordination, staff training and development, program evaluation, fiscal accountability, and collaborative governance). Services are culturally and linguistically appropriate and sensitive to the needs of diverse populations, including children with disabilities and other special needs. www.cafc.ca.gov/SchoolReadyI.htm
- * The **Hampton (VA) Healthy Families Partnership** is a team effort in which city and community agencies, public entities, and private organizations (e.g., hospitals, restaurants, businesses, banks) help families in their community become healthy, happy, and self-sufficient. An array of services is coordinated through an interagency steering committee and delivered through a network of Young Family Centers located in public libraries and Title I schools. Services include home visiting programs, parent information and education, early literacy, a fatherhood program, and newsletters. www.hampton.va.us/healthyfamilies
- * The **Allegheny County (PA) Early Childhood Initiative (ECI)**, a United Way program, created high-quality early education services in 80 targeted high-risk neighborhoods in and around Pittsburgh. ECI has attracted more than \$36 million since it began in 1996, including a HUD grant of \$1 million to establish the program in public housing developments. With guidance from broad-based Neighborhood Coalitions, communities assess the status of young children, families, and early education resources and propose systems of high-quality early childhood services to replace patchwork services. Substantial time and energy is devoted to linking and integrating funding sources and providers and to changing perspectives and practices. Policy work by ECI managers helps to develop cross-system agreements with state



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

and locally funded services providers, including a uniform intake form for early education services. www.nccic.org/ccpartnerships/profiles/allegheeny.htm

- * The **Strengthening Families through Early Care and Education** initiative works with seven states, using policy and practice supports available through a collaborative effort of early childhood, child abuse prevention, and child protective services sectors. State-level learning partnerships provide information, training, and other incentives to create changes in state policy, new links between the early childhood and child protection settings, and enhanced training and support that enables a critical mass of local early childhood programs to implement Strengthening Families practices. www.cssp.org/doris_duke/index.html
- * **Community Change for Youth Development** operated in several cities, connecting local institutional, human, and financial resources to build neighborhood capacity to support youth. In Kansas City (MO), the YMCA helped neighborhoods develop opportunities such as Youth Councils, on which youth generate ideas for activities that would involve their peers. The councils developed their own speakers' bureaus, participated in community service activities, and organized fundraisers, field trips, and social events. www.ppv.org/ppv/publications/assets/115_publication.pdf
- * The **Safe Start Demonstration Project** provides funding for 11 urban, rural, and tribal communities to address problems faced by children under age six who are exposed to violence in their homes, schools, and communities. Safe Start offers prevention and intervention opportunities by strengthening existing alliances and integrating service delivery systems (e.g., forming police/mental health/justice partnerships), with a focus on fostering collaboration and awareness of the issues surrounding children's exposure to violence. Safe Start demonstration sites also were expected to develop or enhance programming to fill service gaps for children exposed to violence. The demonstration sites mostly commonly training to improve service systems, along with the expansion of practices for identifying, referring, assessing, and treating children exposed to violence and their families. All 11 Safe Start initiatives implemented some type of community action or awareness strategy in 2004—typically the development and distribution of public education materials, symposia, or conferences for professionals. www.safestartcenter.org

Public and private funding is pooled and aligned to help cross-sector initiatives build community, enhance services and supports, and promote effective infrastructures over time.

EXAMPLES

- * **Smart Start** (NC) funds 82 local partnerships in 100 counties of the state. The partnerships assess local needs and resources, develop plans for a continuum of community-based services, make decisions about programs that may need to be developed, allocate funds to agencies and providers, and integrate other resources with Smart Start. The local menu of services may include subsidized child care, child care quality enhancement projects, health and developmental screenings, literacy enrichment, and parent education. www.smartstart-nc.org
- * **Thrive by Five Washington** is an intermediary for state and private funders to make pooled and aligned investments that boost access to high-quality, affordable early learning across the state. The partnership builds on early learning efforts across Washington state—

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

investing in promising early learning models, two demonstration communities, community education and advocacy, and statewide system building. www.thrivebyfivewa.org

- * The **BUILD Initiative**, supported by the Early Childhood Funders' Collaborative, is a multi-state partnership that helps states construct a coordinated system of programs, policies, and services that respond to the needs of young children and their families. It does this by supporting those who set policies, provide services, and advocate for children from birth through age five. The goal is to ensure that the youngest children are safe, healthy, eager to learn, and ready to succeed in school. BUILD serves as a catalyst for change and a national resource on early learning. www.buildinitiative.org
- * **BECAUSE (Build and Enhancing Community Alliances United for Safety and Empowerment) Kids Count!** is an initiative of the Centers for Disease Control and Prevention. It expands the capacity of national organizations and their state, local, and regional affiliates to prevent child maltreatment. The Alliance of Children's Trust and Prevention Funds, Prevent Child Abuse America, and Parents Anonymous have conducted inventories of the child abuse and neglect strategies they operate or fund and created a prevention plan for on-going collaboration, communication, training, and technical assistance to sustain and enhance future prevention activities. http://member.preventchildabuse.org/site/PageServer?pagename=research_because_kids_count

Coalitions inform funders and policymakers about opportunities for and barriers to effective action that require solutions at the funding, policy, or regulatory level.

EXAMPLES

- * The **Birth to Five Project** of the Illinois-based Ounce of Prevention Fund brings together early childhood practitioners, government agency staff, health care providers, advocates, researchers, and others to identify system gaps and barriers that stand in the way of families' ability to protect, educate, nurture, and support their young children's development and to develop effective solutions. www.ounceofprevention.org
- * The **One Rhode Island Coalition** comprises more than 100 labor, religious, social service, public advocacy, and philanthropic organizations. The coalition developed a legislative platform of supports in housing, income, access to jobs, and child care intended to reduce poverty, hunger, and homelessness. The coalition organizes lobbying and direct action to get the platform passed and has succeeded in increasing child care subsidies, protecting threatened public benefits, and passing the first state Earned Income Tax Credit for low-income families. www.povertyinstitute.org
- * The **Birth to Five Policy Alliance** funds 11 organizations that work together to promote bipartisan public policies, nationally and in Illinois, Nebraska, Wisconsin, Washington, Kansas, Oklahoma, and Colorado. The Buffett Early Childhood Fund, the Bill & Melinda Gates Foundation, and an anonymous foundation are supporting this effort to ensure that more at-risk infants, toddlers, preschoolers, and their families have access to comprehensive early childhood development services that promote early success and school readiness. www.buffettearlychildhoodfund.org/alliance.html



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

B. Systems of care stay connected to families over time and assist with challenges as needed

Service providers and support networks attend to stressful transitions beyond the immediate issues, such as change in employment status, birth or immigration of additional family members, enrollment in a new school, and change of residence. Programs offer on-going support after completion of intensive treatment.

EXAMPLES

- * **Family Connections** (Baltimore, MD) promotes the safety and well-being of children and families by identifying informal support systems, developing service plans to increase family capacity and decrease the risk of neglect, intervening in crises, and creating opportunities for families to work positively with their peers to build stronger communities. Outcomes suggest an increase in appropriate parenting attitudes, satisfaction with parenting, and knowledge of social supports and options; and a decrease in depressive symptoms and caregiver stress. medschool.umaryland.edu/community/family_connections.asp
- * **Strong Communities for Children in the Golden Strip** (SC) is designed to build, strengthen, and renew community norms of mutual aid and concern for children among neighbors. Strong Communities is based on the research-based premise that, to be effective, child protection must be a part of everyday life in the neighborhoods where children live, study, and play. Churches have a role in spreading this message to their congregations. Businesses donate resources and services. Community members volunteer to help out with activities or by making a personal commitment to one family they know. An active media campaign was launched in conjunction with the initiative. www.clemson.edu/strongcommunities/
- * The Iowa Department of Human Services' **Community Partnerships for Protecting Children** promote neighborhood- and community-based networks, including formal and informal supports and services. A neighborhood network typically involves domestic violence, substance abuse, mental health, and emergency economic assistance, among other services. The network functions as the community's "eyes and ears" for early identification and outreach to families who need help. Community residents are enlisted as mentors to new parents, tutors to children, and helpers of neighbors, relatives, and friends. Each site has one or more "hubs" or family resource centers where families can go to feel welcome and access a variety of services and supports. www.dhs.state.ia.us/dhs2005/cppc/index.html
- * **YouthBuild** involves unemployed and under-educated young people between age 16 and 24 in building or remodeling affordable housing for homeless and low-income people while working toward their GED or high school diploma. The program creates a supportive community in which each student has a personal counselor, serves on a youth policy (governance) council, works with peers on community service activities, and participates in program alumni clubs and other ongoing supports. The nurturing, family-like environment encourages students to solve problems together and to find strength in cooperation. www.youthbuild.org



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

C. Neighborhoods are safe, stable, and supportive

A variety of community-building strategies contribute to neighborhoods' supportiveness and to residents' sense of belonging and economic prospects. Community-based programs help low-income families obtain the financial support they are entitled to and the opportunities they need to become self-sufficient.

EXAMPLES

- * **New Economics for Women (NEW)** in Los Angeles aims to overcome poverty and achieve family and individual prosperity. NEW takes a holistic approach to an array of family needs, from finding a stable, safe place to live to owning a home or successful business. Beginning with the security of an affordable home, families enter a comprehensive management program. Residents and community members are encouraged to pursue new knowledge by participating in the resources offered by NEW, including Para Mi Futura Family Resource Center, financial literacy programs, baby care, wellness programs, and after-school learning centers. NEW also supports entrepreneurial ventures through its NEWConnect Business Growth Center. www.neweconomicsforwomen.org/home.html
- * The **Dudley Street Neighborhood Initiative** collaborated with several city and private agencies to build a community green house for the Roxbury/North Dorchester area of Boston. The state-of-the-art greenhouse is intended to convert a brownfield site into an environmentally friendly business that employs local residents. www.dsni.org
- * **Chatham Estates** (Chester, PA) is a 150-unit public housing program with a nationally recognized model for providing residents with supportive services and case management. The program's One-Stop Shop helps families move to self-sufficiency through employment services, wellness/fitness programs, computer education, recreational programs for children, and programs to prevent domestic violence. www.abtassoc.com/attachments/Chatham_Estates_CS_RI.pdf
- * The **Providence Asset Building Coalition (PABC)**, a program of Making Connections-Providence, ensures that low-income families apply for and receive the Earned Income Tax Credit. The coalition, composed of representatives from community groups, financial institutions, and community residents, trains volunteer tax preparers who offer their services at community based-organizations throughout Providence. www.mcprovidence.org/matriarch/default.asp
- * The **New Orleans Jobs Initiative (NOJI)** connects unskilled inner-city residents with jobs that pay family-supporting wages, offer career-ladder opportunities, and provide benefits. NOJI focuses on the manufacturing, construction, health care, and office job sectors, all of which have labor shortages and pay high wages to entry-level workers. NOJI has forged relationships among low-income residents, community organizations, business leaders, churches, and community college administrators. www.doleta.gov/usworkforce/communityaudits/docs/Files%20for%20CA%20Website/LA-New%20Orleans/LA-New%20Orleans-Other-Industry%20Concept%20Paper.pdf



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Local partnerships build social connections and make neighborhoods more stable by engaging residents and promoting home ownership. Community policing and neighborhood-building activities promote neighborhood safety.

EXAMPLES

- * **Five Oaks and Dunbar Manor Communities** (Dayton, OH) reorganized an urban grid of residential streets to create “defensible space” in the neighborhood. The project showed that a high level of citizen participation is crucial at every stage of efforts to make neighborhoods more stable, and should also involve code enforcement, special police attention, and first-time homeownership initiatives. www.defensiblespace.com/book.htm
- * **Lao Family Community Development, Inc.** (Oakland, CA) started a Multilingual Homebuyers Center in July 2002 with a \$35,000 seed grant from the Annie E. Casey Foundation. Its purpose is to help limited-English-proficient, low- to moderate-income immigrant and refugee families buy their first houses in this country. In its first 18 months, the center helped two dozen families buy houses and had another four dozen actively looking. www.laofamilynet.org
- * The **Chicago Alternative Policing Strategy (CAPS)** is a community policing model that relies on proactive, prevention-oriented, neighborhood-based strategies to solve problems. Trained officers assigned to small beats get support from city agencies so they can respond to issues that concern residents, such as graffiti and abandoned cars. Community involvement and cooperation is fostered through “beat meetings” where residents, district advisory committees, and police voice concerns and set priorities. www.ncjrs.org/pdffiles1/nij/189909.pdf
- * One of the aims of San Jose’s **Mayfair Improvement Initiative(MII)** is to create a safer and more pleasant neighborhood for residents by organizing neighborhood-wide clean-ups, sidewalk repairs, community garden projects, and renovations of community centers. MII also arranges for street crossing aids and streetlights. www.mayfairneighborhood.org
- * The **East Bay Asian Youth Center**, an Oakland Making Connections community partner, has organized a 23rd Avenue Neighbors group that conducts clean-up days and works to make the neighborhood safer. www.ebayc.org
- * The **LISC Community Safety Initiative** helps local groups build partnerships among police, community development corporations, and local residents to create safer neighborhoods. www.lisc.org/section/aboutus/mission

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

National and local groups campaign to influence community norms regarding the importance of preventing child abuse and neglect and promoting the social, emotional, and cognitive development of children. To influence societal beliefs about parenting, public awareness campaigns reach out to large numbers of individuals in a consistent manner, using everyday communication media (e.g. television, radio, newspapers, magazines, billboards, the Internet).

EXAMPLES

- * In Chicago, a high-profile group of representatives from the media, business, direct service agencies, and government launched a citywide **Heart Start public awareness campaign**. With matching funds from local foundations and businesses, the group drew attention to the social and emotional underpinnings of cognitive achievement.
- * Community leaders in Dade County (FL) spearheaded several efforts, including collaboration with the local PTA, to develop two-day **Heart Start awareness training sessions** for high school students. A local university joined the campaign by including content on social and emotional development in its new certification program for teachers of children from birth to age four.
- * In partnership with the FrameWorks Institute, Prevent Child Abuse America has been engaged in the **Reframing Project**, a process for figuring out how to reframe the issue of child abuse and neglect so that people better understand societal solutions and re-examine their personal behaviors toward their own children and families in their communities. Project materials compare alternative frames for moving the public beyond awareness and concern to actual engagement in prevention, including behavior change.
www.preventchildabuse.org/about_us/reframing/index.shtml
- * **STOP IT NOW!** is a public awareness program against child sexual abuse that has been particularly effective in different cultural groups because of the differentiated messages. The program targets adults, and not children, about learning the tools to recognize and stop child sexual abuse. Stop It Now! operates a national Helpline and offers trainings for professionals who work with children including child care providers, foster parents, teachers, clinicians, law enforcement and medical personnel. Stop It Now!'s targeted advertising and media campaigns help adults to recognize and acknowledge harmful behaviors and offered resources to stop sexual abuse. www.stopitnow.com

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Indicators: Communities Are Caring and Responsive

I. Community environments support healthy child development and family functioning

DEFINITION

Community environments offer an array of formal services, informal supports, and opportunities that promote healthy development and family functioning. The community has public events, gatherings, and celebrations; opportunities for leadership and civic participation; safe public spaces; and high-quality health and human services that are responsive to families.

MEASURES

- Community has capacity to make available, accessible, and affordable the high-quality services needed to maximize healthy family functioning, including:
 - Child health services
 - Prenatal and childbearing services
 - Family planning services
 - Substance abuse and mental health treatment
 - Housing
 - Child care and early childhood education
 - Food and nutrition
 - Domestic violence support and services
 - Transportation
- Community providers families with healthy environments, distinguished by the:
 - Absence of concentrated poverty
 - Absence of neighborhood violence
 - Absence of physical toxins (e.g., lead, poisoned air, unsafe water)
 - Presence of neighborhood watch program, neighborhood association, etc.
- Neighborhoods foster social ties among residents.
- Neighborhoods reflect a belief that residents can act collectively to improve their well-being and their children’s future.

SIGNIFICANCE

“Social capital” refers to individuals’ ability to benefit from their membership in social networks or other social structures. Researchers believe that a community’s level of social capital is a critical determinant of the quality of life for the children and families that live there. A widely cited study by Garbarino and Kostelny (1992) found that social disorganization was the key factor that explained why different neighborhoods with equivalent socioeconomic profiles had dramatically

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

different rates of child abuse and neglect. In areas where maltreatment rates were high, community leaders described high levels of isolation and depression; in areas with lower maltreatment rates “there were more services available, the subjects knew more about what was available and there were very strong formal and informal social support networks.”

Researchers also have concluded that social capital has an impact on children’s well-being as early as the preschool years because of its impact on developmental and behavioral outcomes for high-risk children (Runyan, et al., 1998).

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Ingredients: Communities Are Caring and Responsive

Key Ingredients are the underlying elements that make certain services and supports effective in helping to prevent child abuse and neglect. They matter because how interventions are implemented and how services are provided is as important as whether they are provided.

Key Ingredients of Effectiveness that apply to all elements of the Pathway are categorized as follows:

- Accessibility
- High Quality
- Effective Management
- Results Orientation
- Connections to and across Services and Supports
- Community Engagement and Social Networks
- Sustainability
- Funding

These cross-cutting Key Ingredients are summarized in the Overview to the Pathway for the Prevention of Child Abuse and Neglect. Each goal contains Key Ingredients for specific strategies or programs.

INGREDIENTS: “Gold standard” for all effective community interventions

- Significant front-line flexibility within established quality parameters
- Work and strategies evolve in response to experience and changing conditions
- Program and intervention design reflect local strengths, needs, preferences
- Intake and recruitment into programs are under local control, within broad parameters
- Multiple components respond to children in family, peer, and neighborhood contexts
- Interactive components take health, social, and educational needs into account
- Respectful relationships and other hard-to-measure attributes are emphasized
- Implementers believe in the intervention

Excerpts from: Schorr, L.B. (1997). *Common Purpose*. New York: Random House.

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

INGREDIENTS: Safe Start collaborations

- Diverse sectors are represented.
- A formal operating structure exists.
- Collaboration leaders or key members have capacity to influence and engage.
- Project directors have capacity to manage, educate, support, and communicate.
- A culture or spirit of collaboration exists (i.e., positive relationships, history of working together prior to Safe Start).
- Agency and organizational representatives at various levels of influence and power participate.

Excerpts from: Association for the Study and Development of Community (2005). *National Evaluation of the Safe Start Demonstration Project, January through December 2004*, vols. I and II. Gaithersburg, MD: Author. Available online at: http://www.ncccv.org/pdfs/Annualprocessreport-VI_FINAL.pdf

INGREDIENTS: Capacities of organizations and point-of-service providers who treat young children and families exposed to violence

- Understanding of and commitment to changing traditional responses to young children exposed to violence and their families
- Willingness and ability to share confidential information and cases across organizations
- Willingness and ability to engage in discussion and constructive disagreement with other organizations and providers
- Support for the knowledge and skill development of point-of-service staff
- Ability to cultivate a learning community within the organization's staff and among its partners
- Sensitivity and responsiveness to different cultural norms related to family violence
- Relationships with credible and trusted community institutions and entry points
- Relationships with other organizations in the system of care for children and families
- Specific knowledge and skills in working with young children exposed to violence, including state-of-the-art intervention techniques

Excerpts from: Association for the Study and Development of Community (2005). *National Evaluation of the Safe Start Demonstration Project, January through December 2004*, vols. I and II. Gaithersburg, MD: Author. Available online at: http://www.ncccv.org/pdfs/Annualprocessreport-VI_FINAL.pdf

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Rationale: Communities Are Caring and Responsive

Rationale

Neighborhood safety, stability, and supportiveness can reduce exposure to the violence that puts children at higher risk for psychiatric problems, aggression, emotional distress, immature behavior, and poor school performance. It can reduce the some of the stresses that interfere with good parenting. It can reduce the fears that cause parents to protect their children by restricting their movement, which may negatively affect children's cognitive stimulation, physical fitness, and sense of autonomy (Association of the Study and Development of Community, 2005).

Residential stability promotes a variety of social networks and local associations. "At the individual level, length of residence has a positive relationship with local friendships, attachment to the community, and participation in local social activities. At the community level, residential stability has significant contextual effects on an individual's local social ties and participation in local social activities" (Sampson, 2000).

Changes in stress and support appear to have significant affects on changes in child abuse potential, therefore, strong support networks and neighborhood ties help at-risk families. Neighborhood resources have a significant impact on socioeconomic disparities because a family's resources constrain where they live. Studies have found that neighborhood conditions, particularly poverty and violence, are associated with parental behavior and communities characterized by "high poverty, residential instability, and high concentrations of racial minorities are likely to expose residents to threats of ... crime, juvenile delinquency, low birth weights, infant mortality, morbidity, domestic violence, and child abuse [and neglect]" (Leventhal & Brooks-Gunn, 2003).

If families have informal supports that dovetail with formalized services, they are less prone to child maltreatment. Research has found that while critical, good parenting intentions alone may not be enough to prevent neglect or abuse because of neighborhood context factors and external stresses (Gorman-Smith, Tolan, & Henry, 2000). Programs that integrate parenting concerns within multiple levels of support, including networks of families and friends provide a more stable, long-term support system than focusing solely on intra-family skills. Emphasizing issues and support potentials that are relevant to the context of each family situation provides families with concrete tools for developing and utilizing support networks. (Tolan et al, 2004)

Home ownership is positively linked to family stability, improved property maintenance, neighborhood stability, and increased civic participation. Home ownership can provide improved levels of neighborhood stability and community participation (Pew Partnership for Civic Change, 2001, citing Rossi & Weber, 1996; Rohe & Stewart, 1996). Conversely, children in unstable living conditions are at greater risk for grade repetition and lower educational attainment (Wood, Halfon, et al., 1993; Aquilino, 1996).

When residents form local social ties, their capacity for community social control grows because they are better able to recognize strangers and more apt to guard against victimization. Thus "networks of friends are associated with reduced crime and social disorder" (Skogan, 1986). "Informal socializing with neighbors...along with strong pro-social norms and participation in the residents' council is associated with better building



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Rationale

conditions and lower levels of crime than buildings with less social capital” (Anderson & Milligan, 2006).

Low-income and inner-city families may not have less skills but that what constitutes effective parenting may, in fact, depend much on the setting. (Tolan et al, 2004) Research comparing family parenting practices suggests differences among families from different ethnic groups and socioeconomic backgrounds (Avenevoli, Sessa, & Steinberg, 1999). In cities, family loyalty and obedience are valued over autonomy for reasons of safety and overall family well-being. Similarly, the conflict between authoritarian parenting, protective behavior, loyalty and autonomy in the Latino culture frequently leads to misunderstandings about abuse (Fontes, 2002; Tolan et al, 2004). Additionally, how different ethnic groups talk about and recognize abuse varies. Latinos will share personal disclosures and African Americans tend to talk about instances about which they have heard (Fontes, 2001). Therefore, to be effective, interventions must highlight and work from their population’s unique strengths, practices, and comfort levels are more effective in preventing child abuse and neglect, and understanding what would lead up to it in the first place.

Low-income families in general, and African American families in particular, often operate with a system of kinship care that acts as a buffer against environmental stresses (Tolan et al, 2004; Krishnakamur & Black, 2003). Support networks, including child care, material assistance, and emotional support, are crucial for all parents, and especially for young single mothers as social support helps mitigate potential postpartum adjustment difficulties (Gee & Rhodes, 2003). However, kinship care and three-generation households also create tension that can lead to incidents of child abuse and neglect (Cain & Combs-Orme, 2005). Father support, whether co-residing or not, contributes to improved parenting by adolescent mothers but that this involvement is often limited by maternal grandmothers who act in a gatekeeper capacity (Gee & Rhodes, 2003).

Community involvement establishes supportive social ties and relationships, which are essential for strong families. A mobilized and engaged community is imperative for community violence prevention. Studies have shown social isolation to be linked to community and family violence (Carter, 2003). Neighborhood action can reduce crime, improve health, produce better outcomes for children, and stimulate local economic development. Through neighborhood action, the social and interpersonal support networks grow stronger and produce more resilient, goal-oriented, and better adapted to young people (National Human Services Assembly, 2005). The more contacts a person has, the more likely it is he/she will know someone who can help get what he/she needs.

Community-based violence prevention is the best protection against all forms of child abuse and neglect because it motivates individuals to become involved in their own communities. A community is defined not only by its geographic location “but also as a type of ‘social environment’ that is characterized by the quality of relationships maintained among individuals and families” (Kotch, Muller & Blakely, 1999).

Risk factors do not exist in isolation, so communities must have adequate resources (tools and funds) for an integrated response to families’ needs. Significant barriers exist to integrating federal substance abuse, mental health, domestic violence, and child welfare dollars into community efforts, however (Knitzer, 2000). The development of parenting skills, embedded in the community, is crucial for creating an environment that promotes strong families and supports families in times of need.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Rationale

Efforts to prevent child abuse and neglect require change and support at both the individual and community levels.

Strong social networks help parents become more effective and positive parents, while community involvement helps to change individual behavior patterns before they reach a crisis point (McElhaney & Effley, 1999). For high-risk families, individual supports nested in a broader network of services can help families avoid the stigmatization (both internally and from others) of using these services (Daro, 2002). Formal and informal partnerships among families, organizations, and multiple government agencies create the network needed to help parents build healthy families.

Prevention efforts must consider the intangible aspects of support networks when working with at-risk populations, including geographic accessibility, safety, trust, reliability, and reciprocity.

In particular, low-income immigrant families face cultural and language barriers to developing consistent, effective support networks (Domingues & Watkins, 2003).

Neighborhood conditions that increase stress may affect parents' ability to nurture and protect their children by creating anxieties that interfere with good parenting

(Furstenburg & Hughes, 1994; Korbin, 1994). In poor communities, the perception of danger has a clear effect on the interactions of families and neighbors. Families are reluctant to gather in parks and playgrounds or venture out after dark with children, and neighbors limit interactions among each other out of fear for personal safety (KIDS COUNT Data Book, 2000; National Research Council, 2000). Parents in unsafe neighborhoods may protect their children by restricting their movement (Lipsey & Wilson, 1993), which may affect the child's cognitive stimulation and ability to establish a sense of autonomy (Ososky, 1995).

Access to good nutrition is an important attribute of caring, responsive neighborhoods.

Research suggests that child-bearing women who have low or no access to high-quality, nutritious foods are more likely to pass on diet-related diseases and conditions to their offspring. Nonetheless, Chicago had roughly 500,000 people living in the "food desert"—a place with fast-food options but no nearby grocery stores—in 2007 when a major retailer announced the closure of 14 grocery stores in the metro area. Most of the affected residents were single women and children (Mari Gallagher Research and Consulting Group, 2007).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Evidence: Communities Are Caring and Responsive

The National Center for Early Development and Learning's Kindergarten Transition Project demonstrated that a systematic approach emphasizing long-term relationships among the child, family, schools, teachers, peers, and wider community benefits all stakeholders. Almost all participants, regardless of their professional role, acknowledged a shift in approaches and expectations. Relationships among kindergarten teachers, family workers, and principals were more positive and supportive, and programming was more integrated, across preschool and school. Families valued the assistance during transitions and reported that their children had positive academic and social adjustments to school. Teachers got to know children faster because there was communication between home and kindergarten and between preschool and kindergarten; the communication also established a vehicle for problem solving (Pianta & Kraft-Sayre, 2003).

In Vermont, regional partnerships under the direction of the state's Team for Children, Families and Individuals have greatly expanded the availability of family support services for all pregnant women and young children. Since implementing these partnerships, the state expanded services and achieved a reduction in reported child abuse and neglect rates, along with improvements in other indicators of child well-being (Hogan, 2001).

A prototype comprehensive service center for public housing residents in found that center users showed "increased educational aspirations, higher self-esteem, and a greater sense of control over one's life"—attributes that could be community assets—but "no evidence of higher economic status in the short term" (LaPrade & Auspos, 2006, citing Shlay, 1993 and Bratt & Keyes, 1997).

Efforts to involve tenants in building management or in neighborhood-wide efforts to improve safety and land use have been especially effective at expanding residents' casual ties and acquaintance networks (Cordero-Guzman & Auspos, 2006, citing Briggs & Mueller, 1997). Involving tenants in building ownership and management also had positive effects on the community at large, because tenants "who were more engaged in the formal and informal social organization of their co-ops felt more confident of their social participation skills and were more likely to be involved in community organizations" and more likely to vote (LaPrade & Auspos, 2006, citing Seagert & Winkel, 1998).

Residents in the Urban Edge Community Development Corporation (CDC), which involved residents in neighborhood-level organizing for safety in a public square and the surrounding area, had significantly larger acquaintanceship networks at the neighborhood level than did their counterparts in a matched comparison location (LaPrade & Auspos, 2006, citing Briggs & Mueller, 1997). In three CDC housing communities, coordination of services with housing increased residents' access to employment services but did not determine whether participation was maintained or whether the services were effective (LaPrade & Auspos, 2006, citing Briggs & Mueller, 1997).

Evidence



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 5

Communities
Are Caring and
Responsive

Evidence

First Source programs in Portland, OR and Berkeley, CA found that job linkage programs can be effective in placing low-income community residents with limited work histories and multiple barriers into jobs that pay more than the minimum wage. The study also found evidence of increased capacity in the organizations responsible for recruiting and referring local residents for jobs, improved relationships between employers and neighborhood groups, and expanded job networks among community residents who said they had not previously known about the business where they now work (Cordero-Guzman & Auspos, 2006, citing Molina, 1998).

Community policing efforts have reduced crime and/or perceptions of safety. Chicago’s community policy program involves training for police personnel, civic education, beat meetings, problem solving for neighborhood concerns, and improved access to city services (Skogan, et al., 2002). Similarly, a well-organized, paid walking patrol in Columbus, OH was associated with a decline in several types of crime, especially burglary and auto theft (Rosenbaum, 1988). However, other evaluations suggest that while community policing tactics can decrease fear of crime, improve relationships between police and communities, and improve police attitudes, they do not necessarily reduce levels of crime and disorder (Schuck & Rosenbaum, 2006).

Residents of South Central Los Angeles reduced the number of liquor stores in their community by undertaking needs assessments, providing testimonials at public and media forums, advocating for the conversion of liquor outlets to other uses that met residents’ needs, and defending the community’s legal rights (Themba, 1999).

Public green space can contribute to lower crime rates. “Apartment buildings surrounded by trees and greenery in a Chicago public housing development are dramatically safer than buildings devoid of green....Compared with apartment buildings that had little or no vegetation, buildings with high levels of greenery had 52% fewer total crimes, including 48% fewer property crimes and 56% fewer violent crimes. Even modest amounts of greenery were associated with lower crime rates” (Kuo, Sullivan, et al., 2001). In inner-city Chicago, graffiti, vandalism, noise, and other incivilities were systematically lower in neighborhood spaces with trees and grass than in comparable barren spaces (Brunson, Kuo & Sullivan, 1996).

GOAL



Vulnerable Communities Have Capacity To Respond

Services and supports target populations in communities with concentrated risk factors

Promising community-based organizations achieve geographic saturation with interventions and supports to respond to a wide range of needs



Actions
specific strategies, activities, or steps taken to impact the quality and capacity of local services and supports, the availability of resources, or the policy contexts that contribute to the outcome



Examples
program and policy initiatives illustrating how actions have worked elsewhere



Indicators
measures for targeting and monitoring the impact of actions and documenting progress toward the outcome



Ingredients
elements of how actions are implemented that make them effective



Rationale
research-based reasons to believe that identified actions are likely to contribute to the desired outcome



Evidence
research documenting that identified actions contribute to achieving the targeted outcome or conditions that lead to the outcome



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

Actions with Examples: Vulnerable Communities Have Capacity To Respond

A. Services and supports target populations in communities with concentrated risk factors

Interventions and strategies are targeted to impact geographic areas that face multiple challenges such as poverty, violence, poor health, and lack of access to good jobs, affordable housing, and high-quality goods and services. The combined efforts aim to increase the social and economic capacity of neighborhoods, engage residents, mobilize information networks, capitalize on concurrent efforts to improve physical and organizational infrastructure, increase the tax base, and strengthen connections to resources.

EXAMPLES

- * The **Families and Centers Empowered Together (FACET) program** (Wilmington, DE) uses social support to reduce isolation among families in urban, high-risk, low-income areas. FACET empowers parents to become equal partners in the care of their children and to build on strength and resiliency families. Outcomes include increases in parent efficacy, decision-making skills, family cohesion, communication, and coping skills. www.familyandworkplace.org/providers/provider.facet.asp
- * The **SAFE Children Program** works with families of first-graders who attend schools in high-risk neighborhoods. Family group meetings help caregivers manage normal parenting issues, establish connections other parents and provide mutual support, and help their children transition to first grade. Participants maintain a high level of enthusiasm for school involvement and their children keep pace with national academic achievement levels. www.modelprograms.samhsa.gov/pdfs/model/SAFE.pdf
- * **Jobs-Plus Community Revitalization Initiative** (Baltimore, Chattanooga, Cleveland, Dayton, Los Angeles, St. Paul, Seattle) is a comprehensive, neighborhood-based employment initiative available to all public housing residents in seven sites, all of which have high levels of joblessness and public assistance. Its goals are to substantially increase employment, retention, and earnings and to create mixed-income neighborhoods without displacement. Programs operate through collaboratives of housing, welfare, and workforce development agencies; residents; and local service providers. Programs combine employment, training, and support services; work incentives (based on income and eligibility rules); and efforts to strengthen social networks. www.hud.gov/progdesc/jobsplus.cfm
- * **California Works for Better Health (CWBH)** is establishing community-based collaboratives, which are expected to improve health through job-development interventions. The goal is to increase low-income people's access to regional economic opportunities and, ultimately, improve their health status. In this context, a good job is one in a safe environment that pays a living wage and offers health benefits. Efforts include initiatives to reduce



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

employment barriers (e.g., through vocationally oriented instruction in English as a Second Language) and to encourage employers to provide safe working environments and health benefits. www.mdrc.org/project_15_45.html

- * The U.S. Department of Labor established **Youth Opportunity Grants** to provide youth in high-poverty urban and rural communities with a variety of employment, education, and youth development services. The grants totaled \$250 million annually and reached in-school and out-of-school youth between the ages of 14 and 21. In 2002, 36 grants operated in 26 states. The Los Angeles grant focused on the Boyle Heights and Watts communities; it featured a web-based system that fostered collaboration with community partners and enabled cross-site case management, using the city's online case management system. www.doleta.gov/youth_services/
- * **Family Friends** (formerly HomeFriends), a joint project between the Center for Intergenerational Learning and the Supportive Child/Adult Network in the Philadelphia area, matches a older adult mentor with an at-risk family in the neighborhood. Trained volunteers visit the same family every week to increase the social support and sense of well being and decrease the stress and isolation of families. Participating families usually have at least one special needs child, live in inadequate housing with little to no employment, and have a caregiver recovering from substance abuse problems. There is no cost to eligible families and a Family Friends match continues as long as it remains mutually satisfying to the volunteer and family. www.templecil.org/family_friends

B. Promising community-based organizations achieve geographic saturation with interventions and supports that respond to an array of needs

Community-based organizations achieve geographic saturation with coherent interventions and supports that respond flexibly to a wide range of needs.

EXAMPLES

- * **Hope Street Family Center** (Los Angeles) is a public-private partnership that provides comprehensive child care and preschool education to nearly 2,000 young children in the inner city. Founded in 1992 with a research and demonstration grant from the federal Head Start Bureau, the Center focuses on both child and family as well as the social environment. The program aims to enhance and optimize child outcomes by providing high-quality child and youth development programs and services to strengthen family stability and economic self-sufficiency. Hope Street responds to the varied needs of families with young children through partnerships and agreements to share facilities, staff, and funding with the Los Angeles School District, the County Department of Health Services, the University of California-Los Angeles, and the California Hospital Medical Center. www.healthychild.ucla.edu/HopeStreetFamilyCenter.asp
- The **Harlem Children's Zone** (HCZ, New York, NY) began as an after-school and truancy prevention program. It is now connected to a specific 24-square-block area in central Harlem and focuses on blending many activities into a coherent community-building strategy.



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

HCZ programs help families support their children from infancy through early adulthood and prepare youth for the workplace. HCZ (www.hcz.org) includes:

- A Family Support Center that offers medical care, a dental clinic, and walk-in assistance to families in crisis
 - Two charter schools that will eventually reach 1,300 K-12 students
 - Harlem Peacemakers, which recruits college-age young people to work in schools on violence prevention; it also operates after-school and summer enrichment programs, including two Beacons programs
 - TRUCE (The Renaissance University for Community Education), which uses media literacy activities to foster academic growth and career readiness among 12- to 19-year-olds
 - An Employment and Technology Center that teaches young adults how to compete successfully in the job market through computer classes, a walk-in computer lab with Internet access, employment training, job referrals, and one-on-one career counseling
- * The **Latin American Youth Center** (LAYC, Washington, DC) is a multicultural, community-based organization that provides youth and families with comprehensive, culturally sensitive social supports, learning and employment opportunities, advocacy, and social enterprise efforts. LAYC's programs span the entire youth engagement continuum by helping youth (many of whom are first- or second-generation immigrants) get their basic needs met, learn practical life skills, and become skilled at advocating for themselves and their communities. LAYC offers more than 40 programs, including housing, charter schools, educational enhancements, small business development, counseling, substance abuse treatment, case management, leadership development, and advocacy. Connections between programs are central to the effort. Youth pursue individual developmental paths with mentoring from staff, many of whom were once LAYC youth participants. LAYC also advocates for its high-risk youth population with other institutions, including schools, the police department, the public housing agency, and child welfare and juvenile justice systems. www.layc-dc.org
- * **Baby Steps** (Okolona, MS) seeks to enhance parents' roles in their children's learning. It was launched by journalist and Okolona native William Raspberry to build on the power of parents to influence their children's academic success and to teach the fundamental skills (e.g., self-confidence, perseverance, teamwork, responsibility) that can be taught at home. Working closely with school superintendents, the University of Mississippi, and teachers, Baby Steps gives parents information on early childhood education, child motivation, and role-playing. The program is based on the notion that an entire town needs to rally around its children for them to succeed. www.okolona.org/odfc/babysteps.html
- * The non-profit **After School Matters (ASM)** organization partners with Chicago's city government, public schools, parks department, and public library system to expand out-of-school opportunities for adolescents. Those institutions and local businesses jointly formed programs in 24 neighborhoods. ASM engages Chicago public high school students in hands-on activities that help them develop marketable job skills in the arts, technology, sports, and communications. For example, the initiative transformed an empty city block into an arts center where children can go after school and where youth explore new interests, work alongside mentors, gain job experience, and earn money. ASM is transitioning from a program-based operation to a neighborhood-based one, giving local communities more discretion and responsibility over their ASM sites. www.afterschoolmatters.com

Actions & Examples



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **6**

Vulnerable
Communities Have
Capacity To Respond

Indicators: Vulnerable Communities Have Capacity To Respond

I. Community environments support healthy child development and family functioning

DEFINITION

Community environments offer an array of formal services, informal supports, and opportunities that promote healthy development and family functioning. The community has public events, gatherings, and celebrations; opportunities for leadership and civic participation; safe public spaces; and high-quality health and human services that are responsive to families.

MEASURES

- Community has capacity to make available, accessible, and affordable the high-quality services needed to maximize healthy family functioning, including:
 - Child health services
 - Prenatal and childbearing services
 - Family planning services
 - Substance abuse and mental health treatment
 - Housing
 - Child care and early childhood education
 - Food and nutrition
 - Domestic violence support and services
 - Transportation
- Community providers families with healthy environments, distinguished by the:
 - Absence of concentrated poverty
 - Absence of neighborhood violence
 - Absence of physical toxins (e.g., lead, poisoned air, unsafe water)
 - Presence of neighborhood watch program, neighborhood association, etc.
- Neighborhoods foster social ties among residents.
- Neighborhoods reflect a belief that residents can act collectively to improve their well-being and their children's future.

SIGNIFICANCE

“Social capital” refers to individuals’ ability to benefit from their membership in social networks or other social structures. Researchers believe that a community’s level of social capital is a critical determinant of the quality of life for the children and families that live there. A widely cited study

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL **6**

Vulnerable
Communities Have
Capacity To Respond

by Garbarino and Kostelny (1992) found that social disorganization was the key factor that explained why different neighborhoods with equivalent socioeconomic profiles had dramatically different rates of child abuse and neglect. In areas where maltreatment rates were high, community leaders described high levels of isolation and depression; in areas with lower maltreatment rates “there were more services available, the subjects knew more about what was available and there were very strong formal and informal social support networks.”

Researchers also have concluded that social capital has an impact on children’s well-being as early as the preschool years because of its impact on developmental and behavioral outcomes for high-risk children (Runyan, et al., 1998).

Indicators



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

Ingredients: Vulnerable Communities Have Capacity To Respond

Key Ingredients are the underlying elements that make certain services and supports effective in helping to prevent child abuse and neglect. They matter because how interventions are implemented and how services are provided is as important as whether they are provided.

Key Ingredients of Effectiveness that apply to all elements of the Pathway are categorized as follows:

- Accessibility
- High Quality
- Effective Management
- Results Orientation
- Connections to and across Services and Supports
- Community Engagement and Social Networks
- Sustainability
- Funding

These cross-cutting Key Ingredients are summarized in the Overview to the Pathway for the Prevention of Child Abuse and Neglect. Each goal contains Key Ingredients for specific strategies or programs.

INGREDIENTS: Community Change Initiatives

- **Comprehensiveness.** The principle of comprehensiveness (i.e., attempting to achieve individual, family, neighborhood, and systems change in the physical, economic, and social sectors) has proved too broad and, from a practical standpoint, too difficult to apply effectively to most community initiatives. A comprehensive and well-articulated vision for change can be a useful way to frame long-term objectives, however, as long as it is treated as an ideal or as a tool that liberates stakeholders from categorical constraints. Factors that make a comprehensive approach possible include: a flexible funding base, local capacity to move away from categorical planning and implementation, technical support to build links across projects, a broad strategic plan, and a clear starting point for action.
- **Neighborhood capacity building.** Efforts to build capacity are a key component of initiatives that aim to help residents collectively solve their own problems and to connect the neighborhood with outside resources, rather than to address a discrete issue.
- **Efforts to strengthen residents' formal and informal social networks.** Some initiatives focus on social relationships out of a belief that neighborhood-level social forces can

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

affect individual outcomes. In this case, neighborhood-level change may be an end in itself but also is a vehicle to improve individual lives. Other initiatives aim to strengthen both affective ties (the emotional and psychological support they get from relationships) and instrumental ties (social supports, access to information, access to opportunity, and so on) between people. An important aspect of this work involves building cross-racial and cross-cultural communication, trust, and collective action.

- **Leadership development.** Leadership development is a Key Ingredient because of its role in improving the life circumstances of individuals and because it is a central aspect of the community-building process. Some initiatives define leadership development as "supporting people through the slow process of building confidence and self-esteem" and strengthening their perceived ability to influence events that affect their lives.

Excerpts from: Kubisch, A.C., Auspos, P., Brown, P., Chaskin, R, Fulbright-Anderson, K., and Hamilton, R. (2002) *Voices From The Field II: Reflections on Comprehensive Community Change*. Washington, DC: The Aspen Institute. Available online at: www.aspeninstitute.org/atf/cf/%7BDEB6F227-659B-4EC8-8F84-8DF23CA704F5%7D/VOICESIIBOOK.PDF

INGREDIENTS: Employment for Public Housing Residents

- Help newly employed residents retain their jobs over time and advance.
- Provide workable transportation assistance (possibly cars) to reduce the cost of working.
- Make it a priority to reduce the level of crime and violence in public housing developments and the surrounding community.
- Reach out to provide services to men, even if they are not official residents in targeted public housing.
- Allow sufficient time for program design and start-up, and sustain services over multiple years.
- Help residents remain in the development (rather than moving) if they want to stay.
- Educate the public about high rates of employment and work effort among residents of distressed communities.

Excerpts from: Turner, M.A. and Rawlings, L. (July, 2005) *Overcoming Concentrated Poverty and Isolation: Ten Lessons for Policy and Practice*. Washington, DC: The Urban Institute.

Ingredients



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

Rationale: Vulnerable Communities Have Capacity To Respond

Rationale

Community-based violence prevention efforts will ultimately be the best protection against all forms of child abuse and neglect because of the motivation of individuals to become involved in their own communities. A community is defined not only by its geographic location, “but also as a type of ‘social environment’ that is characterized by the quality of relationships maintained among individuals and families” (Kotch, Muller & Blakely, 1999). For communities to build effective child abuse and neglect systems, they must have the tools and funds to create innovative partnerships for families. Promoting parenting skills embedded in the community is crucial to creating an environment that promotes strong families and supports families in times of need. Both formal and informal partnerships between families, organizations, and multiple disciplinary government agencies create the network necessary to support the effort necessary to support parents in building healthy families.

Neighborhood poverty is associated with poor child and youth outcomes in terms of school readiness and long-term academic achievement. Children in high-poverty areas are at greater risk of low birth-weight, infant mortality, child abuse, behavior problems, teen pregnancy, and school dropout. In contrast, residence in a neighborhood with less than 10% poverty appears to predict more favorable scores on tests of cognitive abilities, above and beyond the influence of family characteristics. (National Research Council, 2000)

A growing body of social science research indicates that living in high-poverty communities undermines the long-term life chances of families and children. Low-income families that live in distressed, high-poverty neighborhoods face especially daunting challenges as they attempt to leave welfare, earn an adequate living and raise their children. In these neighborhoods, crime and violence are common, jobs are scarce, schools are often ineffective, and young people see few opportunities for success. (Turner, 2005)

Exposure to relatively more affluent neighbors becomes increasingly important as children enter school. Young children’s behavioral and physical outcomes appear to be influenced by the level of male unemployment in their neighborhood, above and beyond family characteristics (Child Trends, 2000).

Living in poverty presents multiple, on-going challenges that threaten positive interactions with children and raises the potential for punitive or otherwise negative relationships. Neighborhood conditions that increase stress, such as crime and drug selling, may directly affect parents’ ability to nurture and protect their children by creating anxieties that interfere with good parenting (Furstenburg & Hughes, 1994; Korbin, 1994). The perception of danger in poor communities has a clear effect on the interactions of families and neighbors. Families are reluctant to gather in parks and playgrounds or venture out after dark with children, and neighbors limit interactions among each other out of fear for personal safety (KIDS COUNT Data Book, 2000). Perceived neighborhood safety is important for child development because it affects parents’ willingness to take advantage of resources such as parks, libraries, and children’s programs (National Research Council, 2000). Parents in unsafe neighborhoods may protect their children by restricting their movement, which may affect the



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

Rationale

child’s cognitive stimulation and ability to establish a sense of autonomy (Lipsey & Wilson, 1993; Osofsky, 1995).

In 2002, the California Department of Social Services Research and Development Division reported that statewide, 60% of children in the child welfare system (about 85,000 children) received federal or state welfare prior to becoming involved in the system. That child population represented 2% of all children statewide who had received Aid to Families with Dependent Children or CalWORKs since 1993. Rates of involvement in the child welfare system could be predicted by the AFDC/CalWORKs use rate, unemployment rate, family poverty rate, and county population size. Most children who entered the child welfare system after receiving state public assistance were between the ages of 5 and 9.

Lower levels of parental stress and family conflict are connected to positive child outcomes, including social ability, literacy, and school readiness (National Research Council, 2000; Fenichel & Mann, 2002).

The concentration of poverty—and an associated lack of access to good jobs, affordable housing, high-quality goods and services, and economic and political resources—presents special challenges for efforts to improve economic prospects for residents of low-income neighborhoods. Since the early 1990s, anti-poverty initiatives have emphasized a combination of community revitalization strategies and place-based employment strategies to reverse the effects of concentrated poverty within low-income urban communities. Such efforts seek to increase the social and economic capacity of neighborhoods and capitalize on concurrent efforts to improve the physical and organizational infrastructure, increase the tax base, and strengthen connections to jobs and other resources. By combining multiple program interventions in employment, housing, crime prevention, and economic development with strategies to mobilize residents and information networks to support the interventions, these initiatives aim to harness neighborhoods’ assets on behalf of better outcomes for residents (MDRC, 2007).

An ecological view of social networks suggests that families who have informal supports that dovetail with formalized services will be less prone to mistreat their children. Research concludes that good parenting intentions are essential but may not be sufficient on their own to prevent neglect or abuse, because of the role played by neighborhood factors and external stresses (Gorman-Smith, Tolan & Henry, 2000). Thus programs that incorporate multiple levels of support and “embed parenting concerns within networks of families and friends” (Tolan, et al., 2004) provide a more stable support system than programs focused solely on intra-family skills. The broader focus promotes skills and supports that continue beyond the time of service involvement.

Inner-city families face unique challenges to their support networks because the environment has scarce, unreliable resources and because threats come from sources beyond the family’s control (Tolan, et al., 2004; Roy, 2004; Winter, 1994). Research consistently finds that abusive mothers do not feel they have sufficient support from or numbers of friends (Coohey, 2001; Dominguez & Watkins, 2003). Thus the creation of opportunities for families to build friendships is an important intervention strategy. When programs embed services to parents within networks of family and friends, the entire neighborhood reaps the benefits; this in turn leads to stronger families, especially when interventions encourage positive development rather than fixing problems (Tolan, et al., 2004).



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

Rationale

A community’s level of social capital is a key determinant of the quality of life for resident children and families. Garbarino and Kostelny (1992) found that social disorganization was the key factor that explained why different neighborhoods with equivalent socioeconomic profiles had dramatically different rates of child abuse and neglect. In areas where maltreatment rates were high, community leaders described high levels of isolation and depression; in areas with lower maltreatment rates “there were more services available, the subjects knew more about what was available and there were very strong formal and informal social support networks.”

Interventions have to be focused, but not one-dimensional, if they intend to help families transform their lives. Complex initiatives that cut across conventional programmatic boundaries are necessary to help families overcome multiple challenges. Moving to Opportunities, Jobs-Plus, and the Bridges to Work demonstration projects recognized that focusing exclusively on employment and earnings would overlook critical barriers families face. (Turner, 2005)



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

Evidence: Vulnerable Communities Have Capacity To Respond

By the end of 2001, the Los Angeles Youth Opportunities Grant program had enrolled 2,200 young people (of 2,800 contacted). The average age of participants was 17 and the average reading level seventh grade. The program already moved 350 enrollees into post-secondary education and 200 into part-time or fulltime employment (American Youth Policy Forum, 2002).

The Latin American Youth Center's Evening Reporting Center (ERC) offers young people in Washington, DC who are awaiting trial with an alternative to juvenile detention. The program has a very low rate of recidivism among participants. Youth are picked up after school and receive homework assistance, computer training, mental health counseling, arts and recreational opportunities, and dinner in a supervised setting. During the first half of 2006, only 4% of participants were re-arrested while participating in the 30-45 day program (the lowest rate achieved by any alternative detention program in the District of Columbia), and only 1% failed to show up at their court appearance (Latin American Youth Center, 2007).

The Latin American Youth Center's Educational Enhancement Division serves about 50% of all LAYC participants. Programming is offered to students in kindergarten through high school, and in some instances to adults who want to continue their education. Education services are offered at the main LAYC site and at in-school and after-school programs on school campuses. In 2006, the in-school component served 153 elementary school students; 27% improved their reading or writing skills by at least one letter grade, and 13% improved by at least one letter grade in both subjects. The after-school component 186 elementary school students; 74% met or exceeded the target of completing 90% of all assigned homework on time (Latin American Youth Center, 2007).

Jobs-Plus markedly increased the earnings of residents (including those who eventually moved away) relative to the comparison group in four sites. This impact held over time at three of the sites but disappeared at the fourth when its residents were displaced by a federal HOPE VI renovation project. However, the increased individual earnings did not translate into positive effects on community well-being. (Turner, 2005, Bloom, 2005)

Jobs-Plus' effects on employment were positive at sites that fully implemented the initiative but were smaller and less consistent than the effects on earnings. In the two sites with sizable male populations, Jobs-Plus's earnings impacts were exceptionally large for immigrant men. Jobs-Plus increased the average annual earnings of Hispanic men in Los Angeles by \$3,248 (28%) and Southeast Asian men in St. Paul by \$2,129 (21%). Almost all these men were immigrants and members of two-parent families (Bloom, 2005).

Evidence



Actions



Indicators



Ingredients



Rationale



Evidence

GOAL 6

Vulnerable
Communities Have
Capacity To Respond

Moving To Outcomes for Fair Housing (MTO) project helped families mover from high-poverty, public and assisted housing developments in five cities to healthy, low-poverty neighborhoods with housing vouchers and search assistance. A random-assignment evaluation found MTO dramatically improved the condition of the neighborhood in which participating families lived. Adults experiences significant improvements in both mental and physical health. Girls in MTO families experienced significant mental health improvements and engaged in less risky behavior. Most families remained within the same central-city school district. (Turner, 2005)

Families participating in HomeFriends report a reduction in total parental stress and a statistically significant reduction in parental distress score. Caregivers also report a substantial increase in knowledge and use of parental, child care, and food resources. (HomeFriends, 2005)

Evidence

This Pathway “Notebook” contains a rich body of information about what we know from research, practice, and theory about what contributes to the prevention of child abuse and neglect. An assessment of how to make this resource most useful to those acting to change policies, implement programs, build the infrastructure, establish connections, and allocate resources suggests that standing alone the Pathway is unlikely to have significant impact.

To be used effectively, the “raw material” in the Notebook can be tailored to specific audiences and purposes. Intermediaries - including trainers, technical assistance providers, planners, evaluators, and others – are encouraged to adapt the information and to develop the tools to integrate the Pathway framework into larger efforts.

The “Hot Topics” section is intended to be a place to hold customized resources, such as:

- Strategy briefs and cross-cutting issue papers
- Community scans
- Resource mapping tools
- Quality assessment tools
- Funding and sustainability planning tools
- Logic models

In the future, these tools may be catalogued and made available electronically so change agents can learn from the experience of others working to prevent child abuse and neglect and the effective use of this information elsewhere.

APPENDIX I: THE PATHWAYS MAPPING INITIATIVE

The Pathways Mapping Initiative (PMI) provides a broad, deep, and coherent body of information as a basis for action to improve outcomes for vulnerable children, youth and families.

PMI was established in 2000 as part of the Project on Effective Interventions at Harvard University and initially developed with support from The Annie E. Casey Foundation. It extends the wealth of current findings about what works by drawing not alone on the traditional evaluation literature but including lessons from theory and practice. It organizes these findings in a coherent, contextual framework that connects activities to intended impacts, and provides data to support effective implementation.

PMI's work is based on the conviction that communities and funders should not have to start with a blank slate or scrounge, unaided, to uncover the rich lessons learned by others. We believe that communities will be able to act most effectively when they can combine local wisdom and their understanding of local circumstances with "actionable intelligence" from outside --- the accumulated knowledge about what has worked elsewhere, what is working now, and what appears promising.

With support of the Annie E. Casey Foundation and the W.K. Kellogg Foundation, PMI has constructed three Pathways:

- the Pathway to Third Grade School Success.
- the Pathway to the Transition to Successful Young Adulthood
- the Pathway to the Prevention of Child Abuse and Neglect

In addition the Annie E. Casey Foundation directly constructed a Pathway to Family Economic Success.

All of these Pathways are designed to:

- Give communities reliable guidance about what has worked elsewhere --information these users can combine with their understanding of local conditions and opportunities to improve outcomes for children and families, especially those living in disinvested neighborhoods.
- Give philanthropic funders new ways of understanding what works so they can think and act more strategically and coherently to improve outcomes for children and families.
- Create a forum through which community experience can continuously inform and modify the knowledge base.
- Make it easier for an array of stakeholders to agree on plausible strategies – and therefore to leverage investment of both energy and resources -- across disciplines and jurisdictions, that promise to achieve the child and family outcomes that the majority of citizens consider important.

The Pathways Approach

Our approach to harvesting the extensive and growing body of knowledge about what works is built on a process we call "mental mapping." The mental mapping process is similar to the Consensus Conferences convened by the National Institutes of Health. Both are attempts to move beyond reliance on isolated pieces of evidence and a narrow range of interventions that have proven their effectiveness. Instead, the mental mapping process systematically applies reasonable judgments and plausible interpretations to a preponderance of evidence culled from accumulated experience and from theory – as well as from research.

Mental mapping has allowed us to identify:

- **Actions across systems and silos**, cutting across conventional boundaries to include actions in all domains that contribute to an outcome.
- **Actions that include informal community supports** as well as contributions from formal helping systems
- **Actions that take account of policies and funding** -- the broader context that supports or undermines local action
- **Key ingredients of effectiveness**, with a focus on how actions are implemented and the implications this holds for results and for "scaling up"

We believe that so much of what needs doing is not amenable to the program by program solutions that are now capturing the bulk of attention from those who are trying to become more intentional in their efforts. Mental mapping has allowed us to assemble information about "what works" that goes beyond individual programs and practices, to include the strategies, the connections among programs, and the community-wide efforts that are often the keys to improved outcomes.

Although the Pathways Mapping Initiative draws from a larger universe of knowledge about "what works" than other approaches, much of what we do builds on other well-known work:

- Like the **theory of change** approach to program design and evaluation, PMI makes explicit the links among actions, the contexts in which actions occur, and intended outcomes.
- Many of the actions and key ingredients identified as effective by Pathways are similar to the **best practices** and promising practices identified elsewhere. PMI's Pathways differ from most sources of information about best practices in that they place the practices within a larger, outcome-based context.
- The Pathways include **indicators of progress** toward the outcome that are significant, reliable, and relatively easy for communities to assemble.
- Although we recognize the importance of governance, community engagement, and similar aspects of the **process of change**, PMI focuses on the *content* rather than the *process* of change, because most users of Pathways already have access to assistance from many other sources on the change process.

APPENDIX 2: MENTAL MAPPING AS A TOOL FOR IMPROVING OUTCOMES

During the last decade, researchers and practitioners have learned much about how communities can act to improve the life chances of the individuals and families who live in America's tough neighborhoods. Most of that knowledge, however, comes in small, isolated, and disjointed pieces; arrives too late; is derived from a severely limited range of interventions; and fails to identify what really made the intervention work.

The Pathways Mapping Initiative (PMI) offers an alternative. It broadens the knowledge base about “what works” by applying reasonable judgments and plausible interpretations to “a preponderance of evidence”—culled from both accumulated experience and evaluation findings—coupled with strong theory. PMI's information is developed, organized, and presented in a way that helps communities to think coherently and systematically, across systemic and disciplinary boundaries, about (1) the combination of actions needed to produce a desired outcome, (2) the key ingredients that make those actions effective, and (3) the community and policy contexts that influence effectiveness. The emphasis is not on specific programs but on actions that cut across them.

Our challenge has been to develop criteria and methods for identifying credible evidence about promising efforts, going beyond the circumscribed programs that can be evaluated with experimental methods. We sought to strike a balance between assessing what works by methods that are a poor fit with complex, cross-cutting, community based initiatives, and efforts that amount to little more than a champion's anecdotal accounts. The Mental Mapping process represents that balance.

WHAT IS THE MENTAL MAPPING PROCESS?

Mental Mapping is a process similar to the National Institutes of Health (NIH) Consensus Conferences, which are “a vehicle for moving beyond the piecemeal presentation of evidence from diverse bodies of literature and for ensuring the unbiased synthesis of findings that can inform broader discussions of effective strategies.”¹ The goal of the process is not only to elicit useful information but also to make it easier for policy and program people to think about their work more rationally and coherently.

To do the Mental Mapping, we convene groups of highly knowledgeable, experienced individuals, including researchers and practitioners, who are steeped in their respective fields and diverse in their perspectives and beliefs. Drawing on their accumulated wisdom, we ask them to review and add to the findings from research, and to make explicit their “mental maps” of what works to reach the outcome under consideration. Participants are asked to respond initially to the question, considering the evidence from the research, theory, and experiences you have been exposed to what actions are most likely to achieve the specific outcome under consideration (e.g., higher rates of school readiness, third grade school success, or successful transition to young adulthood)?

¹ Shonkoff, J.P., & Phillips, D.A. (Eds.). (2000). *From neurons to neighborhoods: the science of early childhood development*. Washington, DC: National Academy Press.

As they respond, we encourage participants to dig deep and put on the table issues that might otherwise remain hidden. We want Pathways to stimulate action in areas that are typically neglected; we want to highlight the importance of filling gaps among interventions, services, and supports and forging connections between them. For example, when we asked Mental Mapping participants in school readiness sessions what interventions were most likely to help change outcomes for the highest-risk, most disadvantaged families, they did not primarily recommend new *programs*. Rather, they emphasized the *connections* that must be built into existing programs and institutions, to make it easier and more routine for child care staff, for example, to obtain the training and support to improve their skills, or to be able to mobilize developmental assessments of a child they are concerned about.

Because we take great care to ensure a rich mix of backgrounds and outlooks among Mental Mapping participants, we have been able to protect both the process and the product from bias. We distinguish claims for which there is strong consensus from those that fail to stimulate consensus, are drawn exclusively from a single program or organization's experience, or represent an idiosyncratic point of view, and we discard the latter.

PMI supplements the information generated by Mental Mapping meetings by asking other experts to fill any remaining gaps. We also field-test the information with groups of potential users to make sure it is readily understood, useful, and relevant.

WHAT HAS PMI DONE WITH THE MENTAL MAPPING FINDINGS?

We have used the Mental Mapping process to construct Pathways to three outcomes: to School Readiness and Third Grade School Success, to Successful Young Adulthood, and to the Prevention of Child Abuse and Neglect.

The Pathways share five distinctive features:

- 1. Pathways bridge disciplines.** People know it takes more than family support services to strengthen families, more than child welfare services to keep children safe, more than the police to keep neighborhoods free of violence, and more than good preschool programs to get children ready for school. But there are few frameworks for drawing such cross-cutting conclusions, apart from the Mental Mapping process. The diversity of Mental Mapping participants, and the mandate to think across boundaries, meant we were no longer looking at disciplinary domains and systems in isolation. Consequently, Pathways users see the many ways that communities can act effectively and explore those which are most useful to them.
- 2. Pathways identify the actions and strategies that contribute to achieving specified outcomes.** We identify specific actions (services, supports, and other interventions) that are likely to achieve the stipulated goals and outcomes, including actions on the front lines, at the community level, and at the policy and systems level. We organize these actions and strategies by their hypothetical contributions to achieving the outcome. For example, "providing a wide range of family planning services and methods that are effective, affordable, and acceptable to a variety of actual and potential users" is the first action listed under services that contribute to higher rates of "intended, well-timed pregnancies."
- 3. Pathways identify easy-to-use indicators of progress toward specified outcomes.** In laying out indicators that assess progress toward the desired outcome,

we seek to help communities quantify impacts, and also to resist pressure to tailor programs and initiatives merely to outcomes that are easy to document, which can distort the vision for change. The Pathway to School Readiness, for example, includes 19 outcome indicators that measure school readiness at the time of school entry (e.g., “percent of children in expected height and weight range”) and 28 interim indicators (e.g., “percent of parents who read to their children in the past week,” “percent of children who have moved more than once in the previous year”). Each indicator is accompanied by a definition, a description of why it’s important, and advice on how to collect it.

- 4. Pathways identify attributes—key ingredients—that make specific actions effective.** The Mental Mapping process helps us identify the key ingredients, or traits, that seem to characterize effective interventions. Examples include the extent to which interventions are family-centered, community-based, and culturally sensitive. This information broadens our knowledge not only about *what* works but *how* it works. Being able to describe the essential elements with precision and in some depth, even in the absence of absolute certainty, makes it more likely that promising efforts can be taken to scale or transported successfully to new environments.

- 5. Pathways identify the elements of community and system infrastructures that support and sustain effective change over time.** The Mental Mapping process identifies community and policy contexts that are essential to improving outcomes but don’t attach to a single program or intervention. For instance, a hostile regulatory, funding, or accountability climate can seriously undermine the ability of organizations and community groups to take effective action or to develop the institutional characteristics that underlie more successful programs. This deeper level of analysis helps to clarify the limitations of individual programs and illuminate synergy in the work that cuts across domains.

APPENDIX 3: LIST OF EXAMPLES

EXAMPLE	LOCATION	GOAL/ ACTION
Abandoned Infants Assistance Program	Los Pasos, NM	4B
Addison County Parent/Child Center	Middlebury, VT	1B
After School Matters (ASM)	Chicago, IL	1C, 6B
All Children Excel (ACE)	Ramsey County, MN	3B
Allegheny County Early Childhood Initiative (ECI)	Allegheny County, PA	5A
Another Road to Safety (ARS)	Alameda County, CA	3A
Ashe County Partnership for Children Family Support Center	Ashe County, NC	1B
Avancé Child and Family Development Project	Texas	2A
Baby Steps	Okolona, MS	6B
Beacons	multiple locations	1C
BECAUSE (Build and Enhancing Community Alliances United for Safety and Empowerment) Kids Count!	multiple locations	5A
Best-PCP-Behavioral, Developmental, Emotional Screening and Treatment by Primary Provider in Medi-Cal Managed Care	California	1A
Beyond Shelter's Housing First Program	California	2A
Big Brothers Big Sisters (BBBS)	multiple locations	1C
Birth To Five Policy Alliance	multiple locations	5A
Birth-to-Five Project	Illinois	5A
Boston Medical Center's Department of Pediatrics ➤ Medical-Legal Partnership for Children ➤ Project HEALTH	Boston, MA	1A
Breaking The Cycle	Toronto, Canada	4A
BUILD Initiative	multiple locations	5A
California Safe and Healthy Families (Cal-SAHF)	California	4A
California Works for Better Health (CWBH)	California	6A
Calvary Bilingual Multicultural Learning Center	Washington, DC	1B
Center for Family Life in Sunset Park	Brooklyn, NY	2B, 3A
Chatham Estates	Chester, PA	5C
Chicago Alternative Policing Strategy (CAPS)	Chicago, IL	5C
Child Abuse Prevention Councils	California	3B
Children's Services Council	Palm Beach County, FL	1B
Children's Upstream Project (CUPS)	Vermont	3B
Community Change for Youth Development	multiple locations	5A
Community Partnerships for Protecting Children	Iowa	5B
Community Services Planning Council	Sacramento, CA	3C
Contra Costa County	Contra Costa County, CA	3C
Crisis Nursery Programs	Iowa	2B
Crossway Community	Kensington, MD	3A
Curiosity Corner	multiple locations	1B
Dudley Street Neighborhood Initiative	Boston, MA	5C

List of Examples

List of Examples

EXAMPLE	LOCATION	GOAL/ ACTION
Early Childhood Mental Health Project	San Francisco County, CA	1B
Early Developmental Screening & Intervention Initiative (EDSI)	Los Angeles, CA	1B
East Bay Asian Youth Center	Oakland, CA	5C
ECD Mapping Project	British Columbia, Canada	3C
Educare Centers	multiple locations	1B
Exodus	Compton, CA	4B
Family Access Response	Minnesota	3A
Families and Centers Empowered Together (FACET)	Wilmington, DE	6A
Families and Schools Together (FAST)	multiple locations	2A
Family Builders Program	Arizona	3A
Family Connections	Baltimore, MD	5B
Family Friends	Philadelphia, PA	6A
Family Reclaim	Oakland, CA	4A
Family Support Center, Ashe County Partnership for Children	Ashe County, NC	1B
Family Support Initiative	Rhode Island	2B
Family, Infant, and Toddler Program	Vermont	1A
Family Violence Prevention Fund	Multiple locations	4B
First 5 California School Readiness Initiative	California	5A
Five Oaks and Dunbar Manor Communities	Dayton, OH	5C
Flint Youth Violence Prevention Center's Youth Empowerment Solutions for Peaceful Communities (YES)	Michigan	1C
Good Beginnings Alliance Play and Care Centers	Hawaii	1B
Hampton Coalition for Youth	Hampton, VA	1C
Hampton Healthy Families Partnership	Hampton, VA	5A
Harlem Children's Zone	Harlem, NY	6B
Healthy Families Arizona	Arizona	2A
Healthy Steps for Young Children	multiple locations	3B
Head Start At Home Partners Project	Cambridge, MA	1B
Heart Start Awareness Training Sessions	Dade County, FL	5C
Heart Start Public Awareness Campaign	Chicago, IL	5C
Help Me Grow	Connecticut	1A, 3B
Hilton/Early Head Start Training Program	multiple locations	1B
Hope Street Family Center	Los Angeles, CA	6B
Interagency Coordinating Council for Building Healthy Families	Texas	3C
Interagency Council on Child Abuse and Neglect (ICAN)	Los Angeles County, CA	3C
Jobs-Plus Demonstration	multiple locations	6A
KIDS Now (Kentucky Invests in Developing Success)	Kentucky	1B
Lao Family Community Development Inc.	Oakland, CA	5C
Latin American Youth Center	Washington, DC	6B
LISC Community Safety Initiative	multiple locations	5C

List of Examples

EXAMPLE	LOCATION	GOAL/ ACTION
Maryland Family Support Centers Network	Maryland	2A
Mayfair Improvement Initiative	San Jose, CA	5C
Michigan Families First: Domestic Violence Collaboration Project	Michigan	4B
Minding The Baby	Fair Haven, CT	2A
Missouri Division of Family Services	Missouri	3A
New Economics for Women (NEW)	Los Angeles, CA	2C, 5C
New Orleans Job Initiative (NOJI)	New Orleans, LA	5C
Nurse-Family Partnership	multiple locations	2A
Nurturing Program for Families in Substance Abuse Treatment and Recovery	Solano County, CA	4B
One Rhode Island Coalition	Rhode Island	5A
Operation PAR	Florida	4A
Ounce of Prevention Fund	multiple locations	3B
Parents and Children Together (PACT)	Honolulu, HI	3A
Parents Anonymous	multiple locations	2B
Pregnant and Parenting Women's Alternative Sentencing Program Act	California	4A
Prenatal to Three Initiative	San Mateo County, CA	2A
Prevent Child Abuse Iowa	Iowa	3B
Program for Infant/Toddler Caregivers	California	1B
Project BEFORE	Kansas	4B
Project Relationship	Los Angeles, CA	1B
PROKids	Hartford, CT	4B
Providence Asset Building Coalition (PABC)	Providence, RI	2C, 5C
Reframing Project, Frameworks Institute	multiple locations	5C
SAFE Children Program	multiple locations	6A
Safe Passages	Oakland, CA	4B
Safe Start Demonstration Project	multiple locations	5A
San Antonio Department of Community Initiatives	San Antonio, TX	1B
San Diego Children's Hospital Family Violence Program	San Diego, CA	4B
Santa Clara County Greenbook Initiative	Santa Clara, CA	4B
Smart Start	North Carolina	5A
St. Louis Neighborhood Network	St. Louis, MO	3A
Starting Early Starting Smart (SESS)	Maryland	1A, 4A
Strengthening Families through Early Care & Education	multiple locations	1B, 5A
Stop It Now!	multiple locations	5C
STRIVE	New York City, NY	2C
Strong Communities for Children in the Golden Strip	South Carolina	5B
Team Decision Making, CA Child Welfare Services	California	3B
Thrive by Five Washington	Washington	5A
Triple P (Positive Parenting Program)	multiple locations	2A
Youth Opportunity Grants	multiple locations	6A
YouthBuild	multiple locations	5B
Zero to Three	multiple locations	3B

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APPENDIX 5: CONTRIBUTORS AND ACKNOWLEDGEMENTS

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The Pathways approach to assembling and organizing knowledge allows us to display an extensive compilation of the work of many others. We appreciate their contributions. Our intent is to build a resource that encourages users to see new facets of existing work and opportunities to act more effectively given what we know can work based on the research, experience, and analyses captured in the Pathway.

First, we want to acknowledge the contribution of participants in the two Mental Mapping meetings associated with the Pathway to the Prevention of Child Abuse and Neglect; they are listed below. Their willingness to share their knowledge and their willingness to think out loud about the challenges they face and about the unexplored intersections among different fields provides the foundation upon which we built the Pathway.

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Lastly, we are not alone in our effort to manage information to inform strategic investment and effective action to improve outcomes in this arena. Our hope is that we enhance other knowledge-building projects and that together we offer many "doors" to the knowledge that decision-makers need. The extensive links embedded in the Pathway are intended to facilitate deeper exploration into the ideas, strategies, and literature described. In addition, several websites have been particularly useful in the development of the Pathway to the Prevention of Child Abuse and Neglect, including the following:

National Center for Children in Poverty, www.nccp.org

FRIENDS National Resource Center, www.friendsnrc.org

Child Welfare Information Gateway, www.childwelfare.gov

Child Trends, www.childtrends.org

Finance Project, www.financeproject.org

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