Arizona Child Abuse and Neglect Prevention System

A Report of the Prevention System Subcommittee

Action Plan for Reform of Arizona's Child Protection System

September 2004

"Arizona must commit to making child abuse prevention an integral part of our child welfare system and community action. To make this a reality, we must link effective public and private programs to form a true prevention network. This plan shines a light on how - together - we can assure more of our children are safe and healthy, and their parents get help early, before the damage is done."

Governor Janet Napolitano

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Executive Summary

The Prevention System Subcommittee of Governor Janet Napolitano's Action Plan for Reform of Arizona's Child Protection System developed this document to address prevention of child abuse and neglect in Arizona from several aspects. First, the committee inventoried model prevention programs and services statewide and nationally. Second, documented risk and protective factors associated with child abuse and neglect were identified. Third, existing effective strategies and program models as well as gaps in preventive services were summarized, creating a recommended prevention services continuum for Arizona. Finally, a comprehensive set of recommendations to prevent child abuse and neglect was developed. These recommendations address significant risk factors for child abuse and neglect and fall into five priority categories:

> ## Executive Summary
>
> **Action 2.3 – Inventory of Prevention Programs to Identify Unmet Needs and Strengthen Existing Services.**

a. **Parenting and Family Support:** state agencies and community providers should develop a seamless support system for new parents and those who later experience parenting challenges to follow the child and family through the key developmental stages of life.

b. **Economic Security:** services should be provided to families to improve their economic opportunities.

c. **Health:** high quality, affordable health care should be accessible in all communities to all families

d. **Child Care:** high quality, affordable child care should be accessible in all communities to all parents.

e. **Evaluating Prevention Programs:** it is appropriate to evaluate prevention services in terms of their effectiveness in both reducing risk factors associated with child abuse and neglect, and increasing family strengths.

The committee recommends the development of a statewide prevention continuum of services known to reduce risk factors for child abuse and neglect while increasing family and community strengths and protective factors.

In order to reduce the incidence of child abuse and neglect in our state, we must make targeted, and long term investments in front-end services which start at birth, if not before and provide intensive, comprehensive, and family-centered resources and support that reduce risks and promote protective factors.

Background and Overview

This document was developed by the Prevention System Subcommittee, one of the action teams for the implementation of Governor Janet Napolitano's Action Plan for Reform of Arizona's Child Protection System. Specifically, this committee worked on Action 2.3: "Inventory of Prevention Programs to Identify Unmet Needs and Strengthen Existing Services." It was the duty of this committee to research and craft recommendations to "develop a statewide prevention system." This group functioned between February and September 2004 with 15 representatives from different public and private entities.

The first task of this action team was to gather and review previous inventories of family support, home visiting and other child abuse and neglect prevention related programs and services both in Arizona and nationwide. Information from these references along with national sources was used to develop the Child Abuse and Neglect Risk & Protective Factor Information matrix in the appendices.

The committee then broadened its scope beyond the inventories and looked at effective strategies and program models both locally and nationally. Gaps in services in Arizona were identified, and sources were documented to validate all recommendations developed by the committee. Therefore, this document represents an enormous amount of research condensed to a few pages of concise information showing:

◆ Why prevention is important;

◆ What Arizona needs to do to develop a statewide prevention continuum; and

◆ How an effective prevention system in Arizona would help improve child well being and child/family outcomes.

"We know enough today to change the conditions in which child abuse and neglect occurs. Arizona can be one of the first states in the country to systematically reduce the risks that lead to children being harmed and families falling apart. It is within our reach, to see fewer deaths, and fewer CPS reports each year, while more and more parents succeed at life's most difficult job. "

Rebecca Ruffner,
ExecutiveDirector,
Prevent Child
Abuse Arizona

Background and Overview

Prevention Works!

Focusing efforts on an effective prevention system that incorporates evidence-based programming across all domains will improve outcomes for children, families and communities, while working toward ameliorating child abuse and neglect.

The information contained in this report should be used by government agencies, legislators, other policymakers, families, educators, community providers, and child advocates. It can assist with program development and expansion activities, training needs, guide funding decisions, and create policy priorities around child welfare. It can also be used as a tool for parents to show what resources and assistance are available in the state.

What is Prevention?

In Arizona statute 8-201 (23), prevention is defined as: the creation of conditions, opportunities and experiences that encourage and develop healthy, self-sufficient children and that occur before the onset of problems.

Why Prevention?

Child maltreatment is a public health crisis. Over 70,000 children are reported to child protective services in Arizona each year as in danger at the hands of their caregivers. In 2002 in Arizona 36 children died as a result of fatal child maltreatment[1]. The costs of providing medical and social services, legal investigation and prosecution, and educational remediation, far outweigh the costs of preventing child maltreatment before it occurs. And national experts estimate at least 30% of child abuse and neglect is preventable[2]. State agencies and community partnerships should focus efforts on an effective prevention system that incorporates evidence based programming across all domains will improve outcomes for children, families and communities, while working toward ameliorating child abuse and neglect. Across systems and agencies, we must recognize that we are all partners in prevention, and by keeping prevention in the forefront of service planning and delivery, the likelihood of positive outcomes for children, families and communities is increased.

Risk Factors for Child Abuse and Neglect

The Child Abuse and Neglect Prevention System subcommittee undertook a literature review of the issues surrounding child maltreatment, beginning with the first research done on the subject in 1972. Based on this review, the subcommittee identified several risk factors for child abuse and neglect. The risk factors cross all domains: family, peer/individual, community and school. The purpose of identifying these risk factors is to match them with protective factors and strategies for child abuse and neglect prevention, as noted in both the characteristics of effective programs as well as the child abuse and neglect prevention continuum.

It is important to note that research has demonstrated the compounding effect that risk factors have on child abuse and neglect. It is the combination of multiple risk factors (ie: poverty and substance abuse) that strongly predicts damaging outcomes. Conversely, when risk factors are eliminated or reduced, protective factors can be fostered to create positive outcomes, including the nurturing and protection of children.

A comprehensive matrix of many of these factors and strategies can be found in the appendix, on page 18.

Risk Factors

A family at risk for child abuse and neglect is likely to cross multiple risk and protective factors. Thus, the recommended strategy is one that encompasses all domains, and involves an intelligent wrap-around service delivery concept for children and families at risk for child abuse and neglect.

"In the middle of difficulty lies opportunity."
Einstein

Risk Factors for Child Abuse and Neglect

Parent substance abuse	Child's behavior and temperament	Parent's unrealistic expectations of child development
Abnormal or nonexistent attachment and bonding	Parental attitude about becoming a parent	Child's disability
Family economic factors	Child's health	Low parental IQ
Family management problems and family conflict	Parent attitude about school	Parental language barriers
Parental history	Parental depression	Age of parents at birth of child
Single-parent family	Parental physical and mental health issues	Parent attitude about drugs
Parent or child antisocial behavior	Availability of drugs in the community	Child's performance at school
Community environment factors	Low neighborhood attachment/community disorganization	Child's behavior at school

The committee recommends the development of a statewide prevention continuum of services known to reduce risk factors for child abuse and neglect while increasing family and community strengths and protective factors.

Characteristics of Effective Programs[3]

Risk Factors:

Following an extensive literature review about effective prevention programs, the committee recommends these standards, adapted from the State of New Jersey Task Force on Child Abuse and Neglect's standards, when implementing and measuring prevention programs in Arizona.

Characteristics of Effective Programs

Conceptual standards are related to the theories and beliefs behind the programs; a framework for the approach.

Practice standards are related to program design and implementation issues; specific elements that should be incorporated into the programs.

Administrative standards are related to the administration and management of the programs.

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

Recommended Child Abuse and Neglect Prevention Continuum for Arizona

The Prevention Continuum and Recommendations on pages 7 – 13, represent models that the committee has identified as effective and therefore necessary to be present in Arizona communities for preventing child abuse and neglect. The models are organized by the population served – both developmentally and by intervention classification. Few identified models have been fully implemented as programs in Arizona. The committee recommends the implementation of these models and strategies in all communities in order to provide a child abuse and neglect prevention continuum that reduces risks and promotes protective factors in Arizona's families. A Glossary of terms is provided in the appendix on page 16.

> **Recommendations should be used as a tool by communities, families, government agencies, legislators, other policy makers, educators, community providers and child advocates to develop policies and programs that help families address the risk factor identified.**
>
> **Five priorities encompass recommendations that address the risk and protective factors and the programs included in the prevention continuum.**

"To the world you may be one person, but to one person you may be the world."

Prevention Continuum Matrix

POPULATION SERVED	Universal	Selected	Indicated
Prenatal	• Comprehensive Prenatal Care	• Fast Track Prenatal Health Insurance (ex: Baby Arizona) • Adolescent Pregnancy and Parenting • Home Visiting (ex: Healthy Families)	• Comprehensive High Risk Pregnancy Case Management (medical and social)
Infancy/Early Childhood (Birth-4)	• New Parent Education and Support • Shaken Baby Syndrome Education	• Adolescent Pregnancy and Parenting • Neonatal Intensive Care Programs/Unit • Public Health Community Nursing Services • Home Visiting (ex: Healthy Families) • Mental Health Consultation in Preschools and Child Care Centers • Early Head Start and Head Start	• Infant Mental Health Services • Child Crisis Shelters and Services (ex: Crisis Nursery)
School Age (5-12)	• After-school Programs • School-based Child Development Specialists • School-based Health and Social Services • Mental Health Services	• School-based Parenting Classes • Juvenile Justice System Diversion Services • Animal Violence Information	• Child Crisis Services (ex: Crisis Nursery) • 24-hour Youth Drop-In Crisis Centers
Adolescence (13-18)	• After-school Programs • Summer Camp Programs • Adult-Teen Mentoring • School-based Life-skills Training (including healthy relationships, child development and vocational education opportunities) • Educational/Vocational Services • Mental Health Services	• School-based Teen Parenting Classes and Day Care Centers • Juvenile Justice System Diversion Services • Educational/Vocational Services for Pregnant and Parenting Teens • Animal Violence Information	• Multi-Systemic Therapy • Functional Family Therapy • Drop Out Prevention Services • 24-hour Youth Drop-In Crisis Centers
All Ages	• Medical Home • Neighborhood Watch Programs • Parent Education Services • Family Planning Services • Family Support and Resource Centers • Parent Support Groups • 24-hour Hotline Services	• Family Support and Resource Centers • Family Involvement Centers • Case Management/Social Worker Integration in Primary Health Care Settings • Domestic Violence Counseling • Programs to enhance economic opportunities • Housing Support services for families • Child-focused Divorce Mediation • Quality Child Care • Respite Care	• Family Advocacy Centers • Homeless Shelter – Human Services Campus • Child and Family Teams • Respite Services (including for special needs children) • Mental and Behavioral Health Treatment (including CFTs) • Substance Abuse Treatment • Domestic Violence Counseling

Recommendations for Preventing Child Abuse and Neglect in Arizona

As an Action Team of the Governor's Implementation Plan for CPS Reform, the Child Abuse and Neglect Prevention System Subcommittee has categorized recommendations into five primary priorities. We believe these categories encompass all of the risk and protective factors across each domain, therefore allowing for more effective public policy and practice change. The recommendations build on the prevention continuum and risk and protective factor matrix, and were chosen based on feasibility, achievable timelines, and the climate - both politically and fiscally. Each recommendation begins with a qualifying statement about the priority, and then explains specific recommendations on how to establish Arizona's Prevention System.

Community involvement and understanding can help to reduce the incidence of child abuse and neglect. We must find a way to effectively engage the public and communities in child abuse and neglect prevention.

"My father gave me the greatest gift anyone could give another person – he believed in me."

Jim Valvano

Parenting and Family Support

Too often children are born to parents who may be ill prepared to provide care for them and who rarely get the support services and treatment that could help; therefore state agencies and community providers should develop a seamless support system for new parents and those who later experience parenting challenges to follow the child and family through the key developmental stages of life.

◆ Increase the availability and accessibility of relationship-based home visiting programs for at-risk families.

◆ Create opportunities for parent-to-parent support in communities.

◆ Improve the availability and accessibility of parent education and support programs.

Child abuse and neglect is strongly linked to families experiencing domestic violence, substance abuse and/or mental health issues. These issues are often co-occurring and intergenerational in families. A stable, nurturing environment after birth can

ameliorate damage and protect children exposed to domestic violence, substance abuse, and/or mental health issues.[4]

◆ Expand and increase accessibility to programs addressing domestic violence, substance abuse and/or mental health issues that focus on the total family treatment concept and meet the needs of all eligible families.

◆ Create categorical eligibility for specialized populations, specifically the seriously mentally ill (SMI) population with children, and improve service delivery to families with identified SMI and substance abuse issues to ensure treatment plans are integrated or coordinated to meet both the children's and parents' needs.

Economic Security

Lack of income and asset accumulation are strong contributing factors to child abuse and neglect, and the likelihood of abuse and neglect occurring is twenty two times greater in families in poverty; therefore services should be provided to families to improve their economic opportunities.[5]

◆ Information and assistance in obtaining skills training, education and job opportunities should be provided to all participants in the identified continuum of prevention programs.

◆ Create linkages for homeless families and families at-risk of homelessness to affordable housing units while advocating for sufficient funding to build affordable housing units for low income families.

◆ Increase opportunities for families to take advantage of income support (ie: child care subsidies, TANF and food stamps) and wealth promotion (ie: tax credits, savings programs) activities.

"Prevention demands that we more effectively combat the two primary causes of child abuse and neglect - family violence and poverty. To do this, we must engage communities and empower families to be more active participants in efforts to keep children safe and help their parents work toward self-sufficiency."

David Berns
Director, Arizona
Department of
Economic Security

◆ Create and expand the technology for multi-purpose applications (paper and web-based) and streamlined application and eligibility processes for public assistance.

Health

Healthy children are less prone to be victims of child abuse and neglect and healthy parents are better able to care for their children; therefore high quality, affordable health care should be accessible in all communities to all families.[6]

◆ Eliminate barriers (ie:) for parents and children to have high quality, affordable health care, including behavioral health and dental care.

◆ Increase clinical competence and the capacity of publicly funded behavioral health services to address infant mental health and caregiver needs.

Prenatal substance and alcohol use can have devastating long term physical and mental effects on the unborn child. Children with prenatal drug and alcohol exposure are at greater risk for physical and developmental problems which have been proven to increase the risk for child abuse and neglect and undermine the child's readiness for school.[7]

◆ Increase accessibility to prenatal substance and alcohol use prevention and education programs and services for expectant mothers in all communities.

◆ Increase accessibility to appropriate levels of treatment and intervention for expectant mothers with substance and alcohol disorders.

Children with disabilities or those at risk for developmental delay may be at increased risk for abuse and neglect; therefore, families need information about how to obtain early intervention services to mitigate developmental delays/disabilities.[8]

"Nothing splendid has ever been achieved except by those who dared believe that something inside them was superior to circumstance."

Bruce Barton

◆ Increase collaboration between the Arizona Early Intervention Program (AzEIP), the Arizona Health Care Cost Containment System (AHCCCS), the Department of Health Services Division of Behavioral Health Services (DBHS), commercial insurers, hospitals, and community organizations that provide services to families of young children.

Child Care

Quality child care promotes family economic stability, healthy child development and school readiness, and reduces family stress, and the potential for child abuse and neglect; therefore high quality, affordable child care should be accessible in all communities to all parents.

◆ Eliminate barriers for parents to have affordable, accessible child care.

◆ Implement a Quality Rating System to identify, incentivize and support quality in child care settings.[9]

◆ Revise licensure requirements to meet national standards for caregiver-child ratios and group sizes.[10]

◆ Fund scholarships for early childhood professional development for child care workers.

◆ Make behavioral health consultation available to preschools and child care centers.

◆ Support child care centers that provide both high quality care for children as well as a range of supportive services for parents.[11]

"Everybody who thinks life is complicated: hold up your hand."

(Cassady, Age 4)

"Do something today which the world may talk of hereafter."

Admiral Collingwood

> **We must find a way to measure the reduction of risks and the presence of protective factors and family strengths, as well as monitor the quality of state funded prevention programs.**

Evaluating Prevention Programs

Evaluating child abuse and neglect prevention activities can improve training, quality of programs, customer service, monitoring and overall service delivery. However, attempts to measure the effectiveness of prevention programs by tracking the incidence of abuse and neglect in the population served are both inappropriate and unreliable. Services provided to the family, especially those that are home-based, result in much closer and more frequent observations of the family interactions. Service providers, as mandated reporters, therefore are more likely to report suspected child abuse or neglect in a family, than if no services were being provided to the family. It can be argued that these reports may actually be less serious and offer the family earlier intervention than if there were no services and the abuse or neglect worsened until it finally became apparent to extended family or community members. Therefore, it is appropriate to evaluate prevention services in terms of their effectiveness in both reducing risk factors associated with child abuse and neglect, and increasing family strengths.

◆ Implement evaluation tools in state-funded prevention programs that measure risk reduction and family strengths outcomes.

◆ Regularly monitor the quality of state-funded prevention programs. Quality needs to incorporate such components as culturally appropriate services and family involvement in treatment planning, service delivery, monitoring and evaluation.

◆ Incorporate training on the importance of risk reduction and family strengths in all state-funded prevention programs. Incorporate data elements into state agency technology systems to utilize outcome information to inform future policy.

Appendix

Prevention Continuum: Intervention Classification Definitions[12]

Universal Prevention Interventions

Universal interventions for families are designed for a general population of families and youth. Family interventions at this level are generally shorter in length and often less intensive than programs in the other categories. Examples are programs that target a general community of parents/families without specific, identifiable needs. National Programs include Raising a Thinking Child: I Can Problem Solve, Preparing for the Drug-Free Years, and the NICASA Parent Project.

Selected Prevention Interventions

Selected interventions are targeted at high-risk individuals or families as members of at-risk subgroups. Family interventions at this level are generally longer in length. These more extensive programs often involve parents, extended family and youth to target behavioral changes. These programs are designed to reduce family risk factors such as family disorganization, excessive family conflict or poor supervision of the child or poor discipline skills. These selected interventions are often implemented in communities with factors generally correlated with high levels of family stress and disruption such as poverty, high mobility and high unemployment. National examples of selected family prevention interventions are the Prenatal and Early Childhood Nurse Home Visitation Program, Strengthening Families Program, Adolescent Transition Program and Effective Black Parenting Program.

Indicated Prevention Interventions

Indicated prevention programs are designed to address the multiple risk factors in individual families. Identified or diagnosed problems could include school failure, delinquency, non-compliance, drug use in the child or indicators of parenting dysfunction such as child physical or sexual abuse, severe neglect, or other parental pathology. Indicated prevention programs are even more extensive, longer and can involve in-home therapeutic or family support sessions. Many of these programs are categorized as both prevention and treatment because they are effective in preventing the developmental progression from one disorder to another. National examples of these programs include Helping the Noncompliant Child, Focus on Families and Functional Family Therapy.

Prevention Continuum: Definitions

At-Risk: Research has shown that certain conditions in children's community, school, family, and peer environments, as well as physiological and personality traits of the children themselves, are statistically correlated with problems and problem behaviors including child abuse and neglect.

Case Management: A caseworker assists a participant in a designated program in determining their needs and eligibility and in finding necessary resources to meet their stated needs.

Child and Family Teams: A family/caregiver-driven process joining families with child-service providers in a collaborative effort between the child, family, and agencies involved in the family's life to plan strategies that will meet both the formal and informal needs of the child and family. Involved parties may include the Behavioral Health System, State Child-Serving Agencies, Educational Providers, and other formal and informal supports. Work is strengths-based and recognizes the unique abilities and culture of each family, working collaboratively to achieve the outcomes for children to live with their families in their communities, remain in school, avoid delinquency and become stable, productive adults.

Early Intervention: Any strategy, including programs or services designed to identify a problem

Family Advocacy Centers: These centers are designed to provide comprehensive victim services, while improving the investigation and the prosecution of family violence. Advocacy centers throughout Arizona are designed to provide on-site services, such as medical services, behavioral health care, social services and investigations and prosecutions, to child victims of either physical and sexual abuse or neglect. Some centers provide services to adult victims as well.

Family Involvement Centers: Family Involvement Centers support, inform, involve, and connect families raising children with behavioral health challenges. Families who have mental, behavioral, or emotional health needs support and assist each other through caregiver-caregiver, parent and youth leadership, while helping policy makers, agencies, and providers to transform service systems and be more effective in the delivery of services and supports to children and youth with an emotional, behavioral or mental disorder.

Family Support and Resource Center/Family Support Modality: Family support is a philosophy which seeks to strengthen and empower families and communities to foster the optimal development and welfare of children, youth and adult family members, including the elderly. Family support involves a commitment to change all services by making them available to all families (not just those "at risk"), emphasizing prevention - not crisis intervention - as the best means to help families. Centers themselves can be located in the community, in school environments, on campuses, at community health centers, and anywhere that supports multi-agency coordination and supports programs that provide comprehensive direct services.

Fast Track Prenatal Health Insurance: This process promotes early access to prenatal care and streamlines eligibility for Medicaid coverage to pregnant women. Outreach is designed to educate the public about eligibility for services, how and where to obtain them and utilization of these services.

Functional Family Therapy: A family-based prevention and intervention program designed to treat high risk youth and their families. FFT utilizes a multisystemic perspective in its family-based prevention and intervention efforts.

Prevention Continuum: Definitions

Home Visiting: A face-to-face interaction that occurs between the participant(s) and home visitor with the goals of promoting positive parent-child interaction, healthy childhood growth and development, and enhancing family functioning. Typically, home visits occur in the home, last a minimum of an hour and the child is present.

Infant Mental Health: Optimum infant mental health is the "goodness of fit" between the infant and his or her environment and parents, guardians or caregivers. This "goodness of fit" allows for emotional growth and development as demonstrated by: Healthy attachment between the child and the caregivers, parents and guardians; emerging self-confidence; competency in human relationships, and behavior appropriate to developmental stage.

Homeless Shelter: Human Services Complex: The Human Services Complex model is a one-stop center, providing a multi-disciplinary, interagency approach to provide human services and resources to individuals who are currently homeless, and living on the streets. Interagency collaborators include medical clinics, shelters, mental health, jobs services and more.

Juvenile Justice Diversion Services: In Arizona, diversion allows a juvenile to avoid formal court processing and to have the referral alleging an offense adjusted if the juvenile completes one or more conditions. If a juvenile complies with the consequences set forth by the probation officer or community based alternative program, a petition is not filed in Juvenile Court.

Medical Home: Pediatric health care professionals and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their familes achieve their maximum potential. A medical home is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Multi-Systemic Therapy: An intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. Intervention crosses the individual, family, and peer/school/neighborhood domains. MST targets chronic, violent, or substance abusing juvenile offenders at high risk of out-of-home placement, and their families.

Programs to Enhance Economic Opportunities: These programs seek to enhance employment by providing additional supports to meet basic needs. They may be a direct benefit, such as cash assistance, food stamps or child care subsidy, or they may be wage supplements, such as family tax credits.

Protective Factors: Protective factors are conditions that buffer the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood of problems and problem behaviors from arising.

Public Health Community Nursing Services: Nursing visits to families with medically fragile infants. Visits may continue to age three depending upon family and child needs; services include educating parents about the use of medicines and specialized equipment, physical and developmental assessments, nutrition, and parenting skills.

24-Hour Hotline Services: These services are provided 24 hours a day, 7 days a week, 365 days a year via telephone. They vary in level of service from information and referral to crisis counseling.

Child Abuse and Neglect Risk & Protective Factor Information

Domain	Risk Factors	Protective Factors	Strategies for Prevention/Intervention[1]	Effective Models and Programs
Family	Parent Substance Abuse	Skills; Opportunities; Bonding (attachment and commitment); Healthy Beliefs; Clear Standards; Extended Family Support; Cooperative parent (willing to learn, improve)	Programs that provide substance abuse treatment and a continuum of treatment for parents and children[2]; School and Faith-Based Programs; Multidisciplinary/Cross-Systems Approach; On-Site Addiction Counselors in CPS Offices; after school activities; Help available 24/7	Models: Family Care Programs[3]; Baby Arizona; Medical Home; Family Involvement Centers; One-Stop Centers; Public Health Nurse Visitation; Infant Mental Health Program in Juvenile Court Programs: Families FIRST; Family Builders; Healthy Families; Nurse Family Partnership; Strengthening Families; Kinship Care (Tucson); Healthy Mothers, Healthy Babies; EVAC (for addicted moms and babies); For Now, Forever; The Incredible Years; Pregnancy and Addictions Program (RBHAs); Terros; ACADV Support Groups; Shelter without Walls; Parents Who Care; Effective Black Parenting;

Child Abuse and Neglect Risk & Protective Factor Information

Domain	Risk Factors	Protective Factors	Strategies for Prevention/ Intervention[1]	Effective Models and Programs
Family, cont.	Family Economic Factors/ Situation - Lack of affordable, quality health care; financial stress	Skills; Opportunities; Bonding; Family Expectations; Extended Family Support; Stress Management; Literacy	Life Skills Training; School-Linked Health and Social Services; Welfare and Jobs training and assistance; Affordable, quality child care; EITC; Safe and adequate housing	
	Family Management Problems & Family Conflict (Family Violence)	Skills (interpersonal competence, stress management, coping); Bonding (family support, other adult relationships); Healthy Beliefs; (responsibility, restraint); Pro-Social Behavior;	Parent Training; Battered Women's Advocate; DV Counseling, including children; Batterer Intervention Programs; Family Preservation Services; Respite Care; DV shelters; school-based support groups (teen focus); Help available 24/7	
	Parental History: Abuse/Neglect, Attachment Issues, Violence, Mental Illness, Criminal	Pro-Social Behavior; Child relationship with caring adult; Parent-child relationship; Attachment; Parent coping skills; Child above-average intelligence	Primary Care; Life Skills Training; Home visiting program	
	Single-Parent Family - Mother living with male (non-biological father)	Skills; Clear Standards; Bonding (engagement, caring neighborhood, positive family communication); Father involvement (or other positive male role model); Opportunities; High parent education; consistent employment	Parent & Life Skills Training; Mentoring; Services for Single Parents; Respite Care; Jobs training/placement services;	

Child Abuse and Neglect Risk & Protective Factor Information

Domain	Risk Factors	Protective Factors	Strategies for Prevention/ Intervention[1]	Effective Models and Programs
Peer/Individual[4]	Child's Behavior & Temperament - Includes risk factors for shaken baby syndrome	Understanding and Education about child development; Opportunities; Skills; Clear Standards; Healthy Beliefs; Bonding; Recognition; Individual Characteristics (self esteem, positive view of future); Flexible parenting style; Parental supervision/monitoring child	Prenatal Care; Primary Health Care; Home Visiting Programs; Specific information on preventing shaken baby syndrome; Juvenile Justice System – Diversion Programs, programs for status offenders (see Annie E. Casey JDAI), Motivational Interviewing, Family Group Decision making, Respite services; Help available 24/7	Models: AZ Child and Family Teams; Crisis Nursery; Brain Boxes; Adolescent Pregnancy and Parenting; Parents Place (San Francisco); Neonatal Intensive Care Programs; Public Health Nurse Visitation; Social Work integration in primary care clinics Programs: Wraparound Milwaukee; Health Start; Healthy Families; Families FIRST; AzEIP; Strengthening Families; F.A.C.E.S.; Healthy Mothers, Healthy Babies; Reach Out and Read; Even Start/Family Literacy; Healthy Steps; Friendly House (program for teen parents); Parents Anonymous; Unwed Parents Anonymous 12-Step Program; Fresh Start Women's Foundation; Fatherhood Academy; The Incredible Years; Families and Schools Together; Parent Support Center (County Public Health Dept.); Parents Who Care; Effective Black Parenting; First Steps and Second Steps Programs;

Child Abuse and Neglect Risk & Protective Factor Information

Domain	Risk Factors	Protective Factors	Strategies for Prevention/Intervention[1]	Effective Models and Programs
Peer/Individual, cont.	Child's Health - Low Birth Weight; Lack of pre-natal care; child's appearance/genetics	Healthy Beliefs; Bonding; Child's healthy development; Parent nurturing/empathy; Parent coping skills	Prenatal Care; Primary Health Care; Home Visiting Programs; Systematic screening for health problems	
	Child's Disability	Opportunities; Skills; Clear Standards; Healthy Beliefs; Bonding; Parent coping skills	Prenatal Care; Primary Health Care; DD-specific Services; Respite Care; Systematic screening for health problems	
	Parental Depression - Social Isolation; Stress including financial	Individual (self esteem, sense of purpose); Bonding (attachment and commitment); Available, relevant culturally competent services	Primary Health Care; Counseling; Parent-child mental health services; Parent Social groups; Volunteer opportunities	
	Parental Physical & Mental Health Issues - Parent attitude about current pregnancy	Bonding (other positive adult relationships, family support); Skills; Opportunities; Healthy Beliefs; Clear Standards	Primary Health Care; Counseling; Parent-child mental health services; Programs that address co-occurring mental health and substance abuse disorders; Systematic screening for health problems	
	Parent's Unrealistic Expectations of Child Development - Beliefs about Child Rearing	Parent Education; Clear Standards; Bonding; Recognition; Parent nurturing, empathy; Cooperative parent (willing to learn); Flexible parenting style	Parent Training; Primary Health Care; Culturally-competent family support groups; Adult-teen mentoring	
Peer/Individual, cont.	Low Parental IQ: limited education	Healthy Beliefs; Clear Standards (high expectations); Bonding (parent involvement in schooling); Literacy	Adult Education; LEP classes; ESL Classes	

Child Abuse and Neglect Risk & Protective Factor Information

Domain	Risk Factors	Protective Factors	Strategies for Prevention/ Intervention[1]	Effective Models and Programs
Peer/Individual, cont.	Age of Parents At Birth of Child	Skills (planning and decision making); Recognition (community values youth); Individual (self esteem, sense of purpose); Literacy; Child's above average intelligence; Meaningful job opportunities; Belief in a healthy style.	Adolescent Pregnancy and parenting programs; Parenting Services (pre- and post-natal); Home Visiting Programs; Adult-teen parent mentoring; School-based programs including curriculum on healthy relationships, child development, and vocational education; safe and affordable housing, child care.	
	Parent Attitude about drugs	Healthy Beliefs; Individual (self esteem, sense of purpose, positive view of future); Pro-social behavior; Child's positive peer relationships; Positive relationship with other adults	Parent Education; After-school activities; Programs that address co-occurring mental health and substance abuse disorders;	
	Parent or Child Antisocial Behavior	Healthy Beliefs; Bonding (family support, positive family communication, other adult relationships); Pro-social behavior	Mentoring; Parent social groups;	
	Community Environment Factors - Exposure to racism, discrimination; presence of community violence	Positive Relationship with a Significant Adult;[5] Recognition (community values youth); Safe, affordable housing	Library programs; Parks and Rec programs; Neighborhood Watch Programs	Models: Homeless shelter - human services complex Programs: ACT against Violence; Pappas School; C.A.S.S.
	Availability of drugs in the community	Healthy Beliefs; Clear Standards (family, school and neighborhood boundaries); positive peer influence; Safe, affordable housing; Community supervision	Library programs; Parks and Rec programs; Neighborhood Watch Programs; Faith-based programming	

Child Abuse and Neglect Risk & Protective Factor Information

Domain	Risk Factors	Protective Factors	Strategies for Prevention/ Intervention[1]	Effective Models and Programs
	Low neighborhood attachment/ community disorganization	Formal and Informal Systems;[6] Bonding (caring neighborhood, religious community)	Library programs; Parks and Rec programs; Neighborhood Watch Programs; Faith-based programming; Parent social programs; Volunteer opportunities	
School (including early care and education)	Child's Performance at School (academic)	Proper Training of Teachers and School Personnel in Detecting Signs of Abuse/Neglect[7]; Individual (self esteem, sense of purpose); Clear Standards (high expectations); Affordable, accessible quality child care	ADE Positive Behavioral Support; Opportunities for positive parent involvement	Models: After School programs; Succeeds Training in child care settings; Child Development specialists in schools; Early Childhood Mental Health Program, Parents Place/JFCS in San Francisco; Programs: Head Start; Early Head Start; Adolescent Pregnancy and Parenting Program; Kids Zone; Parent University; IDEA Pre-schools; The Incredible Years; Families and Schools Together; HIPPY
	Child's Behavior at School (problems?)	Teacher and School Personnel Regular Contact with Children; Safe, affordable housing	ADE Positive Behavioral Support	

Child Abuse and Neglect Risk & Protective Factor Information

Domain	Risk Factors	Protective Factors	Strategies for Prevention/ Intervention[1]	Effective Models and Programs
	Parents Attitude about School	Bonding (School Engagement; Parent Involvement in Schooling); High parent education; Child's above average intelligence	Opportunities for positive parent involvement; Family literacy classes; ESL classes; services available in Spanish	

Footnotes

[1] Child Fatality Review Team. Annual Report. 2003.

[2] Prevent Child Abuse America. www.preventchildabuse.org

[3] Source: State of New Jersey, Department of Human Services. New Jersey Task Force on Child Abuse and Neglect. Building a Nation of Strong Families: Family Support and Prevention. 2003.

[4] U.S. Department of Health and Human Services. Administration for Children and Families. Emerging Practices in the Prevention of Child Abuse and Neglect: Risk and Protective Factors Fact Sheet. 2003.

[5] Sedlak, Broadhurst. National Center on Child Abuse and Neglect. Third National Incidence Study on Child Abuse and Neglect. 1996.

[6] U.S. Department of Health and Human Services. Administration for Children and Families. Emerging Practices in the Prevention of Child Abuse and Neglect: Risk and Protective Factors Fact Sheet. 2003.

[7] U.S. Department of Health and Human Services. Administration for Children and Families. National Clearinghouse on Child Abuse and Neglect. 2004.

[8] U.S. Department of Health and Human Services. Administration for Children and Families. National Clearinghouse on Child Abuse and Neglect. In Focus: The Risk and Prevention of Maltreatment of Children with Disabilities. 2001.

[9] Quality is defined as: teacher qualifications, adult-child ratios, group size, physical facilities, cognitive-oriented curriculum.

[10] Caregiver-Child Ratios and Maximum Group Size standards developed by American Academy of Pediatrics, American Public Health Association, National Association for the Education of Young Children, Zero to Three: National Center for Infants, Toddlers and Families; and are endorsed by the Infant Toddler Mental Health Coalition of Arizona: Birth-12 months (1:3 ratio; 6 maximum group size); 13-24 months (1:3; 9); 24-36 months (1:4; 12); and three-year olds (1:7; 14).

[11] Center for the Study of Social Policy. http://www.cssp.org/doris_duke/index.html

[12] Definitions are adapted from Strengthening America's Families, a partnership between the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention (CSAP) "best practice" family strengthening programs: www.strengtheningfamilies.org

"Call it a clan, call it a network, call it a tribe, call it a family; Whatever you call it, whoever you are, you need one."

Jane Howard

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- Dubowitz, Howard. Child Neglect: New Insights and Strategies. University of Maryland School of Medicine. 14th Annual Child Abuse Prevention Conference, Mesa, Arizona. 1/8/02.

- Effective Black Parenting http://www.strengtheningfamilies.org/html/model_programs_1997/mfp_pg6.html Effective Black Parenting (EBPP), a cognitive-behavioral program, was created to meet the specific needs of African-American parents. The program is grounded in basic parenting strategies and information appropriate for all socio-economic status levels but especially for parents of children aged 2-12 years old.

- Family Care Programs – Healing the Whole Family: A Look at Family Care Programs. Children's Defense Fund. http://www.childrensdefense.org/childwelfare/abuse/healing.pdf

- Families and Schools Together (FAST) http://www.wcer.wisc.edu/fast/ Families and Schools Together is a multifamily group intervention designed to build protective factors for children (4 to 12 years old) and empower parents to be the primary prevention agents for their own children.

- Hawkins and Catalano. Social Development Strategy. http://www.channing-bete.com/positiveyouth/pages/rpfactors/rpfactors.html

- HIPPY http://www.strengtheningfamilies.org/html/programs_1999/22_HIPPY.html Home Instruction Program for Parents of Preschool Youngsters Program is to prevent academic underachievement of children when they enter school by increasing the degree and variety of literacy experiences in the home.

- The Incredible Years: http://www.incredibleyears.com/ Research-based, proven effective programs for reducing children's aggression and behavior problems and increasing social competence at home and at school.

- Infant and Young Children's Mental Health Program, Miami-Dade Juvenile Court, Judge Cindy Lederman http://www.ncsconline.org/WC/Publications/KIS_MenHea_Trends03.pdf

- Juvenile Detention Alternatives Initiative. Annie E. Casey Foundation.
  http://www.aecf.org/initiatives/jdai/index.htm

- Michigan State University. Violence and Intentional Injury Prevention Program. Community Assessment Tool.
  http://vip.msu.edu/theCAT/childabuse/riskfactors.html

- Parents Place- A Program of Jewish Family and Children's Services, Bay Area.
  http://www.jfcs.org/Services/Children,_Youth,_and_Families/Parents_Place/default.asp

  Early Childhood Mental Health (ECMH) program at Parents Place, San Francisco improve the overall quality of childcare and increase the likelihood of healthy development of all children.

- Parents Who Care http://www.channing-bete.com/positiveyouth/pages/PWC/PWC.html The Parents Who Care® program is a proven-effective series of video- and workshop-based modules that get parents and teens working together to enhance communication and family management practices

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- United States Department of Health and Human Services. Adminstration for Children and Families. National Clearinghouse on Child Abuse and Neglect. http://nccanch.acf.hhs.gov/index.cfm

- Wraparound Milwaukee - http://www.milwaukeecounty.org/Service/OrganizationDetail.asp?org=6450&audience=5 The mission of Wraparound Milwaukee is to provide cost effective, comprehensive and individualized care to complex needs children and their families in Milwaukee County. Wrap around Milwaukee is designed as a unique type of health maintenance organization that promotes collaboration among Child Welfare, Juvenile Justice, Mental Health and Education in the treatment of children with serious emotional, mental health and behavioral challenges. It engages families as equal partners in the care of their children, is currently competent in its approach and is designed to provide community-based alternatives to residential treatment and psychiatric hospitalization.

For More Information Please Contact:

**Arizona Department of Economic Security,
Division for Children, Youth and Families**

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