



**NATIONAL RESOURCE CENTER
FOR FOSTER CARE
& PERMANENCY PLANNING**

at the Hunter College
School of Social Work

INFORMATION PACKET: *Family Support*

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Information on Family Support

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Summary

The current service delivery system for families in need is based on a two-tiered approach, in which services are provided for either a 'family preservation' or a 'family support' model. In the family preservation model, high risk families receive intensive, time-limited and comprehensive services to prevent imminent out-of-home placement of children (Hess et al. 2000). Family preservation services are mandated, usually after a crisis of child maltreatment. Family preservation attempts to keep families together by direct, formal intervention usually in the home of the child and his or her family (Crosson-Tower, 2001).

In contrast, the family support system was designed to offer ongoing support and prevention services to families who identify themselves as needing assistance, but who are not in crisis (Hess et al. 2000). Family support services are sought voluntarily and are generally categorized as the prevention of negative indicators of child well-being in a given family, community and society. Family support programs have a common belief in the potential and right to self-determination of families. These programs build on the existing strength of the families encouraging competences of dependency and respecting their cultural and other individual characteristics. Workers enhance family members'

self-esteem and teach them to become self-advocates, linking them with the existing community resources (Crosson-Tower, 2001).

The differences in the two approaches are separate and distinguishable, yet also alike and overlapping. Whether aimed at prevention or intervention, family preservation or family support, the characterization of services as family-centered has led to a gradual recognition of the overlap of both types of services. One of the greatest accomplishments for all children and their families was inclusion of a state mandate under FPSSP to identify and coordinate family preservation and family support services (Crosson-Tower, 2001).

Model Programs

Family Home Care is an Administration for Children's Services (ACS is New York City's first agency devoted solely to children and families) program that provides child care and household management services to families who need help providing a safe, nurturing environment for their children. Through training and support, homecare service providers help families manage their household independently. Homemaking services include training and support to families in child care and household management (i.e. light cleaning, meal preparation, and grocery shopping). Home attendants provide personal care to individuals, including grooming, or other necessary daily activities.

FRIENDS, a project of Chapel Hill training Outreach, Inc. located in Chapel Hill, North Carolina, is the National Resource Center for the Community Based Family Resource and Support (CBFRS) program. The purpose of the CBFRS program is to support State efforts to create and support a statewide network of community-based, family-centered,

prevention-focused family resource and support programs in order to strengthen families and reduce the incidence of child abuse and neglect. It also offers a range of services designed to assist states, tribes, and tribal organizations, migrant programs, and local programs in the development of community-based family resource programs and networks throughout the United States.

The Center for Family Life in Brooklyn New York attempts to combine long-term, open eligibility of the family support system with the intensive focus of the family preservation system into one comprehensive, integrated program. The Center for Family Life's preventative services addresses the limitations of the current service system for families in need by offering a comprehensive range of family services in a convenient location that allows families to refer themselves (Hess et al., 2000).

MST - Multi-Systemic Therapy developed by Cunningham and colleagues is aimed at empowering caregivers to resolve family difficulties, engaging families in treatment and obtaining favorable outcomes, that MST will improve empowerment at the family and service levels but not at the community/political levels. Under the empowerment perspective, it was also anticipated that increased family and youth functioning would result (Cunningham et al., 1999).

Federation of Families for Children's Mental Health in Alexandria, Virginia is a national advocacy organization for families of children and youth with mental health needs and focuses on family participation and support. Every family has a right to an appropriate and accessible support base to meet family-identified needs. The Federation ensures that families are equal partners in the planning, implementation and evaluation of services; viewing the child as a whole person and the family as a whole unit, rather than

emphasizing the disability; empowering families and children to make decisions about their own lives.

Dorchester CARES, a collaboration of human service organizations used to develop a community-based model to prevent and reduce child abuse in a poor neighborhood of Boston, Massachusetts, develops family-strengthening services through a collaboration of strong agencies already existing in the community. The family cooperative has informal, bilingual, bicultural staff that provided basic food, clothing, drop-in child care, social activities support groups and ESL classes. The mentoring program trained volunteers of offer assistance to parents to build informal support networks. In the neighborhood. The family-nurturing program has a 15 week program to improve family relations, increase communication skills and self-esteem, reduce reliance on harsh punishment, and improve parental understanding of appropriate expectations in children (Mulroy, 1997).

SUCCESS – the SUCCESS Program is a school based youth services program offered through the Des Moines, Iowa Public School District which provides a lifeline to children and their families through a continuum of services on a pre-natal through age twenty basis. The program is a vital link for children and families to connect with human services at the neighborhood school. Case managers help children who come to school hungry, tired, mistreated or abused, or who may not make it to school at all, with the community resources that can help.

Parents Anonymous – Parents Anonymous located in Claremont California encourages parents to ask for help early to effectively break the cycle of abuse and protect today's children and strengthen their parents. While parents are meeting weekly with trained facilitators, the children are involved in programs to promote healthy growth and

development. In recognition of this demonstrated effectiveness, federal law highlights Parents Anonymous as the benchmark for child abuse prevention and treatment programs throughout the United States. The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, has acknowledged and promoted Parents Anonymous as a national Model Family Strengthening Program to prevent juvenile delinquency.

Family Support America – which is located in Chicago, Illinois promotes family support as the nationally recognized movement to strengthen and support families and places the principles of family support practice at the heart of every setting. They promote parent engagement in civic and public policy making.

Family Support Services (FSS). - FSS is part of the Child Welfare League of America located in Washington D.C.. The focus on FSS is prevention. FSS includes: child care, respite care of children to provide temporary relief for parents and other caregivers, child development services, vocational training, individual and family counseling, companionship, parenting classes, and structured activities to strengthen the parent-child relationship.

The Following Tips for Family Support, identified by Hess et al. (2000) spells out some of the best practices from a family centered practice perspective:

- An emphasis on meeting the needs of all family members and viewing the family as a system.
- An emphasis on a voluntary, equal and nonjudgmental relationship with the family.

- Staff is physically and emotionally accessible 24 hours a day with fast intakes.
- Services are available to all families, regardless of the referral source or types of needs.
- Duration of services can short-term, long-term and/or episodic, based on family needs.
- Workers help the family to identify concrete needs and access needed resources; attention is paid to giving families the skills to meet these needs for themselves.
- Families are assisted in accessing formal resources, such as child care, respite care, and crisis nurseries, and in identifying family members and others who can provide informal support.
- Families are helped in a number of ways with parenting and interpersonal skills, including modeling, connecting parents with kin and others who can support positive parenting and communication, supporting families; participation in activities in the community such as family resource centers, parent-child programs, etc.
- Families can count on someone to be there or to be available when there is a crisis.
- Workers are creative in suggesting opportunities for families to interact with others and learn new skills, including those outside the formal service system (e.g. through church, self-help groups, groups organized around interests or hobbies).
- Families participate in peer support and advocacy activities, to give and receive aid from peers.

- Workers use a variety of approaches, from eco-mapping to family meetings, to identify the risks, strengths and protective factors in the family and community and to develop and implement a plan.
- Resources are available to the worker and family to create a safe environment including flexible funds and agreements with other agencies to provide needed supports/services.
- Workers are knowledgeable about the community, or ready to learn, and work with the family to identify friends, family and formal helpers who can be a resource to the family. workers, extended family members, and people from the community help the family to do a “strengths assessment,” to identify the strengths of individual family members and the family as a whole, and to do periodic “strengths check-ups” to remind them of what they’re good at.
- Workers are skilled in looking for solutions that are most comfortable and sensible for the family, such as enlisting a friend to provide child care, having the family’s church provide for needed clothing and furniture.
- Services are provided in the community.
- Workers find out about and encourage supportive family connections.
- Efforts are made to understand, respect, and encourage cultural connections for both the family and the child.
- Workers participate in recreational activities with the family-playing catch, roller blading, picnicking, - as a means of modeling how to play and joining with the family.
- The family is encouraged to observe family holidays and celebrate traditions.

- Families learn to deal with loss and grieving: they are given opportunities and permission to express anger and sadness.

General Statistics

These highlights are based on responses from the States to the 1999 National Child Abuse and Neglect Reporting System (NCANDS). Data were collected in aggregate by the Summary Data Component (SDC) survey and at the case level through the Detailed Case Data Component (DCDC). Highlights denoted with an asterisk (*) are the findings whose inclusion in annual State data reports to the Secretary of Health and Human Services is required by the Child Abuse Prevention and Treatment Act (CAPTA) as amended.

Referrals and Reports

As referrals of possible child maltreatment come to the attention of child protective services (CPS), they either are winnowed from consideration or transmitted further for investigation or assessment-"screened out" or "screened in." For those reports screened in, a further determination is made about whether to investigate. The role of the CPS agency includes deciding whether to take further protective actions on behalf of a child.

- Of the estimated 2,974,000 referrals received, approximately three-fifths (60.4%) were transferred for investigation or assessment and two-fifths (39.6%) were screened out.
- More than half of child abuse and neglect reports (54.7%) were received from professionals. The remaining 45.3 percent of reports were submitted by nonprofessionals, including family and community members.
- Most States have established time standards for initiating the investigation of reports. The average response time to initiate investigating reports was 63.8 hours. *
- Slightly less than one-third of investigations (29.2 %) resulted in a disposition of either substantiated or indicated child maltreatment. More than half (54.7%) resulted in a finding that child maltreatment was not substantiated. *
- The average annual workload of CPS investigation and assessment workers was 72 investigations. *

Child Maltreatment Victims

Victims of maltreatment are defined as children who are found to have experienced a substantiated or indicated maltreatment or are found to be at risk of experiencing maltreatment.

- There were an estimated 826,000 victims of maltreatment nationwide. The 1999 rate of victimization, 11.8 per 1,000 children, decreased from the 1998 rate of 12.6. *
- Almost three-fifths of all victims (58.4 %) suffered neglect, while one-fifth (21.3%) suffered physical abuse; 11.3 percent were sexually abused. More than one-third (35.9%) of all victims were reported to be victims of other or additional types of maltreatment.
- The highest victimization rates were for the 0-3 age group (13.9 maltreatments per 1,000 children of this age in the population), and rates declined as age increased.
- Rates of many types of maltreatment were similar for male and female children, but the sexual abuse rate for female children (1.6 female children for every 1,000 female children in the population) was higher than the sexual abuse rate for male children (0.4 male children per 1,000).
- Victimization rates by race/ethnicity ranged from a low of 4.4 Asian/Pacific Islander victims per 1,000 children of the same race in the population to 25.2 African-American victims per 1,000.

Children who had been victimized prior to 1999 were almost three times more likely to experience recurrence during the 6 months following their first victimization in 1999 than children without a prior history of victimization. Perpetrators

A perpetrator of child abuse and/or neglect is a person who has maltreated a child while in a caretaking relationship to that child.

- Three-fifths (61.8%) of perpetrators were female. Female perpetrators were typically younger than their male counterparts-41.5 percent were younger than 30 years of age, compared to 31.2 percent of male perpetrators.
- Almost nine-tenths (87.3%) of all victims were maltreated by at least one parent. The most common pattern of maltreatment was a child victimized by a female parent acting alone (44.7%).
- Female parents were identified as the perpetrators of neglect and physical abuse for the highest percentage of child victims. In contrast, male parents were identified as the perpetrators of sexual abuse for the highest percentage of victims.

Fatalities

Child fatality estimates are based on data recorded by CPS agencies and/or other agencies.

- An estimated 1,100 children died of abuse and neglect, a rate of approximately 1.62 deaths per 100,000 children in the general population. *
- Slightly more than 2 percent (2.1%) of all fatalities occurred while the victim was in foster care. *
- Children younger than a year old accounted for 42.6 percent of the fatalities, and 86.1 percent were younger than 6 years of age.
- Maltreatment deaths were more often associated with neglect (38.2%) than with any other type of abuse.
- Slightly more than one-tenth (12.5%) of the families of child fatalities had received family preservation services in the 5 years prior to the deaths, while only 2.7 percent of the child fatality victims had been returned to the care of their families prior to their deaths. *

Services

CPS agencies provide services to prevent future instances of child abuse and neglect and to remedy harm that has occurred as a result of child maltreatment. Preventive services are provided to parents whose children are at risk of abuse or neglect. Remedial or post-investigative services are offered to families that have experienced a child maltreatment episode.

- Nationwide, an estimated 1,563,000 children, 22.3 out of every 1,000 children in the population, received preventive services. *
- The average time from the start of investigation to provision of service was 47.4 days. *
- Nationally, 55.8 percent of child victims (an estimated 461,000) received post-investigative services, and an additional 14.2 percent of children with unsubstantiated reports (an estimated 217,000) also received services. *
- Nationally, an estimated 171,000 child victims were placed in foster care. An estimated additional 49,000 children who were not victims (i.e., children with unsubstantiated reports) were placed in foster care. *

- About one-fifth (21.2%) of victims had received family preservation services within the previous 5 years, while more than 5 percent (5.1%) of victims had been reunited with their families in the previous 5 years. *
- Court actions were initiated for an estimated 26.1 percent of maltreatment victims. Four-fifths of these victims (79.3%) were provided with court-appointed representatives. *

HHS Secretary Tommy G. Thompson announced that the 1999 national child abuse and neglect statistics reported by states continued to decline from just over 900,000 children in 1998 to an estimated 826,000 victims of maltreatment nationwide. The incidence rate of children victimized by maltreatment also declined to 11.8 per 1,000 children, a decrease from the 1998 rate of 12.6 per 1,000. The decrease, the sixth one in a row reported by the federal government, comes as the nation marks April as Child Abuse and Neglect Prevention Month.

- Based on data contained in "Child Maltreatment 1999: Reports from the States to the National Child Abuse and Neglect Data System," HHS estimates that child protective service agencies received approximately 2,974,000 referrals of possible maltreatment in 1999. Of the 60.4 percent of these reports that were investigated, states found that there were an estimated 826,000 children who were victims of abuse and/or neglect.
- In a trend that began six years ago, the number of victimized children has decreased approximately 19.2 percent from a record of 1,018,692 in 1993. Parents continue to be the main perpetrators of child maltreatment. Almost nine-tenths (87.3%) of all victims were maltreated by at least one parent. The most common pattern of maltreatment (44.7%) was a child victimized by a female parent acting alone. Female parents were identified as the perpetrators of neglect and physical abuse for the highest percentage of child victims. In contrast, male parents were identified as the perpetrators of sexual abuse for the highest percentage of victims. These patterns are basically unchanged since the last reporting period.
- Almost three-fifths of all victims (58.4%) suffered neglect, while one-fifth (21.3%) suffered physical abuse; 11.3 percent were sexually abused. The number of child fatalities caused by maltreatment remained unchanged at about 1,100.

Research and Findings

- MST (Multi-Systemic Therapy) significantly increased caregiver empowerment at the family and service system level, which in turn is directly associated with improved youth and family functioning. These findings are significant and have impact in all aspects of system of care reform (Cunningham et al., 1999).
- SUCCESS – during the 1999-2000 school year, 2,145 children from pre-natal through age twenty and their parents received support from SUCCESS. 579 families received case management services and 85% made progress towards their goal. 88% of the referrals resulted in a connection made by the client with a community service. 46% of high school students improved their GPA and 46% of elementary students improved their attendance (Peterson, K. 2001).
- Community Based Family Resource and Support (CBFRS) – In Massachusetts, 98.4% of participants in Parenting Education and Support Programs said they learned new information or skills. In Idaho, 100% of parents felt they gained new skills for dealing with their children in the Active Parenting classes. In Pennsylvania, Parents indicated that the Family Center has always or usually helped them take better care of their children and family (nearly 91%), helped them gain control of their life (86%), and helped them have a greater sense of hope for their personal growth. (85%).

Review of Policies and Legislation

Family Preservation and Support Initiative, P.L. 103-66 (1993) – earmarked federal funds for family support services and increased the funds available for family preservation services. The intent of the law was to help communities build a system of family support services to assist vulnerable children and families in an effort to prevent child maltreatment. The Family Preservation and Support Services Program stipulated that the planning process should include parents and consumers of services, community-based service providers, representatives of professional and advocacy organization.

Promoting Safe and Stable Families Amendments of 2001 – Provides grants to states and Indian tribes to help vulnerable families stay together. The program supports services to build healthy marriages and improve parenting skills to prevent child abuse and neglect. The new law authorizes \$67 million for a priority programs – competitive grants for projects that mentor children of prisoners. The new law also expands HHS' Independent Living Program to extend benefits to young adults who have grown up and aged out of foster care to give them support in the transition to adulthood. An additional \$60 million to fund educational and training vouchers for youth between the ages of 16-23 to help acquire skills to build their careers.

Community-Based Family Resource Program Grants are provided to states to develop and implement, or expand and enhance, a comprehensive, statewide system of community-based family resource services. Federal, State and private funds are blended and made available to community agencies for child abuse and neglect prevention activities and family resources programs. In FY 2001, 56 jurisdictions received grants totaling \$31.2 million.

The Children's Justice Act helps states to develop, establish and operate programs to improve the investigation and prosecution of child abuse and neglected cases, and to improve the handling of cases of suspected child abuse or neglect related fatalities. In FY 2001, 56 jurisdictions received grants of \$17 million.

Temporary Assistance for Needy Families (TANF) – Bush's proposal for reauthorization of TANF program couples new education, training and substance abuse treatment, and allowances to develop skills.

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Web Sites and Resources

Annie E. Casey Foundation. <http://www.aecf.org> Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse and neglect. The foundation believes that these community-centered responses can better protect children, support families, and strengthen communities. 701 St. Paul Street Baltimore, MD. 21202 (410) 547-6600.

Chapin Hill Center for Children. <http://www.chapin.uchicago.edu/index.html> The University of Chicago 1313 East 60th Street Chicago IL 60637. Research and development center focusing on policies, practices, and programs affecting children and families and communities in which they live.

Child and Family Policy Center. <http://www.cfpciowa.org> 218 Sixth Avenue Suite 1021 Fleming Building Des Moines, IA 50309. Working to develop more outcome-based approaches to address child and family needs, with a particular focus on community-building efforts within disinvested neighborhoods.

Child Welfare League of America. <http://www.cwla.org> Family Support Services (FSS) seeks to strengthen communities by building supportive networks and helping families to work together to meet their needs.

Children's Defense Fund. <http://www.childrensdefense.org> Develops programs and policy on behalf of the protection of children. Contains data, information resources and links.

The Clearinghouse on Community Based Approaches to Child Protection at the Center for the Study of Social Policy. <http://www.cssp.org> 1250 Eye Street, Suite 503 Washington, D.C. 20005. (202) 371-1565.

The Edna McConnell Clark Foundation. <http://www.emcf.org> 250 Park Avenue, Suite 900 New York, NY 10177. (212) 551-9100.

Family Support America <http://www.familysupportamerica.org> A national resource organization for the theory, policy and practice of family support.

Family Ties. <http://www.communities-for-people.org> 418 Commonwealth Avenue Boston, MA. (617) 267-1031.

Federation of Families for Children's Mental Health. <http://www.ffcmh.org> 1101 King Street, Suite 420 Alexandria, Virginia 22314. A national parent-run non-profit organization focused on the needs of children and youth with emotional, behavioral or mental disorders and their families.

National Child Welfare Resource center for Family-Centered Practice.
Learning Systems Group 1150 Connecticut Avenue, NW,
Suite 1100 Washington, DC 20036 (800) 628-8442. The goal is to build the capacity and resources so state and tribal child welfare agencies to provide family-centered, culturally competent, and coordinated child welfare services that will achieve the outcomes of safety, permanency, and well-being for families.

National Council on Family Relations <http://www.ncfr.org> 3989 Central Ave. NE, #550, Minneapolis, MN 55421, (763) 781-9331.

National Resource Center for Community-Based Family Resources and Support Programs (FRIENDS) <http://www.friendsnrc.org/friends.htm> FRIENDS offers a range

of services designed to help states, tribal organizations, and local programs develop community-based family resource programs and networks throughout the US.

New York City Administration for Children's Services. (ACS).

<http://www.ci.nyc.ny.us/html/acs/home.html> ACS and its network of social service agencies provide a variety of neighborhood-based child welfare services to help ensure that children grow up in safe, nurturing and permanent homes.

Parents Anonymous <http://www.parentsanonymous.org> (909) 621-6184.

U.S. Department of Health and Human Services <http://www.hhs.gov/news>. All HHS press releases, fact sheets and other press material are available.

The Administration For Children and Families. <http://www.acf.dhhs.gov> Is an agency of the United States Department of Health and Human Services has vast amount of information headed by the U.S. Department of Health and Human Services. Contains data, publications, programs and information about laws and policies.