

Strengthening Families through Maine's Family Resource Centers

Report to the Task Force on Early Childhood

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Maine Association of Child Abuse and Neglect Prevention Councils

Advocates for Children (Androscoggin County)

Aroostook Council to Prevent Child Abuse

Community Concepts (Oxford County)

Children's Advocacy Council/Youth Alternatives (Cumberland County)

Knox County Child Abuse and Neglect Council/Mid-Coast Children's Services

Families CAN/Coastal Economic Development (Sagadahoc County)

Families First (Kennebec County)

Franklin County Children's Task Force (Franklin County)

Hancock County Children's Council (Hancock County)

Healthy Kids! (Lincoln County)

Penquis Child Abuse Prevention Partnership/Penquis CAP (Penobscot County)

Piscataquis Child Abuse Council/Penquis CAP

Somerset County Family Enrichment Council

Waldo County Child and Parent Council

Family Resource Center (Washington County)

Child Abuse Prevention Council of York County

Strengthening Families through Maine's Family Resource Centers

Family Resource Centers have been demonstrated to be an effective means to improve outcomes for both families and communities. A family resource center brings together services and activities that educate, develop skills and promote moving in new directions for families. Evolving research and evaluation indicate that family resource centers are promising strategies for addressing the following issues: reduce and eliminate child abuse and neglect; substance abuse; family violence; and family isolation; while improving family and community health; and educational outcomes¹.

Family resource centers are effective when based on research that demonstrates best practices in family support programs and family resource centers. The positive outcomes for families have been demonstrated in several studies across the nation. **The Maine Children's Cabinet, through the Early Childhood Task Force, recommends that communities and organizations throughout the state implement Family Resource Center models/coalitions based on recommended "best practices"**. Standards can help provide accountability, comparisons of programs, a common language, and a resulting recognition of effective programs.

Key Findings

1. **Current Status:** Broad use of the term "Family Resource Center" has created confusion on the part of community members and consumers of service.
2. **Best Practices:** Maine's Family Resource Centers should adopt the Principles of Family Support Practice, the Premises of Family Support, and provide specified Core Services to their community. When possible, additional Comprehensive Services will be provided.
3. **Accommodate Community:** A community-based resource center provides an array of services and activities that are integrated, comprehensive, flexible and responsible to community-identified needs. Encourage communities to include Family Resource Center core services in their local design.
4. **Accreditation / Certification:** Development of accreditation or certification practices for prevention services or licenses for Maine's Family Resource Centers is recommended. During the "certification process", an independent evaluation team will review practices and outcomes that may then be used to verify the soundness of the organization to the public and/or funding sources.
5. **Outcomes / Evaluation:** Programs must have an evaluation component that gathers quantitative and qualitative data to determine if the program is achieving anticipated outcomes and to what extent.

¹ "Family Resource Centers – Vehicles for Change", The California Family Resource Center Learning Circle, California Department of Social Services, Office of Child Abuse Prevention,

The Challenge

By definition, public health aims to provide the maximum benefit for the largest number of people. Primary prevention is defined as both the prevention of disease before it occurs and the reduction of its incidence. Strategies targeted at the individual can also be considered strategies for helping the family. Effective prevention of child abuse and neglect can best be achieved using strategies designed to help parents protect and nurture their children. These strategies include giving parents necessary support, resources and skills.²

Quick, one-shot interventions, do not work in primary or secondary prevention programs. It has been determined, for example, when advertising a public education message, it has been determined that the message must be heard by the consumer nine or more times for it to be acknowledged and remembered when competing with the multitude of messages received through media. The message should also be provided through multiple contexts.

In recent years, many initiatives, funding sources and programs have used the term “family resource center” to describe what they do. The Family Resource Network of Maine membership reflected many models of family-centered practice. An on-line web search seeking a family resource center in Maine through an on-line web search, locates several unrelated organizations or individuals providing some aspects of referrals and resources for Maine families.³ The broad use of this term has created confusion on the part of community members and consumers of service.

The purpose of this document is to define the key characteristics and activities of quality family resource centers, describe how they function as a vehicle for change for families and communities, and help policymakers “make the case” for the family resource center approach to providing appropriate timely support to Maine’s families.

Emerging family-centered practice models are being used by agencies that work with families, including families in social, financial, emotional, or physical crisis. These models consider the children’s environmental and offer approaches that embrace all members of a family, even if a single child is the driving factor for accessing assistance.⁴ Relationships need to be built. Time is needed by the family to develop trust, to locate all of the needed services, and to comprehensively address needs. Time is also needed to help individuals or families master new skills in daily living.

Program Structure, Design and Practices

² Primary Prevention of Child Abuse, March 15, 1999, Lesa Bethea, MD, University of South Carolina School of Medicine, Columbia, SC.

³ www.211maine.org and Family Support American member directory

⁴ Invest Early in Maine, A Working Plan for Humane Early Childhood Systems, 2006

In February 1998, the Report of the Task Force to Study Strategies to Support Parents as Children's First Teachers identified the importance of designating family resource centers in all Maine communities. The services would be coordinated within a region or a more local community, according to the self-definition of the community. In rural communities, technology would play a critical role in providing these services electronically. **Nearly seven years ago, this Task Force report recommended that family resource centers be created or designated throughout the state.**⁵

Maine through its SECCS grant, is expected to promote medical homes and their links with other community resources, to integrate mental health with other types of services, to support family self-sufficiency, and to provide education and training opportunities to enhance parent-child relationships – all integral components of a comprehensive early childhood system and proven strategies for increasing the health and well-being of children and families.⁶

Programs offered through parent and child resource centers have many different forms and approaches. The components and approaches should be reviewed as to whether or not they reflect sound standards for being family-centered, community based, and culturally competent; address an appropriate target audience; use approaches that are developmentally appropriate for the participants; treat participants as collaborators and partners; and use a strength-based approach. The design, procedures, and timeframes for implementation should be documented and understandable for staff and participants. Ideally, a program manual should be developed that reflects the concepts, practices and administrative standards of the program.

The Family Resource Coalition of America has developed a definition of best practices in family support programs published as Guidelines for Family Support Practice, which serves as the foundation of a quality family resource center.⁷

Principles of Family Support Practice

1. Staff enhance families' capacity to support the growth and development of all family members – adults, youth and children
2. Practitioners work with families to mobilize formal and informal resources to support family development.
3. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
4. Programs advocate with families for services and systems that are fair, responsible, and accountable to the families served.
5. Staff and families work together in relationships based on equality and respect.

⁵ Task Force to Study Strategies to Support Parents as Children's First Teachers, February 1998.

⁶ Early Childhood System Building Tool, prepared by Roderman & Grason, Women's and Children's Health Policy Center, Johns Hopkins Bloomberg School of Public Health, for the National Center for Infant and Early Childhood Health Policy, UCLA Center for Healthier Children, Families and Communities, February 2004

⁷ *Guidelines for Family Support Practices*, 2nd edition (2000) Family Resource Coalition of America, Chicago, IL

6. Programs are flexible and continually responsive to emerging family and community issues.
7. Families are resources to their own members, to other families, to programs, and to communities.
8. Programs are embedded in their communities and contribute to the community-building process.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

Premises of Family Support

1. Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.
2. Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.
3. Children and families exist as part of an ecological system.
4. Child-rearing patterns are influenced by parents' understandings of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.
5. Enabling families to build on their own strengths and capacities promotes the healthy development of children.
6. The developmental processes that make up parenthood and family life create needs that are unique at each state in the life span.
7. Families are empowered when they have access of information and other resources and take action to improve the well-being of children, families and communities.

NOTE: After 25 years of promoting best practices for strengthening families, Family Support America's website indicates they have discontinued services due to lack of funding. Their website recommends several states that have implemented these practices, and indicates the website will end October 2006.

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

A community-based resource center provides an array of services and activities that are integrated, comprehensive, flexible and responsible to community identified needs. After extensive review, the Task Force on Early Childhood's Community-Based Resource Centers Action Team reviewed and recommended the following Core Services to be provided by all community-based resource centers (March 2005).

Core Services:

- Parent Education (such as classes, support groups, peer-to-peer)

- Child Development Activities (such as Play & Grow, Mommy & Me, Child Care & Education, Universal Home Visitation Services, Community Lending Book & Toy Box)
- Resource and Referral (links to community resources and services). Recommend child friendly waiting rooms everywhere.
- Drop-in Availability (a comfortable place for confidential conversations, neighbor-to-neighbor meetings)
- Peer-to-Peer Supports (such as support groups, mentoring)
- Life Skills and Advocacy (such as anger management classes, communication skills, budgeting, cooking classes, etc.)

Flexibility in planning and delivering services is considered one of four key preventive elements in prevention programs, according to Hess, McGowan and Botsko (2000). This allows for the evolution of a program over time, improving its responsiveness to the changing needs of individuals, families and communities (Schorr, 1997). The challenge of providing services in a flexible and responsive manner is knowing the difference between flexibility and altering core elements that make a program successful. For example, intensive home visitation programs may require limiting caseloads to 15-25 families per home visitor. This is considered a core element and it is not something that staff should change. The frequency and intensity of the visits (how often, when, where, for how long), however, may be altered in response to the ongoing needs of the family.⁸

Although there is no single best approach to parenting education designed to prevent child abuse and neglect, research has identified a number of factors that are associated with strong programs. These include:⁹

- A program structure that offers long-term relationships between parents and program staff (two years or more), connects parents to additional support services, and creates support groups of parents with similar life experiences whose children are close to the same age.
- Staffing patterns that feature dynamic leadership, peer facilitators (such as parents who have experienced life situations similar to those of group members), and ongoing staff training and supervision
- Interpersonal values that recognize the importance of developing trust between and among parents and staff, and of respecting individual and cultural differences.
- An educational approach that consistently focuses on parents' strengths, emphasizes consistent decision making over time rather than quick fixes and recognizes that the quality of interpersonal relationships is critical to any learning that may take place (Carter & Harvey 1996, Daro 2002; Hoeltling et al. 1996; Reppucci et. Al 1997)

⁸ Standards for Prevention Programs: Building Success through Family Support, New Jersey Task Force on Child Abuse and Neglect, 2003

⁹ "Protecting children by strengthening families – a guidebook for early childhood programs", Center for the Study of Social Policy, Washington, DC, April 2004

It is possible to implement the above core service elements in all family resource centers. While these are key components of quality family resource centers, they may be challenging for communities to support without additional financial support. Some family resource centers have access to additional comprehensive services because they are part of a system such as Head Start; others are part of active community collaborations or are embedded in larger agencies that offer multiple programs. Even some of the lowest-budget programs are able to offer many of these additional services through donations of volunteer time and creative ways of staffing and structuring.

Comprehensive Services:

- Integrated Case Management (integrated multi-disciplinary team approach)
- Child Abuse / Neglect Prevention & Treatment Services (family support home visiting, emergency resources, counseling).
- Family Health and Wellness (health & dental services, medical home, onsite outreach, mental health programs, intensive family supports, Hospice, Healthy Families, Parents Are Teachers Too, MaineCare)
- Family Economics and Self Sufficiency (ASPIRE, Job preparation & search, community employment board)
- Family Literacy and Education Support (ESL, tutoring, GED preparation, technology center). Family literacy is a holistic, comprehensive, integrated, non-duplicated, four-component education system for families that include adult education, early childhood literacy, parent education, inter-generational literacy activity over time.
- Substance Abuse Treatment (counseling, self-help groups)
- Youth Development (mentoring, after school activities, community service, family fun events)
- Community Development Activities (advocacy, housing, employment, capacity building, community celebrations)

Through studying early childhood programs that strengthen healthy bonds between parents and children and contribute to preventing child abuse and neglect, the Center for the Study of Social Policy has identified a positive new approach to preventing child abuse and neglect that can – and should – be widely replicated. The Maine Children’s Trust has been selected as one of eight Children’s Trust organizations that exhibit a high degree of readiness to advance the goals of this initiative by serving as role models for other Children’s Trust Funds.

It begins with shifting the focus of child abuse and neglect prevention efforts from family risks and deficits to family strengths and resiliency. A more universal, evidenced-based model built on promoting resilience is much more attractive to parents and, therefore, could be an effective way of reaching many more families long before a risk of child abuse or neglect emerges.¹⁰

¹⁰ “Protecting children by strengthening families – a guidebook for early childhood programs”, Center for the Study of Social Policy, Washington, DC, April 2004

Protective factors

1. Parental resilience: parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively rise to challenges in their lives – and are less likely to abuse or neglect their children.
 - Psychological health – parents feel supported and able to solve problems; can develop trusting relationships with others and reach out for help.
 - Parents who did not have positive childhood experiences or who are in troubling circumstances need extra support and trustworthy relationships.
2. Social connections: Extensive evidence links social isolation and child maltreatment. Research also shows that social networks create common norms about childrearing.
 - Relationships with extended family, friends, co-workers, other parents with children of similar ages.
 - Community norms are developed through social networks
 - Mutual assistance networks: child care, emotional support, concrete help.
3. Knowledge of parenting and child development: Mental health professionals who work with maltreating parents have observed that child abuse and neglect are often related to a lack of understanding of basic child development.
 - Basic information on how children develop
 - Basic techniques of developmentally appropriate discipline
 - Alternatives to parenting behaviors experienced as a child
 - Help with challenging behaviors
4. Concrete support in times of need: Research suggests that helping families access material resources and/or behavioral health services represent two promising intervention strategies to reduce child abuse and neglect.
 - Response to crisis (food, shelter, clothing)
 - Assistance with daily needs (health care, education, job opportunities)
 - Services for parents (mental health, domestic violence, substance abuse)
 - Specialized services for children
5. Social and emotional competence of children: Research indicates that difficult child behaviors, such as defying parents or teachers, do not themselves cause maltreatment, but are commonly part of an escalating cycle of negative parent-child relationships that may include physical abuse (Shonkoff and Phillips 2000; Ammerman 1991).
 - Normal development (like using language to express needs and feelings) creates more positive parent child interaction
 - Challenging behaviors, traumatic experiences or development that is not on track require extra adult attention
 - Because families often differ significantly in their cultural expectations of children's social and emotional development, programs create opportunities to discuss child development with parents so that home and center efforts are aligned and mutually reinforcing.

While considering best practices for family resource centers, the Maine Association of Child Abuse & Neglect Councils reviewed several models for co-located services, and wish to share that information with the task force as well. **The Maine Children's**

Cabinet, through the Early Childhood Task Force, recommends that communities develop public-private partnerships for local child and family services infrastructure via “hubs” or co-located quality supports.

Kentucky has developed a school-based Family Resource Center and Youth Services Center system to help families help students find local solutions to nonacademic problems that interfere with student learning. A public school in Kentucky is eligible for a Center if at least 20% of its students qualify for the federal free and reduced-priced meals program. 90% of all schools in Kentucky qualify for a Center. Funding for the centers is based on the number of students who qualify for free meals in the schools that a Center serves, with an inflation-related increase in funding built into the formula, (First year centers receive grants of a minimum of \$30,000 to a maximum of \$90,000). Anyone residing in the area served by the school or schools may receive assistance, including families without children in schools.¹¹

Tools for grant applications, data collection, parent surveys, student surveys, faculty surveys, coordinator performance evaluation and job descriptions are all available online. PowerPoint presentations for advisory councils, recordkeeping, support and training are also available to meet center needs.¹² The Family Resource and Youth Service Center program is managed by the Cabinet for Families and Children, rather than by the Kentucky Department of Education. This administrative placement was intended to serve as a bridge between human services and education to foster collaboration among service providers. The Office of Family Resource and Youth Service Centers also oversees Kentucky’s 92 home visitation programs. Tennessee is working to replicate Kentucky’s model, though their state funding is more limited and there are far fewer centers.

Demographics

Children age 0-17 represent one-fifth or 20.9% of the total population of Maine in 2003; not surprising, the majority (64.7%) live in counties with urban areas. For children under age 5, this represents a 3.3% increase from the previous year. For children living in poverty, the outcome is often poor physical and mental health, low academic achievement and increased participation in risky behaviors during adolescence. Income support programs such as Temporary Assistance for Needy Families, the Food Stamp Program, and the National School Lunch Program assist in meeting some of the basic needs of the 14.3% of children living in poverty. School children receiving subsidized school lunch during the most recent school year (2005-06) ranged from a low of 23.9% to 53.4%, with a state average of 34.9%.¹³

Outcomes

¹¹ “Helping Families to Help Students: Kentucky’s Family Resource and Youth Services Centers”, Southern Regional Education Board, 592 10th St., NW, Atlanta, GA

¹² <http://chfs.ky.gov/dhss/frysc/samples.htm>

¹³ Maine Kids Count 2006 Data Book.

Throughout the Future Search Conference in 2005, the concept of community-based resource centers generated great enthusiasm for co-located services responding to the needs of each community. Family resource centers will contribute to the systems design work of the Early Childhood Task Force, and the Plan for Humane Early Childhood Systems by providing a core of co-located services delivered in a consistent and humane manner to meet families' needs.

Child Outcomes:

- All children have a source of coordinated, comprehensive and family-centered primary health care
- All children are enrolled in public or private health insurance programs
- All children are routinely assessed for problems or impairments in social-emotional development.
- All children have access to appropriate social-emotional services and these services are coordinated with the medical home.
- All children have access to high-quality and developmentally-appropriate early care and education.

Family Outcomes

- Services and system meet families' needs
- Families apply for and access services
- Families are informed consumers of health care
- Parents have access to appropriate mental health services, and these services are coordinated with the families' primary care setting.
- Support groups and other support services are accessible and meet the needs of diverse family cultures and structures.
- Parents have access to high quality, affordable care that facilitates achievement of their goals (e.g. employment, training, education)

Community Outcomes

- Medical homes are linked to other community resources
- Provider capacity is sufficient to meet community needs
- Medical and mental health providers are trained in using developmental and behavioral screening tools
- Communities support the mental health of all residents
- Adequate prevention and intervention services are available to all community members.

Accreditation / Certification of Family Resource Centers

The development of accreditation or certification practices for prevention services or licenses for Maine's Family Resource Centers is recommended. This process usually results in granting the agencies and/or programs reviewed a "certification status" that may be used to verify the soundness of the organization to the public and/or funding sources.

The New Jersey Task Force on Child Abuse and Neglect has developed conceptual, practice, and administrative standards to measure effective prevention programs. These standards are especially intended for use to promote the well-being of children and to prevent child maltreatment. The standards focus on program approaches that address the general population or those individuals who may be at greater risk of being abusive or abused based on etiological studies of why maltreatment occurs. Sound prevention programs strengthen the ability of families and communities to effectively raise children.¹⁴

Adequate training of staff is needed. Job training in listening, how to use a strength-based approach, how to determine service priorities, and how to treat participants as partners are skills that can be taught. Supervision that is frequent enough and that is provided by someone who understands effective prevention practices is needed. Cornell University College of Human Ecology offers a Family Development Credential through the Northern Maine Community College / Cornell University. FMI, contact Georgia Howe, FDC Credentialing Coordinator and National Liaison, Empowering Families Project, Cornell University, Empowering Families Project, Cornell University at (607) 272-1552 or ghh2@cornell.edu. Ms. Howe indicated that nineteen states, plus the District of Columbia, have offered this training. Nationally, head start and community action agencies have participated in this educational process in collaboration with local universities; many offering 7 college credits for successful completion of the training.

University of Maine System universities use the Web, interactive television (ITV) and other delivery methods to bring classes to participants anytime, anywhere. ITV classes are broadcast live by faculty to a University College center or local ITV site. Centers also offer a range of courses taught by instructors on-site. You can participate in online courses from home or at a center or site. The Hutchinson Center in Belfast has been most receptive to developing specialized certificate programs, similar to the popular Certificate in Non-Profit Management series offered annually.

In Southern California, the Community College Foundation offers a 90-hour nationally recognized Family Development credential. FDC participants take 90-hours of interagency training in their own communities, taught by a *Certified FDC Instructor*. A portfolio advisor guides participants in documenting their skills in a portfolio reviewed by the class's facilitator. Those who successfully complete the training, portfolio, and a written exam are awarded the *California Family Development Credential by Cornell University*. Currently, there are over 700 credentialed workers in California and over 3,500 nationwide. The successful implementation of Family Development Principles throughout an organization and community is dependent upon managers, leaders, and other family support supervisors to understand and support the principles being utilized by their front-line staff. A shift in the organizational culture can be brought to reality only when all levels of an organization follow the Family Development Principles. The 5-day *Empowerment Skills for Leaders* training is a community-based, interactive professional

¹⁴ Standards for Prevention Programs: Building Success through Family Support, New Jersey Task Force on Child Abuse and Neglect, 2003

development series for FDC graduates, family support supervisors, managers and community leaders interested in supervising and leading their organizations using strength-based practices of family support. Leaders can earn the *Family Development Leadership Certification* upon successful completion of the trainings and its components.¹⁵ For more information regarding the Family Development Program please contact: Esther Villa at (213) 427-6910 x241 or email at evilla@communitycollege.org

Awareness & Usage

Marketing Maine's Family Resource Centers to the public could best be achieved through collaboration with the new 2-1-1 resource telephone number. 2-1-1 is an easy-to-remember number that connects people who want to give help or get help with a full range of health and human services in their community. In establishing 2-1-1, Maine joins a growing national movement to standardize the availability of information and referral for these services. 2-1-1 includes a statewide-directory of over 5000 resources including agency services and support groups accessible through this website to anyone with Internet capability. 2-1-1 is a private - public partnership that is funded by the State of Maine, the 10 United Ways in Maine, Ingraham, local initiatives, and the business and private foundation communities. It is through this collaboration that a statewide database and call system was built and can be maintained. **The Maine Children's Cabinet, through the Early Childhood Task Force, recommends supporting Maine's 2-1-1 system.** The Maine Association of Child Abuse & Neglect Councils recommends collaborating with 2-1-1 system to provide families with accredited (certified) family resource centers, listing core and comprehensive services available.

Evaluation

Programs must have an evaluation component that gathers quantitative and qualitative data to determine if, and to what extent, the program is achieving anticipated outcomes. The National Clearinghouse on Child Abuse and Neglect Information recommends that funding be provided only to those programs that have some evidence of effectiveness. The types of data to be collected should reflect the anticipated needs for descriptive and quantitative information. Prevention programs that intend to reduce child abuse might not use the outcome of a decreased rate of child abuse, since it is difficult to prove that the program produced behaviors that did not occur. Evaluating benefits gained by participants, such as evidence of more effective parenting knowledge, attitudes, skills and behaviors or ability to cope with the stress of child care; improved parent-child communication or parent-child bonding; enhanced ability to care for the child's physical and developmental needs; and increased social supports or decreased risk indices are readily measurable.

¹⁵ <http://hdys.communitycollege.org/training.html>

In general, performance measurement involves assessment of specific programs or organizations that are accountable for delivering specified services. Contrasted with indicators, performance measures have more utility for evaluation purposes. Performance measures often focus on capacity or process data specific to an agency program or service (e.g. number of services provided).¹⁶

The National Center for Infant and Early Childhood Health Policy has produced a toolkit for all partners in early childhood system building. The goals are grouped by the five content areas of the SECCS grant. This Early Childhood System Building Tool provides a framework for conveying information to inform policy makers about the early childhood system and provides a justification for infrastructure needs. This tool may be helpful in educating other early childhood system partners about the role of MCH / public health in the early childhood system and school readiness initiatives. For each goal, examples of related outcomes are listed. Many of the outcomes listed are specific and measurable, but some are more general and can be broken down into more specific indicators. In addition to program outcomes, some are population-level outcomes and some are agency/system outcomes. Whatever the chosen goals and outcomes, the common thread should focus on the child and family.¹⁷ Once basic data collection and analysis plans are well established; leaders should consider addressing the unique needs of infants, toddlers, and their families by breaking down appropriate outcomes by age groups (e.g. 0-3, 3-5).

Centers will serve very diverse populations and in very diverse communities. In considering how to measure the center's success, it is important to design data collection tools to make a clear link between the services provided and the desired outcomes. Finding individual solutions to individual needs, rather than implementing broader community-based activities may be the key to designing effective tools for measurement.

Concurrently, the Maine Children's Trust has embarked on an early childhood initiative of strengthening families through a new early care and education project. With the generous support of the Doris Duke Charitable Foundation, the National Alliance of Children's Trust and Prevention Funds has implemented the Early Childhood Initiative, in partnership with the Trust. The Strengthening Families approach seeks to create a child abuse and neglect prevention framework that can help program developers, policymakers, and advocates embed effective prevention strategies into existing systems. The Center for the Study of Social Policy has developed a guidebook for early

¹⁶ [Integrating Measures of Early Childhood Health and Development into State Title V Maternal and Child Health Services Block Grant Plans](#). (2004). Holly Grason, Catherine Hess, Karen Van Landeghem, Gillian Silver, Brett Brown, and Edward Schor.

¹⁷ Early Childhood System Building Tool, prepared by Roderman & Grason, Women's and Children's Health Policy Center, Johns Hopkins Bloomberg School of Public Health, for the National Center for Infant and Early Childhood Health Policy, UCLA Center for Healthier Children, Families and Communities, February 2004

childhood programs that will increase protective factors to reduce child abuse and neglect.¹⁸

Conclusion & Recommendations

Although effective prevention programs are not cheap, several studies have shown them to be cost effective. A RAND Corporation study found that “programs that provide parental training and therapy for families whose children have show aggressive behavior in their early school years avert almost three times as many serious crimes” (Kumpfer & Alvarado, 1998). In the field of substance abuse, the National Institute of Drug Abuse reports that for every dollar spent on drug abuse prevention, communities can save \$4-\$5 in costs for drug abuse treatment and counseling. Most prevention programs, even those that are intense and comprehensive, are relatively less expensive than programs that intervene or treat children who have been abused.

A cost benefit analysis recently published in Zero to Three can be used to translate the impact of early care into the language of business and economics.¹⁹ Some impacts appear relatively quickly, affect parenting, and lead to fewer substantiated cases of abuse and neglect than would have been expected. Other impacts, embodied in the child, take more time to materialize, such as increased graduation rates, reductions in juvenile and adult crime, and higher earnings in the workforce. Cost-benefit analysis not only demonstrates the relative size of benefits to costs, it also shows who benefits. Although the children and parents participating in programs offered through Family Resource Centers benefit through improved outcomes, the nonparticipating public benefits as well, due to higher tax revenues, reduced crime costs, reductions in special education and grade retention.

The Center for Law and Social Policy (CLASP) recently provided a snapshot of Child Welfare in Maine, dated September 2006. Federal and state expenditures for child welfare services in 2004 totaled \$41,723,996, which did not include Social Services Block Grant (SSBG), Temporary Assistance for Needy Families (TANF) or Medicaid services for routine health care services to children in foster care. CLASP reported 2886 children were in foster care as of September 2003, with an average stay of 36.8 months. In addition, 4,326 children were living with relative caregivers.²⁰

Foster care placement for one abused child in New Jersey in 2000 cost over \$8,100 for the year. Should the child require residential care, the cost ranges from \$65,000-\$78,000 per year. In contrast, the Healthy Families America model home visitation program averages \$3,500 per family per year. Prevention programs often provide

¹⁸ “Protecting children by strengthening families – a guidebook for early childhood programs”, Center for the Study of Social Policy, Washington, DC, April 2004.

¹⁹ “The Dollars and Cents of Investing Early: Cost-Benefit Analysis in Early Care and Education”, Heckman, Rob Grunewald, Arthur Reynolds, Zero to Three, July 2006.

²⁰ Center for Law and Social Policy, Children’s Defense Fund, “Child Welfare in Maine”, September 2006, with data from US DHHS, Administration on Children, Youth and Families, *Child Welfare Outcomes 2003: Annual Report*.

immediate cost savings from reduced medical and social service costs and reductions in foster care placements.²¹

A Connecticut prevention law, known formally as “An Act Concerning State Investment in Prevention (P.A. 06-179) enacted in 2006 encourages investment in proven, cost-effective prevention services that provide outcomes for children, youth and families. The 2006 law takes the next step toward shifting taxpayer dollars from wasteful crisis spending to cost-effective prevention investment.

Recommendations:

- Adopt as “best practices”: Principles of Family Support Practice including the Premises of Family Support. Adopt Specified Core Services. Provide recommendations for additional comprehensive services.
- Develop accreditation or certification practices and system for prevention services. Develop standards of practice and review process. Develop certificate training program.
- Start ME Right: Create a pilot initiative to fund 16 model projects (3 year projects) throughout Maine, to be administered by the Maine Children’s Trust. Programs must have an evaluation component that gathers quantitative and qualitative data to determine if the program is achieving anticipated outcomes and to what extent. The Trust will evaluate projects and recommend implementation guidance for all communities in Maine.
- Develop on-line toolkit to assist local communities to develop quality Family Resource Centers and co-located services through public-private partnerships for local child and family services infrastructure via “hubs”. A community-based resource center will provide an array of services and activities that are integrated,

Every community has a vision for their own future. By strengthening the family, school and community partnerships that are already developing through shared vision; so many great possibilities can become reality.

Acknowledgements

The Maine Association of Child Abuse & Neglect Councils represents every county throughout the State. Legislation written and implemented in the early 1980s provided that every county would work to prevent child abuse and neglect throughout the year. Members of the Maine Association of Child Abuse & Neglect Councils have implemented Family Resource Centers in many settings. As members of the former Family Resource Network of Maine, they have studied various models and best practices recommended by various Task Forces throughout the United States. Child Abuse & Neglect prevention strategies include: public education campaigns, parent education classes; family support programs; family resource centers; and home visiting services to first time parents and other interventions based on risk.

²¹ Standards for Prevention Programs: Building Success through Family Support, New Jersey Task Force on Child Abuse and Neglect, 2003, pg. 9

The Maine Children's Trust leads a statewide effort to prevent child abuse and neglect by organizing a strong unified voice that abuse is preventable. The Trust facilitates collaboration to accomplish this goal. State legislation defines organizational rules, requirements and mandates, and authorizes the Trust to be a recipient of Maine State Income Tax donations. The Trust is appointed by the Governor to administer the CBCAP (child abuse prevention) federal grant. The Trust holds the charter for Prevent Child Abuse Maine, an affiliate of Prevent Child Abuse America.

Maine's Task Force on Early Childhood has provided an innovative framework for early childhood stakeholders to develop "A Working Plan for Humane Early Childhood Systems". The Early Childhood Initiative has served as the tool to focus years of research, dialogues and advocacy from the Governor's Children's Cabinet's Task Force on Early Childhood and its partners to integrate state and community activity related to early childhood systems.

Family Support America has worked to promote the principles and practices of family support across a variety of systems in eight states, with the support of the Robert Wood Johnson Foundation. In these states, numerous systems (child welfare to health to education to criminal justice) have infused family support strategies to prevent child abuse and neglect into a variety of programs and policies. Family Support America was also the lead organization for the FRIENDS National Resource Center for Community-Based Family Resource and Support Programs, a program of the Children's Bureau, Office on Child Abuse and Neglect, in the US Department of Health and Human Services.²²

The California Family Resource Center Learning Circle consisted of researchers, policymakers and grant managers, directors of family resource centers and technical experts from around the country. This diverse group reflected the knowledge and experience of family resource centers and communities across the state and the nation, as well as the findings and publications of respected experts. ^{April 2000}

The Kentucky Education Reform Act of 1990 (KERA) was a sweeping effort to reform public elementary and secondary education in the state. No aspect of the reform law was more controversial than the creation of Family Resource and Youth Services Centers. After a decade of steady expansion, the centers enjoy broad-based support in their communities and among state policy-makers.

²² Standards for Prevention Programs: Building Success through Family Support, New Jersey Task Force on Child Abuse and Neglect, 2003, pg. 6.