



New Jersey
Child Abuse & Neglect
Prevention Plan
2010-2013

A Roadmap to Child and Family Well-being

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Department of Children and Families
and the New Jersey Task Force on
Child Abuse and Neglect

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INTRODUCTION

Every child deserves a nurturing home environment, a safe place to play, appropriate medical care and positive educational experience – the essential ingredients for promoting well-being and healthy development.



While the primary responsibility for nurturing and protecting children rests with parents and guardians, they cannot do it alone. For generations, mothers, fathers and caregivers have relied on support and advice for child rearing from extended family and others in the community. More and more, the Department of Children and Families (DCF) and its partner agencies recognize that parents across all strata are affected by the ever-increasing challenges and demands on their time, energy and fiscal responsibilities. Many parents need and want support as they undertake one of the most valuable, challenging and potentially rewarding jobs—raising children who are happy, healthy, resilient and safe. In recent decades, a growing body of research is showing us that children are ultimately the beneficiaries when their families have access to a supportive network of culturally competent, evidenced-based health and social services.

The well-being of our children and the prevention of child abuse and neglect is the shared responsibility of every citizen. Prevention is larger than any single entity. It is public and private stakeholders – from government, healthcare, social services, early education, schools, legislators, policymakers, foundations and other funders, community and faith-based groups, families and other individuals – who bear the responsibility.

The *New Jersey Child Abuse and Neglect Prevention Plan (NJ Prevention Plan)* outlines the planned prevention and family strengthening efforts of the Department of Children and Families. It is a framework that invites other stakeholders to fully participate in New Jersey's prevention efforts while delineating DCF's course of action. Its overarching goal is to inform the work of state and local partners to identify key concepts, resources and strategies to make the road easier and safer for families to travel. It builds upon prior planning efforts and recommendations, and incorporates current prevention research concepts, state and local input from recent community surveys, and evidence informed practices to prevent child maltreatment.

New Jersey has come to recognize the important role that prevention plays in both eliminating and mitigating the circumstances of child neglect and abuse that often linger into adulthood. Through the work of the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) and DCF's Division of Prevention and Community Partnerships (DPCP), representatives from local, public and private agencies have assembled to examine the issues that impact children who are vulnerable to child neglect and abuse. The *NJ Prevention Plan* is the latest

in a series of prevention documents issued by the NJTFCAN since 1998. This edition fulfills the 2007 requirement from the New Jersey State Legislature, amended N.J.S.A.9:6-8.75, for the NJTFCAN to work in collaboration with DPCP to update the state's formal plan to prevent child abuse and neglect.

Ongoing technical support, monitoring and evaluation of New Jersey's progress in implementing key elements of the *NJ Prevention Plan* will be led by DPCP. DPCP will keep an eye toward ensuring coordination and integration at all levels—state, county and municipal. DPCP will place a particular emphasis on collaboration with other state departments, when appropriate, as well as with divisions within DCF: DPCP, Division of Youth and Family Services (DYFS), and Division of Child Behavioral Health (DCBHS).

Each year, New Jersey's child protective services system manages thousands of new cases of children and families requiring investigation, intervention, treatment and placement. In recent years, DCF has begun to place a growing emphasis on prevention as an essential component of the child welfare system. The intent of this new focus on prevention is to ensure that, as New Jersey works diligently to intervene and protect children from harm, a comparable effort is carried out to educate, guide and support parents before incidents of neglect and abuse of infants, children and youth occur.

Providing families with the support that they need prior to possible incidents of abuse or neglect is defined as primary prevention. *Primary Prevention* targets the general population and offers services and activities before any signs of undesired behavior or maltreatment occur; services are universally accessible with no screening requirements. Two other types of prevention efforts are seen throughout New Jersey. *Secondary Prevention* is defined as activities and services that are directed at those who are at "high risk" of possibly maltreating or neglecting children. *Tertiary Prevention* includes activities, services and treatment provided to children and families after maltreatment has occurred to reduce the negative consequences of maltreatment and to prevent its recurrence. Additional information regarding the three categories of prevention is found in the Appendix C of this document.

Since 2006, DCF has operated under a Modified Settlement Agreement (MSA) that resulted from a federal class action lawsuit; and calls for widespread reform of the state's child welfare system. An important component of the DCF child welfare reform effort is the *prevention* of child maltreatment by keeping families safe and strong. In prior years, the vast majority of public resources for child welfare focused on tertiary treatment programs. While New Jersey maintains a firm commitment to child protection, the state is also responding to the recommendation in the MSA to invest additional resources for effective, comprehensive, community-based *prevention services* that will help to reduce the need for tertiary services.

In August 2004, DPCP was created as a key component of New Jersey's first phase of child welfare reform. Since its inception, DPCP has evolved to provide leadership, direction, resources and technical support for prevention services in communities across the state. Reform efforts in DPCP include strategies to address child abuse and neglect at all three recognized levels of prevention—primary, secondary and tertiary. While the main emphasis in DPCP is on *primary* and *secondary* prevention, the nature of this work dictates that certain programs focus more on tertiary prevention, as in the example of working with individuals and families affected by domestic violence. DPCP is currently organized to address four main prevention priorities:

- ▶ **Early Childhood Services** for pregnant women, parents and young children up to age five;
- ▶ **School-Linked Services** for school-aged children, teenagers and their families;
- ▶ **Family Support Services** for any family in need of neighborhood center-based services;
- ▶ **Domestic Violence Services** for adults and families impacted by intimate partner violence;

DPCP now reaches a broad constituency as it works in partnership with communities and agencies to promote child and family well-being. DPCP services are available to pregnant women, mothers and fathers, infants, children and youth, traditional and non-traditional families, and other caregivers. Partners include state agencies, schools and educators, community organizations, service providers, non-profit agencies, private foundations as well as the business and corporate sectors.

Statewide Survey and Regional Forums

Early in 2008, the NJTFCAN and DCF launched a statewide survey on the prevention of child abuse and neglect. The survey was designed to capture the ideas and perspectives of parents, government workers and members of nonprofit/local grassroots organizations. The survey was provided in both English and Spanish to parents. Nearly 2,000 responses were received.

The results of the statewide survey and the regional forums provided valuable input for recommendations found throughout this document.

During February and March of 2008, regional forums were held throughout the state in order to solicit strategies to strengthen families and prevent child abuse and neglect. Parents, state and local government representatives, community organizers, non-profit representatives and child advocates came together to provide feedback on many issues impacting the prevention of child abuse and neglect.

GOALS, PRINCIPLES AND CORE BELIEFS

New Jersey is committed to the ideals that all prevention efforts must be family centered, accessible, strengths-focused, community based, culturally responsive, developmentally appropriate and reflective of shared leadership. The following tenets provide a foundation for our work with families and communities in promoting child well-being and preventing abuse and neglect.

Primary Goal for Prevention

The primary goal of this Prevention Plan is to reduce the incidence of child abuse and neglect in New Jersey by increasing public and private efforts to strengthen families and improve the health, safety and well-being of infants, children, youth and families across the state.



Primary Objective for Prevention Work in the State of New Jersey

Introduce and heighten public awareness about the eight protective factors that help to strengthen families and prevent child abuse and neglect.

This 2010-2013 Statewide Child Abuse and Neglect Prevention Plan encourages public and private agencies to foster a strengths-focused, asset-based approach to engaging families by *integrating* the Protective Factors into all types of community and family services. The Protective Factors emphasize assets rather than deficits. Research shows that while certain risk factors have detrimental effects on children and families, helping parents at risk of abusing their children to find resources, supports, or coping strategies promotes healthy families.¹ Protective Factors can mitigate those effects resulting in greater resilience for parents and children. Research has found that successful interventions must promote protective factors rather than simply reducing risk factors. The list below, provided by the Center for the Study of Social Policy, describes and defines the Protective Factors:

1 Parental Resilience

Ability to cope with and recover from all types of challenges.

2 Social Connections

Friends, family members, neighbors and others who offer and provide emotional support and assistance to parents.

3 Knowledge of Parenting and Child Development

Accurate information about raising young children, appropriate expectations for their behavior, and knowledge of alternative discipline techniques.

4 Concrete Support in Times of Need

Financial security to cover expected and unexpected daily costs, formal supports (i.e. TANF, Medicaid) and informal support from social networks.

5 Healthy Social and Emotional Development of Children

A child's ability to interact positively with others and communicate his or her emotions effectively.

In addition to the above factors, the Child Welfare Information Gateway suggests three additional assets which, when supported, can strengthen families and prevent child maltreatment.

6 Nurturing and Attachment

The importance of early bonding, as well as nurturing throughout childhood. Building a close bond helps parents better understand, respond to, and communicate with their children.

7 Effective Problem Solving and Communication Skills

A parent, caregiver or family's ability to identify their goals, consider challenges, set realistic approaches to overcome challenges, and communicate effectively with others to reach their goals.

8 Healthy (Marriages)² Relationships

Developing and sustaining relationships with diminished levels of conflict and other attributes such as affectionate parents, high self-esteem, or a role model that helps children and youth to achieve positive outcomes.

¹ Promoting Healthy Families in Your Community: 2008 Resource Packet, US Department of Health and Human Services, Administration for Children and Families, Children's Bureau,

² Child Welfare Information Gateway, Children's Bureau/ACYF, USDHSS April 2006; The Federal Website lists "Healthy Marriages" as the protective factor. New Jersey chooses to expand this definition to be inclusive of all relationships such as parental, kinship, foster, adoptive, intimate partner/dating as well as spousal.

Principles that Focus on Families

- ▶ Parents and families³ are a child's first and most influential teachers—the primary source of social, emotional, physical, intellectual and spiritual development and maturity.
- ▶ Prevention efforts focus on working with pregnant women, parents and other caregivers to develop the skills, support and confidence to raise children that are happy, healthy, safe and secure.
- ▶ Family Support (Prevention) should begin as early as possible, including prior to or during pregnancy, to ensure the best possible outcomes for infants, children, youth and families.
- ▶ Support to families must be respectful and responsive in addressing the diversity of families in local communities – including race, culture and ethnicity, spiritual beliefs, language, socio-economic status, and family composition.
- ▶ Parents and families must be offered a seat at the table to provide opportunities for participation, advocacy and leadership in local and state prevention efforts. When possible, efforts should be made to schedule meetings at times convenient to parents.
- ▶ Public policies that support families; nurture healthy child development.

Principles that Focus on Practice

- ▶ The planning, design and implementation of prevention programs shall be informed by the *New Jersey Standards for Prevention Programs: Building Success through Family Support*.⁴
- ▶ Constituents, parents, youth and families, representing the full diversity of New Jersey families, should share leadership with agencies and policy makers in planning, implementing, monitoring and evaluating family support programs.
- ▶ Program design and implementation shall incorporate evidence-based, best practice models, and/or the rigorous study of promising programs to become model programs.
- ▶ All prevention programs shall be driven by performance-based indicators and outcomes.
- ▶ Public education, social marketing and community outreach for prevention programs should be coordinated and integrated across all levels of government and society.

³ For the purposes of this plan and our work in prevention, the term "family" includes both the traditional and nontraditional definition and composition.

⁴ Standards for Prevention Programs: Building Success through Family Support, New Jersey Task Force on Child Abuse and Neglect, NJ Department of Human Services, 2003; www.nj.gov/dcf

Principles that Focus on Resources

- ▶ Prevention funding investments are used to support promising and proven evidence-based and evidence-informed programs that are data-driven and formally tracked through an appropriate process. Appropriate support must be allocated for the proper evaluation of prevention programs and strategies so as to be certain that funds are being dedicated to approaches that work.
- ▶ Public-private prevention funding should focus on the family system, emphasizing prenatal, parent-child, and parent-youth relationships, as appropriate.
- ▶ Government resources and training to support children, youth and families should be coordinated and integrated to create a unified system of care for families that includes prevention and early intervention services.⁵
- ▶ Government and other custodians of public funding must be charged with maximizing the return on the investment in prevention, and minimizing duplication of services.
- ▶ When making resource decisions, policy makers should be mindful of the full range of diverse needs required by New Jersey families.
- ▶ As incidents of child abuse and neglect decline and cost efficiencies are realized, equivalent funds for child protective services should be reinvested in family support and prevention services.
- ▶ A concerted effort must be made to ensure a balance between child abuse prevention and child protective services funding to ensure support to families before an initial or reoccurring episode of neglect or abuse appears.

⁵ In this context, “early intervention” means family support and intervention services provided early, prior to families experiencing extreme stress or children being exposed to abuse or neglect. It does not mean the services provided by the NJ Department of Health and Senior Services to infants and toddlers with disabilities or developmental delays.

NEW JERSEY PRIORITIES FOR PREVENTION SERVICES

DPCP has worked with state and local partners to fund, develop and implement an array of prevention services that embody the recommendations of prior NJTFCAN Prevention Plans. This section provides a summation of DCF's work to date within DPCP. Many of the strategies and activities were identified, developed and implemented based on the input and recommendations from the NJTFCAN. This section is organized by specified target population and includes the following:

Overview of the need for prevention services by target population and/or service area.

Summary of current prevention strategies.

Expected outcomes of DPCP efforts to impact individuals/families in each target population.

Recommendations for 2010-2013 and beyond arising from DPCP's current work in New Jersey communities, as well as from the 2008 statewide survey and regional forums, community representatives from the NJ Task Force on Child Abuse and Neglect Prevention Sub-Committee, and the NJ Statewide Prevention Plan Steering Committee. This plan provides both short-term and long-term recommendations. Short-term is defined as recommendations that are intended to be acted upon during the first year of the plan's implementation. Long-term recommendations are defined as recommendations that will be acted upon during 2011 and after.



EARLY CHILDHOOD SERVICES

Pregnancy to Age Five

Overview

Reaching families early, even as early as pregnancy, is an important element of success in the design of proven primary and secondary prevention programs. The emerging body of knowledge on the science of early brain development offers another perspective on the need to initiate prevention services early to support parent-child attachment and the social-emotional development of infants and young children.⁶ Further, research suggests that interventions in this target population should be high quality, comprehensive and continuous to have the greatest impact upon parent-child relationships, child development and early learning.⁷

Infants and young children up to age three are known to have the highest rates of victimization for child abuse and neglect. According to studies conducted by the US Department of Health and Human Services, the rate of child maltreatment in this population is 16.1 per 1,000 children; and children younger than three were most likely to experience a recurrence of maltreatment.⁸ In New Jersey, 34% of all children served by DYFS are age five or younger; and this age group comprises 40% of all children in out-of-home care.⁹

More than three-quarters (78.0%) of children in the U.S. who died due to child abuse and neglect were younger than four years old. Child fatality review panels often conclude that many of these early deaths are preventable with parent education, support and intervention. In New Jersey, 80% of the children who died as a result of abuse or neglect were age six or younger. In addition, all six children near fatally injured in NJ were infants, i.e. under age one. Four of the six were under six months of age.¹⁰

These statistics follow a pattern which has not varied over the past two decades, namely that infants and young children are the most likely to be abused, the most likely to be repeatedly abused and the most likely to die as the result of maltreatment. The need for a strong prevention presence in these years can not be denied.

Objective

Improve the level of family functioning across New Jersey, including family relationships, health, safety and self-sufficiency.

Strategies

Early Childhood Services administers several important research based prevention programs that are in keeping with the principles and recommendations set forth in the NJ Prevention Plan. The following array of services target pregnant women and families, infants, toddlers and pre-school children up to age five.

⁶ Hawley, Theresa and Gunner, Megan. *Starting Smart*. Ounce of Prevention Fund and Zero to Three, 2000.

⁷ Halle, Tamara, et al, (2009). *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study-Birth Cohort (ECLS_B)*. Washington, DC: Child Trends.

⁸ Ibid.

⁹ New Jersey Department of Children and Families, Child Abuse and Neglect Data as of June 2008.

¹⁰ The New Jersey Child Fatality and Near Fatality Review Board - 2008 Annual Report, issued August 2009.

Evidence Based Home Visitation (EBHV) - Pregnancy to Age Three

In the past two years, DCF has been able to expand the capacity of evidence-based home visitation programs within New Jersey from 19 to 35 sites in fulfillment of the requirements of the Modified Settlement Agreement. The complement of DCF funded EBHV program models now include: a) Healthy Families-TANF Initiative for Parents (TIP); b) Nurse-Family Partnership; and c) Parents As Teachers. Healthy Families-TIP services are now offered in every county and 13 counties have more than one EBHV model.

In addition to supporting direct EBHV services, DCF is working to promote the development of coordinated systems of care using the NJ Comprehensive Home Visitation System model developed by the Statewide Home Visitation Workgroup. Adapted from systems in Trenton and Camden, state and federal funds now support three new county area HV Systems sites - Passaic, Essex, and Middlesex/Somerset. These sites use a universal prenatal screening form to link pregnant women/parents, through a central intake point, to EBHV and/or other needed prevention and early intervention services earlier during pregnancy.

All of the EBHV models funded by DCF incorporate the Protective Factors, as well as conceptual, practice and administrative Prevention Standards. EBHV programs are designed to be family centered, including efforts to engage fathers and other adult family members in home visits and parent education, as appropriate. Home visitors work closely with families to identify parent strengths. In addition, they work with parents to understand child development and age appropriate behavior. Home visitation incorporates the science of early brain development in helping families to understand the value of nurturing parent-child interaction, physical and social-emotional health and early learning activities. The NJ EBHV models conduct infant/child developmental assessments. Children with developmental delays are referred for further tests and Early Intervention Services as needed.

Strengthening Families through Early Care & Education—Infancy to Kindergarten

Strengthening Families through Early Care & Education (SFECE or Strengthening Families) is now operating in 180 child care centers across New Jersey. Each of the 21 counties has a minimum of eight childcare centers participating in SFECE. Through a Memorandum of Understanding with the Department of Human Services' Division of Family Development (DFD), the Child Care Resource & Referral (CCR&R) agencies in each county conduct staff trainings for these selected centers in the Protective Factors and the seven key strategies of SFECE.¹¹

The Strengthening Families program is designed to advance a more collaborative relationship between childcare providers and the children and families they serve. Providers are encouraged to shift their focus from looking at the risks and deficits of a family to the strengths and resiliency factors within that family. Provider trainings have resulted in a shift in perspective for SFECE childcare center participants, making it possible for their childcare staff to establish more positive and supportive relationships with parents. Parents are finding the centers to be a source of support and encouragement, not just a place where their children spend the day. Parental involvement and leadership is encouraged at all levels through a Strengthening Families Statewide Parent Leadership Team (SFSPLT). The CCR&R agencies selected one parent (and an alternate) from participating SF childcare centers to represent their county on the SFSPLT. Six members of this 21 member SFSPLT serve on the State SF Task Force. Their comments, recommendations, complaints and suggestions are reported to the State SF Task Force on an annual basis.

¹¹ Strategies include: •Facilitate Friendship and Mutual Support •Strengthen Parenting •Respond to Family Crisis •Link Families to Services and Opportunities •Value and Support Parents •Facilitate the Social and Emotional Development of Children •Observe and Respond to Early Warning Signs of Child Abuse and Neglect

Expected Outcomes for Early Childhood

Home Visitation

All DCF funded EBHV programs utilize a standard set of measurable process impact and outcome objectives. These indicators are tracked through the designated management information systems for the given model. Specific EBHV outcomes include:

- ▶ Local communities will have coordinated systems of care that support linkages to home visitation and other prevention services.
- ▶ Participating women/mothers have improved perinatal outcomes—adequacy of prenatal care, decrease in preterm birth, use of WIC/improved nutrition, completion of postpartum care.
- ▶ Participating women/mothers have improved capacity to identify and access resources and advocate on behalf of their child and family.
- ▶ Participating infants show improved birth outcomes for low birth weight and prematurity.
- ▶ Enrolled children have a medical home, health insurance, are immunized on-time, are screened and referred for lead poisoning and developmental delays earlier.
- ▶ Infants are breastfed for at least four weeks (maternal bonding and child health).
- ▶ Parent-child attachment is improved to support children's social-emotional development.
- ▶ Women have a reduction in unplanned subsequent pregnancies.
- ▶ Children's home environments are more conducive to early learning.
- ▶ Communities see a reduction in child neglect and abuse.

Strengthening Families through Early Care and Education

DPCP will continue implementing and expanding this evidence-based model for work with childcare providers throughout New Jersey to support the following outcomes:

- ▶ Child care center staff will have established phone trees, car pools, baby-sitting co-ops and play groups.
- ▶ SFECE centers will have parent classes, regular postings on bulletin boards and take home materials available to all their parents.
- ▶ SFECE centers will have work plans in place and will be able to show progress from the previous year.

Recommendations

Home Visitation

Short-Term:

- ▶ DPCP staff must continue to monitor effectiveness and quality of existing EBHV sites.
- ▶ During this period, DCF/DPCP must continue its lead role in working closely with funding partners, service providers and the Statewide HV Workgroup to fulfill federal ACF grant requirements for "Supporting EBHV Services to Prevent Child Maltreatment."
- ▶ DPCP will collaborate with parents and partners to ensure a comprehensive evaluation of EBHV and systems-building (through 2013) that includes analysis of fidelity, family/child outcomes, sustainability and cost-benefit, and emphasizes quality improvement of EBHV services.
- ▶ DPCP must continue to promote state and local infrastructure development (including technical assistance) to support universal perinatal screening and early childhood linkages to EBHV and other community services for at-risk families from pregnancy to age five.
- ▶ DCF must work with public/private partners at the national, state and local levels to sustain current services.
- ▶ Advocate for legislation that strengthens Home Visitation.

Long-Term:

- ▶ Systems must include resources for early intervention for pregnant women and parents experiencing depression, addiction and domestic violence; and other concrete supports.
- ▶ Expand EBHV models statewide (to include at a minimum HF-TIP and NFP) to extend NJ's capacity to reach interested pregnant/parenting families in all 21 counties.
- ▶ Focus on early childhood oriented "universal" systems of care to be initiated locally.

Strengthening Families through Early Care and Education

Short-Term:

- ▶ Through collaboration between DPCP and the DCF Office of Licensing, all early childhood providers will receive the New Jersey SFECE Provider Booklet and distribute the SFECE Parent Booklet as a tool to strengthening families in their centers.
- ▶ A SFECE "mentor center" will be designated in each county for the most experienced and exemplary center in the designated service area.
- ▶ Early Childhood Center Leadership Teams will be expanded to include meaningful representation from parent partners representative of the populations served who are provided with needed training, support, and ongoing technical assistance.
- ▶ SFECE must continue to collaborate with public/private partners at the national level to share NJ's efforts to strengthen families.

Long-Term:

- ▶ DPCP will partner with the Department of Education to expand SFECE to local school districts' pre-school programs.
- ▶ SFECE will be expanded to develop outreach and participation activities with New Jersey's family childcare providers.
- ▶ DPCP will partner with two year and four year institutions of higher learning to have SFECE included in early education and social work curricula.



SCHOOL AGE YOUTH

Overview:

Young people come to school with many different issues and can benefit from year round support services to help them address the challenges they face both inside and outside of the classroom. School-based prevention services are well positioned to positively affect the lives of students. Research¹² tells us that we maximize our ability to strengthen young people when we provide healthy adult guidance in a supportive environment. This promotes the following three key protective factors:

- ▶ Development of meaningful, safe and healthy relationships with family and friends.
- ▶ Opportunities for meaningful participation in the family, school and community.
- ▶ Possession of the life skills necessary to succeed in life, both personally and professionally.

Schools can be a vehicle to convey information to parents and child guardians and can serve as a conduit for forming meaningful partnerships among youth, families, schools and communities. Results from the 2008 Statewide Prevention Survey showed that over 70% of parents want to find out about available services and resources in their local schools. An emphasis on youth, parent and community involvement as well as better utilization of our schools could prove to be an important venue for family strengthening/child abuse prevention information and services.

Objective

To enhance the physical and emotional well-being of youth, and provide young people with the skills and resources to make healthy life choices and critical decisions that will positively influence their lives.



¹² Nebraska DOE Federal Programs , "Strength Based Approaches to Healthy Youth Development"

Strategies

- 1** New Jersey's **School Based Youth Services Programs (SBYSP)** (located in high schools, and middle and elementary schools) were developed to remove non-academic barriers to learning as a means to enhance student academic success. Each program offers a unique blend of services, determined by the needs of the population served, to help students stay in school, graduate and obtain skills leading to employment. Core services include behavioral health and substance abuse counseling, access to primary and preventive health services, mentoring, skill-enrichment activities and learning support services. Services are provided before, during and after school, and throughout the summer. Each site has a local community liaison board comprised of school personnel, youth, community representatives and parents who work to integrate an array of services to meet the needs of youth within the school. Two major components of the SBYSP are the **Adolescent Pregnancy Prevention Initiative (APPI)** and the **Family Friendly Centers (FFC)**.
The Adolescent Pregnancy Prevention Initiative (APPI) uses education, counseling and health services to reduce the birth rate among teens in high school. Any youth, at-risk or not, enrolled in the school that is home to the APPI program is eligible for services. Risk factors include sexual abuse or neglect at home, low school achievement, poverty, substance abuse or living in a home where siblings or relatives gave birth during their teen years. Referrals can come from peers, family members, guidance counselors or resource families. Students also may enroll themselves.
Family Friendly Centers (FFC) provide supplemental services, such as tutoring, counseling and cultural enrichment to enhance afterschool elementary and middle school programs. They also stress parent participation and support as well as collaboration with school and community.
- 2** **Parent Linking Programs (PLP)** provide child care that takes place in or near the high school that the youth parents attend, teach to delay a second pregnancy, parenting skills which focus on reducing abuse and neglect, and help teen mothers and fathers graduate from high school.
- 3** **Prevention of Juvenile Delinquency Programs (PJD)** provide healthy alternatives for youth who have had trouble with the law, in conjunction with the Stationhouse Adjustment regulations of the NJ Department of Law and Public Safety and has increased the state's capacity to address the complex needs of school-aged children.
- 4** **The Family Empowerment Program (FEP)**, in collaboration with the Division of Addiction Services and the Princeton Family Institute, provides an intensive prevention and treatment program for adolescents whose families have a history of serious addictions. It provides a comprehensive intervention that integrates direct family system and adolescent development services with school and community resources.
- 5** **NJ Child Assault Prevention (NJ CAP)** is a comprehensive primary and secondary prevention program. The project provides CAP and "No More Bullies, No More Victims" programs to local schools and communities. All CAP programs use a three-fold education approach to prevention, which includes trainings in the following areas: staff in-service, parent workshops and individual classroom presentations for children and teens.

- 6 Outreach to At-Risk Youth** is designed to prevent crime/juvenile delinquency, and deter gang involvement by providing enhanced recreation, vocational, educational, outreach or supportive services to youths, ages 13 to 18, with the option to serve youths until age 21. Programs are located in communities with demonstrated high crime and gang violence. One of DCF's community partners has extensive experience with implementing research-based, outcome-driven youth development programs. These programs have a proven track record of making a difference in the lives of youth, including "at-risk" youth.
- 7 2NDFLOOR Youth Helpline** is designed to provide confidential telephone assistance to address the social and health needs of New Jersey's youth and young adult (ages 10-24) population. The overall goal is to promote healthy youth development by offering immediate interactive, respectful helpline services with linkage to appropriate information and resources. Youth can either call the helpline 24-hours-a-day, seven-days-a-week or access the interactive Web site. Since its statewide launch in September 2008, the helpline has received over 168,000 calls and 98,000 Web site hits.
- 8 Standardized Training Materials** have been developed through a collaborative effort with the Department of Education to support the recommendations of the NJ Child Welfare Citizen Review Panel and the NJ Task Force on Child Abuse and Neglect. These materials include a narrated four-part PowerPoint presentation entitled: *Reporting Child Abuse and Neglect: What School Personnel Need to Do*, supportive handouts, and four post tests, designed to provide local school districts with the approved standardized training content for use to satisfy their required training of district employees, volunteers and interns on the district's policies and procedures for reporting allegations of missing, abused or neglected child situations. Additionally, these training materials include resources that will assist local school districts in creating a system of support to children who may be abused or neglected.
- 9 A Memorandum of Agreement (MOA)** and Education Practice Manual is being developed in partnership with the Department of Education (DOE) and with the participation of advocates and community stakeholders. In support of the recommendations of the NJ Child Welfare Citizen Review Panel, this document creates a framework and provides the necessary guidance for promoting interagency collaboration and communication supporting educational stability and continuity for children in out-of-home care. The MOA specifies what DCF and DOE agree to do at the state level and details the agreement between local school districts and DCF to address school enrollment and stability, school readiness, provision of supports to prevent and reduce student drop-out rates and student behavioral concerns, youth involvement in education and transition planning, the needs of children with disabilities including compliance with special education procedures, and ongoing communication, collaboration and information/record sharing between DCF and local school districts.
- 10 NJ Afterschool Network (NJAN)** is a three-year grant from the Charles Stewart Mott Foundation for \$93,000 (2007 - 2010). The grant supports a statewide network through funding to New Jersey School Age Care Coalition with matching funds from the New Jersey Departments of Education, Human Services and Children and Families to build public awareness and support; offer guidance for parents, providers and advocates; strengthen relationships with policymakers, funders, practitioners and parents; and share research supported practices in the field of afterschool and out of school time programs. DCF has actively participated in the steering committee meetings and provided \$25,000 in matching funds to support this effort.

Expected Outcomes for School-Linked Services

Current programs work to achieve targets and milestones focused on the local needs of school aged children. DPCP funded programs will move towards demonstrating qualitative statewide performance outcomes such as:

- ▶ Improved emotional well-being.
- ▶ Graduation from high school.
- ▶ Improved academic performance.
- ▶ Decreased pregnancy rates.
- ▶ Decreased incidents leading to juvenile detention.
- ▶ Increased awareness of interpersonal safety rights and appropriate boundaries.
- ▶ Increased access for students and families to community resources.
- ▶ Increased involvement and participation of families.

Recommendations

New Jersey should expand the promotion of available prevention and healthy youth development strategies and programs through partnerships with youth, families, schools and communities.

Short-Term:

- ▶ Partner with schools and parent organizations to host parenting education and child abuse prevention forums to spread information about available formal and informal supports.
- ▶ Ensure community liaison boards, which provide ideas and recommendations about school based services, are comprised of youth, parents, school faculty and community members.
- ▶ Develop a mechanism for Community Advisory Boards to provide ideas and recommendations about school-based services to DPCP. Strengthen the tie between Community Advisory Boards and DPCP.
- ▶ Ensure that the standardized training materials, *Reporting Child Abuse and Neglect: What School Personnel Need to Do*, outlining protocols and procedures regarding abuse and neglect identification and reporting for school districts are made available to local school districts and local DYFS offices.
- ▶ Upon final approval of the DCF/DOE MOA language, ensure that the MOA is released to local school districts and made available to local DYFS offices to ensure appropriate implementation.
- ▶ Support the work of New Jersey afterschool programs which promote the development, continuity and expansion of quality programs for children and youth during out-of-school times.

Long-Term:

- ▶ Discourage gang membership and thereby reduce its negative effect on children and families by expanding gang and juvenile delinquency prevention programs in school-based and after-school programs.
- ▶ Expand fatherhood and mentoring programs.
- ▶ Expand SBYSP in middle schools.
- ▶ Collaborate with the New Jersey Department of Education to ensure that the standardized training materials are reinforced to local school districts and local DYFS offices and updated annually as appropriate. Assist DOE in the development of a Frequently Asked Questions document that addresses issues and/or questions that may have been identified in the use of the training materials.
- ▶ Following passage of the DCF/DOE MOA, these departments will maintain ongoing communication and oversight responsibilities to ensure that the MOA continues to remain relevant and applicable to the changing needs of children.
- ▶ Increase and improve communication and collaboration between education and child welfare agencies and staff at the state and local levels to provide seamless social services that support the health, safety and welfare of youth thereby promoting learning and positive youth development.



PARENTS AND FAMILIES

Overview

Family support services meet families in the neighborhoods where they live, supplementing local programs and providing access to a wider network of resources. A family support service facilitates programs that link families with both formal (agencies, organizations, concrete services) and informal (family members, neighbors, peers) supports to assist them when needed. At present, New Jersey funds 37 Family Success Centers and four Differential Response programs that cover six counties in fulfillment of the requirements of the Modified Settlement Agreement. Since their inception, family support programs have reached more than 52,000 families around the state. This approach promotes stability, a sense of community and empowerment and helps families to discover their strengths.

Objective

Sustain and expand statewide networks of community-based, family-centered resource and support networks.



Strategies

- 1 Family Success Centers (FSC)** are neighborhood-based gathering places where any community resident can find family support, information and services. The purpose of the center is to enrich the lives of children by making families and neighborhoods stronger. Services are primarily provided to parents and caregivers utilizing professional service providers, community members, parents and peers utilizing various methods. Centers attend to children while their parents are accessing services and often provide services specifically for children, youth and the entire family. The general array of services address family concerns related to employment, parent education, parent-child activities, life skills, housing, and access to health care. Services are also available to provide information and referral, home visiting and advocacy.

- 2 Differential Response (DR)** is a coordinated, community-based case management and service delivery system which is initiated by a call to the child abuse hotline. Families whose needs do not rise to the level of an investigation of child abuse or neglect are referred to Differential Response. The purpose of this project is to assure children's well-being in their own home; promote healthy family functioning; and provide family support to families in need to prevent their issues from rising to the level of child protective services. DR parents and families gain access to a network of formal and informal supports; the specific needs of the parent or family determines the type of service provided.

- 3 Technical Assistance and Training** is conducted by a partnership of agencies that work directly with the DCF family support programs in order to:
 - ▶ Build the capacity of centers across the state to respond to families in a strength-based, positive way.
 - ▶ Oversee continuous quality improvement at the centers.
 - ▶ Ensure parent leadership development.
 - ▶ Promote partnerships between organizations that have not historically worked together effectively to meet families' multiple needs.

- 4 1-800-THE-KIDS** is a helpline through which pregnant women, parents and families can call to talk and get information, help and referral 24 hours a day, seven days a week. This helpline is always staffed by a trained volunteer ready to support and assist callers. It is available in over 100 languages through the use of a language line.

Expected Outcomes for Parents and Families

The family support programs have individual outcomes set by their respective lead agency. In addition, DCF has established outcomes specific to the programs and specific to parents and families.

Family Success and Family Resource Centers

- ▶ Increase awareness and utilization of family success and family resource centers.
- ▶ Families requesting information and referral will be connected with appropriate services; will be able to access needed services; will increase their capacity to identify and access services independently; and will advocate on behalf of their children and family.
- ▶ Establish fully functioning Parent Advisory Boards involving parents and community members in governance and planning.
- ▶ Increase awareness and enrollment in New Jersey Family Care.

Differential Response

- ▶ Families experiencing a housing, rent, or utility crisis will be successfully stabilized.
- ▶ Family engagement results in connection to supportive services.
- ▶ Life skills education leads to improved family functioning.
- ▶ Increased access to food, affordable and quality housing, affordable health care, education, training and employment opportunities and other tangible support services.
- ▶ Build social networks to decrease isolation and promote connections.
- ▶ Caregivers will gain knowledge of what to expect at a child's different developmental stages of children and apply effective ways to parent at each stage.

Recommendations

Short-Term:

- ▶ Continue ongoing evaluation of the effectiveness of the Differential Response projects currently in pilot status.
- ▶ Involve more men in primary prevention efforts by increasing the number of fatherhood groups, men's groups, and parenting programs facilitated by men for men.
- ▶ Provide opportunities to assist older adults raising grandchildren with concrete supports, e.g., co-operative child care, guides to navigating the school system, peer advocacy groups and public entitlements.
- ▶ Implement programs for families to engage in relationship education which includes communication skills, understanding intimacy, navigating difficult situations, managing resources, promoting wellness, etc.
- ▶ Provide services that include sensitive outreach to families with special needs.
- ▶ Provide services that include culturally responsive, appropriate, and reciprocal outreach to and support of families from diverse racial, cultural, linguistic, and other backgrounds.
- ▶ Develop a shared vision/mission with civic, community, and faith-based organizations so that families access a seamless system of concrete support.
- ▶ Ensure that programs and services are available for children and their families all along the age continuum.

Long-Term:

- ▶ Integrate family support practices into the operations of behavioral health and social service agencies.
- ▶ Create services that work with formerly incarcerated parents and their children to reunify families whenever possible.
- ▶ Provide assistance to local providers to support and/or create evidence-based and/or evidence-informed services where applicable, and ensure that services for families meet the Standards for Prevention and incorporate the Protective Factors.
- ▶ Expand Differential Response and Family Success Centers.



DOMESTIC VIOLENCE

Overview:

The 2008 NJTF/CAN/DCF child abuse prevention survey of parents, providers and advocates showed that "Domestic violence is one of the top three factors identified as affecting family well-being and is, therefore, an essential part of our state's efforts to prevent child abuse and neglect."¹³ Domestic violence is a pattern of coercive behavior used by an intimate partner to establish fear and control in a relationship with tactics including physical, verbal, sexual, and emotional abuse, isolation, deprivation of rights and freedoms, abuse and/or neglect of children and use of threats, intimidation and economic control. Domestic violence occurs across racial, ethnic, religious, and socio-economic groups, in heterosexual and same sex relationships and teen dating relationships.

According to the National Violence against Women Survey, nearly 25% of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner or date at some time in their lifetime (Center for Disease Control 2000). As many as 324,000 women each year experience domestic violence during their pregnancy. For 30% of women who experience domestic violence, the first incident occurred during pregnancy.

In 2008, New Jersey police reported 70,613 domestic violence offenses, including 57 homicides.¹⁴ Children were involved or present during 33% of these offenses, specifically 5% were involved and 28% were present. Dating violence accounted for 15% or 10,468 of the state total. According to the NJ Coalition for Battered Women 2008 Annual Statistical Report: 1,550 women and 1,836 children were sheltered by domestic violence programs; an additional 8,789 domestic violence victims and 1,951 children received non residential counseling and support services; and 23,129 received legal advocacy services. The services provided most often to shelter residents and non residential victims were housing, advocacy, individual counseling and financial advocacy.

Only a small percentage of domestic violence victims involve police or access services. The dollar costs of intimate partner rape, physical assault and stalking exceed \$5 billion each year, nearly \$4.1 billion of which is for direct health and mental health care.¹⁵

State government and its partner agencies are familiar with the success of public health campaigns to prevent smoking or drunk driving, by changing social norms that once tolerated or supported smoking in public places or driving while intoxicated. Today, smoking and drunk driving are far less tolerated than in the past. A public health approach to the prevention of domestic violence in New Jersey will involve challenging social norms through culturally competent strategies that promote healthy relationships and ultimately make it socially unacceptable to physically or verbally abuse one's partner. Enduring change will require multidisciplinary approaches that reframe the desired outcome of prevention as healthy relationships and healthy communities.

¹³NJ Department of Children and Families/NJ Task Force on Child Abuse and Neglect, 2008 Statewide Prevention Survey; 2008;

¹⁴State of New Jersey, Division of Law and Public Safety, The New Jersey State Police Uniform Crime Report (2007);

¹⁵Making the Case for Domestic Violence prevention through the Lens of Cost-Benefit, revised by the U.S. Department of Health and Human Services, Center for Disease Control, 2008.

Objective:

Improve interpersonal skills and promote healthy non-violent interpersonal relationships.

Strategies**1 Domestic Violence Core Services**

Domestic Violence Core Services include: emergency response of 24-hour hotline and 24-hour emergency shelter entry; information and referral; counseling, financial, legal, housing, and general advocacy; children's services; and community education. Domestic violence programs offer parenting information and refer victims to resources in the community. DCF funds a network of at least one core services program in every county. Domestic violence core services programs operate with an empowerment, strengths-based philosophy, working with consumers to regain their sense of worth, power and control over their lives. Support groups provide peer support and help decrease isolation.

2 Peace: A Learned Solution (PALS)

PALS is a research-based intensive therapeutic program model using creative arts therapies, including art, dance movement and drama therapies, for four to twelve year old children exposed to domestic violence. Case Management and counseling are also provided to their non-offending parents to help them heal from the domestic violence and to parent children engaged in the PALS therapeutic treatment process. One PALS program uses "Parenting Journey" a 12-week course offered in English and Spanish that starts with how members of the group were parented and behaviors learned. The PALS program is part of the State's fulfillment of the requirements of the Modified Settlement Agreement.

3 DCF/DV Program Collaboration on Co-Occurrence of Domestic Violence/Child Abuse

To address the co-occurrence of domestic violence and child abuse and bring the DCF Case Practice Model to life when working with families experiencing domestic violence, DCF adopted a Domestic Violence Case Practice Protocol and the statewide Domestic Violence Liaison Program that features domestic violence experts co-located in DYFS offices. Training of all DYFS staff in the Protocol will begin in early 2010.

4 Other Strategies

Promoting mutually respectful behavior and challenging gender stereotypes and community silence will result in positive messages about relationships and a community that speaks out against violence. A key strategy will be engaging non-violent men as leaders and role models.

New Jersey recognizes the need to build state and local capacity for primary prevention that promotes the protective factor of healthy relationships, addresses the root causes of domestic violence and challenges existing social norms. Through the Department of Community Affairs' Division on Women, the primary funding source for sexual violence services, NJ is one of eight states selected to work closely with the Centers for Disease Control on the EMPOWER Project; a statewide primary prevention planning initiative on sexual violence. Through the NJ Coalition for Battered Women, NJ is starting statewide planning of domestic violence as a DELTA Prep site. Integrating the sexual violence, child abuse and intimate partner violence plans and strategies is critical to our efforts.

A few domestic violence programs have launched primary prevention initiatives at the local level. These include groups to end teen dating violence, campaigns in which men take a public stand against domestic violence, and conferences that challenge young men to change attitudes about domestic and sexual violence. Most of the community education activities, from DCF and its partner agencies, are focused on middle school and high school youth. A review of a recent Liz Claiborne survey of tweens shows disturbing results and makes a compelling case to expand to very young children. According to a survey released by Liz Claiborne Inc. in July 2008, 62% of "tweens" who have been in relationships know friends who have been verbally abused, e.g., name calling, etc. by a boyfriend/girlfriend; 41% of "tweens" who have been in relationships know friends who have been subjected to derogatory comments, putdowns, insults both verbally and in writing, e.g., cell phones and networking sites; 20% of "tweens" aged 13 and 14 who have been in relationships know friends who have been struck in anger; 40% of the youngest "tweens" (ages 11 and 12) report having friends that are victims of verbal abuse in relationships and close to 10% say they have friends who have had sex.

Expected Outcomes for Domestic Violence Programs

- ▶ DV survivors have strategies for enhancing their safety.
- ▶ DV survivors have knowledge of available community resources.
- ▶ Children show improved emotional, cognitive and behavioral functioning (PALS).
- ▶ School aged children show improvement in school functioning (PALS).

Recommendations

Short-Term:

- ▶ Continue to identify and support best practices and promising practices.
- ▶ Actively involve men in primary prevention efforts to talk with boys about violence against women and girls. "Men as fathers, coaches, teachers, uncles and mentors can influence the attitudes and behaviors of young boys by teaching that violence does not mean strength, and there is honor and pride in taking a stand for respect against violence."¹⁶
- ▶ Develop more youth-led prevention efforts.
- ▶ Share information and integrate child abuse and domestic violence prevention efforts.

Long-Term:

- ▶ Increase second stage or transitional housing resources for domestic violence victims and their children.
- ▶ Integrate domestic violence primary prevention – Building Healthy Non-Violent Relationships in a broad range of mainstream services and programs from recreation/sports to fatherhood and youth development programs.
- ▶ Support a statewide public awareness campaign on domestic violence.

¹⁶Family Violence Prevention Fund, Coaching Boys into Men Campaign.

RESOURCES AND PARTNERSHIP

Overview

Prevention programs must provide access to concrete supports for families in times of need, either directly or through established community resources. Stabilizing family situations with concrete supports will strengthen families. This will result in greater self-sufficiency and self-support as well as reduced frequency of abuse and neglect among low income families.

The 2008 Statewide Prevention Survey identified areas of concern and needed resources. This section outlines key survey results for planning purposes. The need for concrete supports was highly ranked by statewide prevention survey respondents on a list of issues cited as important to quality of life with regard to the prevention of child abuse and neglect. Among other quality of life issues, the following indicates the percent of survey respondents noting the following quality of life items as of high importance:

- ▶ **Health care services - 88%**
- ▶ **Stable employment - 83%**
- ▶ **Availability of stable/affordable housing - 83%**
- ▶ **Economic self sufficiency - 80%**

In addition, families stressed the importance of accessing resources to help them contend with hardships and/or crisis.

- ▶ **Transportation** was the most prevalent issue cited as a difficulty for families seeking community support services. Even when services are available, participation from an individual or family may be compromised by the lack of reliable, convenient and affordable transportation.
- ▶ 88% of survey respondents cite the need for **greater availability of community services** as very important to preventing child abuse and neglect.
- ▶ Only 26% of parental survey respondents reported being aware of agencies or organizations that provide an opportunity for **parent voices to be heard**. 85% of parents in the statewide survey reported that they did not know they were invited to attend their county's Human Service Advisory Council (HSAC) meetings. 56% of parent survey respondents reported that, if given the opportunity, they would serve on a local community organization's board to provide a parental perspective towards the prevention of child abuse and neglect.

DPCP will continue to seek opportunities to collaborate with other state agencies whose efforts support healthy New Jersey families.

- ▶ **78%** of government/public employees survey respondents felt that "improved interagency communication" would help agencies work more collaboratively.
- ▶ **73%** of these same respondents believe that providing funding opportunities that support and require collaboration would help agencies work more collaboratively.

Essential to New Jersey's efforts to prevent child abuse and neglect is an integrated process of screening, assessment and referral to appropriate treatment services for parents and other primary caregivers affected by alcohol and other drug use, depression and related behavioral health disorders. Active addiction compromises a parent's willingness and/or ability to participate in community-based prevention programs.

- ▶ 88% of all survey respondents (parents and agency personnel) identified reducing illegal drug use/substance abuse as a "quality of life issue" with regard to preventing child abuse and neglect.
- ▶ Other behavioral health related issues affecting quality of life included domestic violence (91%) and crime/safety (81%), which have known correlations to substance abuse.
- ▶ 81% of agency survey respondents identified the need for addressing alcohol and drug addiction as a required component of supporting and assisting parents to prevent child abuse and neglect.
- ▶ The need to address behavioral health problems ranked second with 79% of agency respondents agreeing to the need for inclusion of this component in child abuse prevention services.

Resources

- 1 County Welfare Agencies** offer prevention services to families with minor children whose financial functioning and self-sufficiency is seriously strained and where there is high likelihood of increased public dependency.
- 2 Community-Based Child Abuse Prevention (CBCAP)** program is a federal grant program that leverages state funds to finance a continuum of family-centered, holistic, prevention services for children and families throughout the State.
- 3 Primary health care providers** partner with families and caregivers to ensure appropriate health services to children. Parent/provider partnerships provide opportunities to teach parents about child development and typical behaviors as an important component of managing health care and providing support to families. Child abuse and prevention efforts includes helping parents learn about child development, childhood behaviors through developmental anticipatory guidance provided routinely as part of well health supervision. Families and physicians can identify natural family supports and/or community resources during times that the family may feel overwhelmed or stressed (e.g. excessive crying - parents may list people to call for respite and keep it posted on their refrigerator; parent takes a brief time out in another room, etc.).
- 4 New Jersey Children's Trust Fund (CTF)** supports local child abuse and neglect prevention programs. CTF is committed to the development of creative strategies that are evidence-informed and evidence-based and demonstrate measurable performance outcomes in the lives of their participants. Since 2004, CTF has required the inclusion of the principles from the *Standards for Prevention Programs: Building Success through Family Support* for all funded programs. This year, CTF requires grantees to integrate the *Protective Factors*, into the design, implementation and evaluation of their programs.

Recommendations

Short-Term:

- ▶ Continue to publicly advertise Human Service Advisory Council (HSAC) meetings to invite participation of any and all interested parties.
- ▶ All community-based agencies should develop methods to encourage family involvement in programmatic decision making.
- ▶ Involve parents in Children's Trust Fund and Community-Based Child Abuse Prevention programs design, development, administration, implementation and evaluation of new programs that comply with the NJ Standards for Prevention and incorporate the Protective Factors.

Long-Term:

- ▶ To ensure access to community-based prevention services; publicly funded programs should help to cover transportation costs for families, as necessary.
- ▶ The social and political environment in New Jersey must support systemic changes that embrace prevention. Reducing the rate of child abuse and neglect requires acknowledgement from the public and policymakers that the most effective means to safeguarding infants and children is to provide targeted resources that help to strengthen families and communities before there are any indications of abusive or neglectful behavior.
- ▶ The expansion of Primary Prevention information dissemination efforts to the primary care healthcare community including federally qualified health clinics and other clinics.
- ▶ System partners should acknowledge the role of substance abuse in the child abuse and neglect and develop methods to ease the process of screening, assessment and referral to appropriate treatment services for parents and other primary caregivers.
- ▶ Stakeholders must be engaged and remain involved as powerful partners in change. Preventing abuse and neglect must be the responsibility of every person, community and agency.
- ▶ Improve the health of children through practical, community-based, quality medical education to primary care providers, their practice staff, and emergency department professionals; health maintenance organizations and integrated delivery systems via the EPIC CAN project.
- ▶ Create a plan to increase the amount of annual donations to the Children's Trust Fund.
- ▶ The engagement of faith-based organizations in the dissemination of Primary Prevention information and child development information to congregations.

PREVENTION COMMUNITY RESOURCE BOARD

In an effort to enhance ongoing communication and shared learning among and across families, public and private stakeholders and systems, the Division of Prevention and Community Partnerships will host an online Prevention Community Resource Board on its Web site. Any citizen or entity may submit for posting prevention related information including:

- 
- ▶ Resources for families,
 - ▶ Local activities and trainings,
 - ▶ Links to other systems,
 - ▶ Current trends and research in the field of prevention.

DPCP will serve as facilitator for the monthly postings. It is important to note that as the postings will reflect the activities and work of other stakeholders, the State of New Jersey will not endorse the postings.

CONCLUSION

This Plan represents the evolution of Prevention in New Jersey. The past efforts and plans of the New Jersey Task Force on Child Abuse and Neglect and its Prevention Subcommittee, have reached a level of fruition in the establishment and work of the Division of Prevention and Community Partnerships. However, the scope of the work of Prevention is larger than a single division or department; it requires ongoing commitment and dedication of a myriad of stakeholders from other government agencies to parents to other community members.

In these challenging times, despite understanding that the issues and needs are broad, the focus of the Department of Children and Families is necessarily limited. The success of this Prevention Plan will rest on each of us – community members and parents, all levels of government, funded agencies and private partners – strategically implementing recommendations in our communities, in our agencies and organizations, and in our interaction with children and families. The New Jersey Task Force on Child Abuse and Neglect and the Division of Prevention and Community Partnerships will continue to promote and monitor the implementation of the Plan. Our efforts will include incorporating many recommendations into community agency strategic plans and identifying partners to champion recommendations.

We look forward to continuing the great prevention work occurring in the State by uniting voices advocating for the prevention of child abuse and neglect; by facilitating education, information and resource referral; by providing evidence-based programs; and by fostering community collaboration to strengthen the families and children of New Jersey. Join us today to give every parent, child and community a healthy, successful future.

Concluding Recommendations

- ▶ DCF and the NJTFCAN in partnership will work with a volunteer panel of researchers, practitioners and academic professionals, with expertise in the field of child maltreatment prevention, to review and update, if necessary, the New Jersey Standards for Prevention Programs.
- ▶ DCF will continue the incorporation of the New Jersey Standards for Prevention and the Protective Factors into its DPCP contracts with community providers to ensure that both are included in the program design and implementation.
- ▶ DCF, as required by the Modified Settlement Agreement, has incorporated performance standards consistent with the principles of the MSA into its contracts with service providers. The performance standards reflect DCF's commitment to safety, permanency, and well-being.
- ▶ DCF will continue to explore opportunities for research and evaluation of Prevention programs.
- ▶ DCF and the NJTFCAN in partnership will work with practitioners and academic professionals, with expertise in the field of child abuse treatment, to develop standards, strategies and recommendations to prevent child sexual abuse.
- ▶ Information sharing relationships should be fostered between DCF/DPCP and New Jersey's Citizen Review Panels including but not limited to the NJTFCAN and the Child Fatality Near Fatality Review Board.
- ▶ DCF, the NJTFCAN and the state departments/agencies represented on the NJTFCAN will:
 - Collaborate to identify and coordinate the State's Prevention efforts.
 - Make training opportunities on the Protective Factors available to the public, provider agencies and other interested stakeholders with the goal of incorporating the protective factors into the practices of individuals and provider agencies.

APPENDIX A

PRINCIPLES OF FAMILY SUPPORT

The following principles and premises of family support are taken from Family Support America, which pioneered national strengths-focused, community-based family support programs from 1981-2006.

Principles of Family Support

1. Staff and families work together in relationships based on equality and respect;
2. Staff enhance families' capacity to support the growth and development of all family members, adults, youth and children;
3. Families are resources to their own members, to other families, to programs and to communities;
4. Programs affirm and strengthen families' cultural, racial and linguistic identities and enhance their abilities to function in a multi-cultural society;
5. Programs are embedded in communities and contribute to the community-building process;
6. Programs advocate with families for services and systems that are fair, responsive and accountable to the family served;
7. Practitioners work with families to mobilize formal and informal resources to support family development;
8. Programs are flexible and continually responsive to emerging family and community issues; and
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' understanding of child development and their childrens' unique characteristics, personal sense of competence and cultural and community traditions and mores;
5. Enabling families to build on their own strengths and capacities promotes the healthy development of children;
6. The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life-span; and
7. Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families and communities.

APPENDIX B**NJ STANDARDS FOR PREVENTION**

The following standards were developed by members of the Prevention Sub-Committee of the New Jersey Task Force on Child Abuse and Neglect. These standards were created to amplify and accentuate the nine principles of family support.

Building Success through Family Support**Standards, Principles and Premises****Conceptual Standards:**

- ▶ Family Centered
- ▶ Community-Based
- ▶ Culturally Sensitive and Culturally Competent
- ▶ Early Start
- ▶ Developmentally Appropriate
- ▶ Participants as Partners with Staff
- ▶ Empowerment and Strengths-Based Approach

Practice Standards:

- ▶ Flexible and Responsive
- ▶ Partnerships Approaches
- ▶ Links with Informal and Formal Supports
- ▶ Universally Available and Voluntary
- ▶ Comprehensive and Integrated
- ▶ Easily Accessible
- ▶ Long Term and Adequate Intensity

Administrative Standards:

- ▶ Sound Program Structure, Design, and Practices
- ▶ Committed, Caring Staff
- ▶ Data Collection and Documentation
- ▶ Measures Outcomes and Conducts Evaluations
- ▶ Adequate Funding and Long Range Plan
- ▶ Participants and Community as Collaborators

APPENDIX C

PRIMARY, SECONDARY AND TERTIARY PREVENTION

The following definitions of Primary, Secondary and Tertiary Prevention are taken from an amalgam of definitions which work with child and family serving programs from a variety of social and scientific disciplines. For purposes of this document, they are tailored for child welfare.

Primary Prevention: targets the general population and offers services and activities before any signs of undesired behavior or maltreatment occur; services are universally accessible with no screening requirements.

All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Universal approaches to primary prevention might include:

- ▶ Public service announcements that encourage positive parenting and promote parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting
- ▶ Family support and family strengthening programs that enhance the ability of families to access existing services, and resources to support positive interactions among family members
- ▶ Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.

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

These populations usually have one or more risk factors associated with child maltreatment such as poverty, parental substance abuse, young parental age, parental mental health concerns and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors. Approaches to prevention programs that focus on high-risk populations might include:

- ▶ Parent education programs located in high schools, focusing on teen parents, or those within substance abuse treatment programs for mothers and families with young children
- ▶ Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting

- ▶ Home visiting programs that provide support to expecting and new mothers in their homes
- ▶ Respite care for families that have children with special needs
- ▶ Family resource centers that offer information and referral services to families living in low-income neighborhoods

Tertiary Prevention: activities, services and treatment provided to children and families after maltreatment has occurred and whose aim is to reduce the negative consequences of maltreatment and to prevent its recurrence. These prevention programs may include services such as:

- ▶ Intensive family preservation services with trained mental health counselors that are available to families 24 hours per day for a short period of time (e.g., six to eight weeks)
- ▶ Parent mentor programs with stable, non-abusive families acting as "role models" and providing support to families in crisis
- ▶ Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes

APPENDIX D**NEW JERSEY CHILD ABUSE AND NEGLECT
PREVENTION PLANNING STATEWIDE
STEERING COMMITTEE**

- ▶ **April Aaronson**, Department of Human Services
- ▶ **Darrell L. Armstrong**, Former Director, Division of Prevention and Community Partnerships
- ▶ **Dianne Browne**, Administrator, Office of Family Support Services
- ▶ **Valerie Dargan**, Human Service Director, Bergen County
- ▶ **Kathleen A. Enerlich**, Former Interim Director, Division of Prevention and Community Partnerships
- ▶ **Robert Guarasci**, Chair, Prevention Sub-Committee (NJTFCAN)
- ▶ **Grace Hamilton**, Department of Community Affairs, Division on Women
- ▶ **Cindy Herdman Ivins**, Director, Division of Prevention and Community Partnerships
- ▶ **Debra Jennings**, Co-Chair, NJ Task Force on Child Abuse and Neglect
- ▶ **Jewel Johnson**, Former Special Assistant to the DPCP Director
- ▶ **Roberta Knowlton**, Former Administrator, Office of School-Linked Services
- ▶ **Lovell Pugh-Bassett**, Department of Education, Office of Educational Services
- ▶ **Jonathan Sabin**, Executive Director, NJ Task Force on Child Abuse and Neglect
- ▶ **David Smith**, Administrator, Office of County Welfare Services
- ▶ **Pat Stanislaski**, Former Administrator, Office of Early Childhood Services
- ▶ **Jane Sweeney**, Administrator, Office of Domestic Violence Services

NEW JERSEY TASK FORCE ON CHILD ABUSE AND NEGLECT

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Debra A. Gise Jennings, Acting Co-Chair
Statewide Parent Advocacy Network

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Anne Milgram, Attorney General
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Hon. George W. Hayman, Commissioner
Department of Corrections
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Hon. Charles A. Richman, Acting Commissioner
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Hon. Heather Howard, Commissioner
Department of Health and Senior Services
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Hon. Gerald J. Council
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Designee: Maria McGowan

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Department of Education
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ASSEMBLY MEMBERS

Hon. Nellie Pou, Assemblywoman - District 35

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New Jersey Task Force on Child Abuse and Neglect

Bernice Harris, Administrative Staff
New Jersey Task Force on Child Abuse and Neglect