

Theoretical Framework for PEPS

Family support programs may define their role as prevention of child abuse, or may define their role as enhancement of parental wellness. Within either model, programs typically strive to promote positive relationships between parents and children, build the knowledge and skills parents need to raise healthy, happy children, and build stress-management and problem-solving skills which enable parents to prevent and manage predictable challenges.

Level of Service Provided and Population Served:

There are three levels of family support programs:

- *Primary prevention / universal programs* are aimed at the general population; all members of a community have access to them. Their goals are: strengthening families, increasing family wellness, and preparing families to cope with life stresses to stop maltreatment before it starts.
- *Secondary prevention / selective programs* target families that may have a high risk of maltreatment due to issues like teen pregnancy, domestic violence, substance use, lack of social support, and/or poverty. They typically provide concrete resources to prevent a deterioration in life conditions and intensive parenting education in ways to manage stress and challenges.
- *Tertiary prevention / indicated programs* direct services to families where maltreatment has occurred to reduce the negative impacts of abuse and prevent its recurrence.

PEPS fits into a primary prevention model, by providing service to a broad population through the efficient use of volunteer-facilitated peer support to enhance family well-being. We believe that the well-being of a community is enhanced when all parents have access to support.

Characteristics of effective programs:

Primary prevention programs may include parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting. These programs are voluntary – parents choose to participate and are usually highly motivated. These programs are non-stigmatizing, because they serve everyone, which means families are more willing to seek them out. They are strength-based: they show respect for all parents as vital contributors to their children's growth and development, assume all parents want to do well, and help to give them the skills to do so. They promote resilience and flexibility in problem-solving. They empower parents to act on their own behalf, and advocate for their own needs. They establish links with community support systems. They deal with the child as part of the family, and with the family as part of the community. They offer opportunities for parents and children to gather, interact, support and learn from each other.

Family Wellness: Decreasing Risk Factors, Increasing Protective Factors

Family wellness is a state where the needs of every family member are being met. Parents who enjoy physical and psychological health, have access to concrete resources, have affectionate and gratifying relationships, and have a community which supports them as individuals and as parents, will have the energy to provide a wellness-enhancing environment for their child.

Wellness in children can be viewed as a balance of factors. Reducing the risk factors and increasing protective factors will improve the overall well-being of the family.

$$\text{Wellness} = \text{protective factors} > \text{risk factors}$$

Examples of risk factors: poverty, stressful life events, illness, mental illness, substance use, special needs child, isolation, lack of knowledge of child development, domestic violence. Examples of protective factors: self-esteem, coping skills, social supports, material resources, knowledge of child development. Secondary and tertiary prevention programs may focus on reducing risk factors. A primary prevention program, like PEPS, focuses on boosting protective factors.

Protective factors and activities that enhance them

- **Social connections:** Parent(s) have a network of relationships with people who provide concrete support (e.g. babysitting), emotional support, and helpful advice. Programs can offer support groups which allow parents to engage with others, develop relationships with others who are caring for children, and discuss ways to preserve / strengthen relationships with their extended family and current circle of friends. Program may include discussions about how the quality of relationships is more important than quantity. The healthiest relationships for parents to pursue are those that are characterized by trust, reciprocity, flexibility, child-friendly values, and a balance of independence and mutual assistance. PEPS primary focus in on bringing together communities of parents for mutual support and social connections.
- **Secure attachment:** Parent(s) have a positive, nurturing relationship with the child. Programs can model and teach activities that increase nurturing and attachment, such as those that teach how to respond appropriately to children's needs (e.g. understanding infant cues, calming crying, understanding sleep needs, feeding, attending to routine health needs), stimulate healthy brain development (e.g. infant massage, reading to baby, choosing appropriate toys, ensuring a safe and stimulating environment), and promote positive play interaction between parents and children (playtime, singing to baby). Parents bring their babies with them to all PEPS meetings, and have a chance to interact with their babies there, and see other parents interacting with their babies. Leaders teach songs and games that parents can use to build connections with their child.
- **Parental resilience:** Parents' developmental history and personal psychological resources hugely impact their parenting abilities. Parents can best cope with challenges when they are flexible, willing to seek help when needed, have a sense of self-efficacy and mastery, have a positive outlook on life, and are able to find meaning in adversity. Programs may teach skills for managing day-to-day challenges (budgeting, daily routines, time management, finding child care, juggling work and family), reducing stress, problem-solving, preparing for and managing crises using solid decision-making rather than quick fixes. Discussions and sharing of experiences at PEPS meetings allow parents to learn parenting skills from each other, and find ways to take care of themselves at the same time they are caring for their babies.
- **Knowledge of parenting and child development:** Parents who understand typical development patterns can better guide and discipline their child. Programs can teach usual steps in child development, how to recognize if child needs special help, how to promote healthy development, setting appropriate limits, and developmentally- and culturally-appropriate discipline. Discussions should offer both theoretical concepts to enhance understanding, and practical tools that can be applied to daily life. The PEPS Topic Guide aids PEPS leaders in offering parents guidance in all these areas.
- **Concrete support for families:** Only when parents' basic needs (food, shelter, clothing, safety) are met can they address the higher needs of their children's growth and development. Programs should monitor for the existence or development of high stress situations, and offer the necessary information, referrals and support to help parents access needed services. Even when no risk factors are present, program should refer to community resources that enhance wellness and protective factors. The PEPS website contains information about several community resources.

Sources:

- Framework for Prevention of Child Maltreatment - www.childwelfare.gov/preventing/overview/framework.cfm
- Department of Health and Human Services (DHHS), Emerging practices in the prevention of child abuse and neglect. 2003. www.childwelfare.gov/preventing/programs/whatworks/report/report.pdf.
- Nat'l Resource Ctr. for Community-Based Child Abuse Prevention www.friendsnrc.org/outcome/toolkit/evalplan/why/protect.htm
- *First Steps: Taking Action Early to Prevent Violence* by Prevention Institute, Action Alliance for Children, and Fight Crime: Invest in Kids California. 2002. <http://preventioninstitute.org/firststeps.html>
- Center for Disease Control. <http://www.cdc.gov/ncipc/dvp/CMP/CMP-risk-p-factors.htm>
- The Council for Children & Families (CCF) <http://www.ccf.wa.gov/prevention-resources/ccf-protective-factors>
- Literature Review: Early Care and Education Programs and the Prevention of Child Abuse and Neglect, Center for Study of Social Policy, Sept. 2003 http://strengtheningfamilies.net/images/uploads/pdf_uploads/LiteratureReview.pdf
- Primary Prevention of Child Abuse; LESA BETHEA, M.D. University of South Carolina School of Medicine, Columbia, South Carolina; AAFP, 1999. <http://www.friendsnrc.org/outcome/toolkit/evalplan/why/protect.htm>
- Promoting Child and Family Wellness: Priorities for Psychological and Social Interventions, http://www.education.miami.edu/Facultysites/IsaacP/public_web/keynote.htm
- Healthy Families America www.healthyfamiliesamerica.org/publications/download.shtm
- Family Wellness Program – Children's Aid Society; <http://www.childrensaidsociety.org/familywellness>;
- PEPS Theory of Change