

PROTECTING THE FAMILY: SUPPORT AND ASSISTANCE FOR FAMILIES

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Research carried out in recent decades has identified risk factors and relevant processes in the dynamics of child abuse. Such research has highlighted the importance of assisting families, with a view to intervening in dysfunctional parent-child relations and promoting positive parenting, especially for younger children.

The present paper focuses on the family context as a target of intervention, especially in the area of early detection and prevention. The authors consider good parenting practices and support for families in child-rearing as protective factors.

The "Specialized Services for Families and Children" programme is presented as an illustration of intervention. Two evidence-based programmes are also presented as illustrations of prevention strategies: "Apoyo Personal y Familiar" (APF, Personal and Family Support) and "Programa de Apoyo Psicológico Materno-Infantil" (PAPMI ©; Parent-Child Psychological Support Program). The main goals of these programmes are to provide support for parents in their child-rearing and to promote children's well-being.

This paper highlights the importance of primary prevention and family intervention, which are particularly relevant in times of economic crisis, when factors that negatively affect family life and the situation of children may increase the risk to the children's welfare.

Keywords: prevention, positive parent-child practices, specialist services for families and children.

Las investigaciones realizadas en las últimas décadas han permitido identificar los factores de riesgo y los procesos relevantes en la dinámica del maltrato infantil, subrayando la importancia de las actuaciones dirigidas a las familias con el objetivo de intervenir en las relaciones familiares disfuncionales promoviendo el buen trato a la infancia.

El presente trabajo se centra en el contexto familiar como objetivo de intervención, especialmente en su vertiente de contexto para la detección temprana y la prevención. Se aborda el tema de las buenas prácticas parentales y el apoyo a familias en la crianza de sus hijos como factores protectores.

Se presenta el Servicio Especializado de Atención a la Familia e Infancia como ilustración de una actuación de intervención y los programas "Apoyo Personal y Familiar" (APF) y Programa de Apoyo Psicológico P/Materno Infantil © (PAPMI), como ilustraciones de programas de prevención evaluados, dirigidos al apoyo a los padres y a la promoción del buen trato a la infancia.

Los datos subrayan la importancia de la prevención primaria especialmente en momentos de crisis económica en los que pueden aumentar los factores que afectan negativamente a la interacción familiar y el riesgo para el bienestar infantil.

Palabras clave: prevención, buen trato a la infancia, servicio especializado de atención a la familia e infancia.

The family is a dynamic entity that changes depending on the social context, but which continues to be among the most highly valued of institutions, and is the object of study with a view to coordinating efforts from public authorities for guaranteeing the protection of all members of the family unit.

The family specializes in meeting the psychological needs of children and adults and is of paramount importance for socialization, and its contribution is largely defined in terms of parenting practices. Good

parenting practices are considered as those where children are treated in such a way that they perceive themselves as subjects, rather than objects. This is a basic requirement for the adequate development of their socialization. Sensitivity to children's needs, affect, communication with them, appropriate rule-setting, supervision of their activities and the proper application of discipline are some characteristics of good parenting practices for guaranteeing the appropriate development of minors (Cerezo & Pons-Salvador, 1999).

In stressful or conflictive situations the family may have difficulties in providing a context for appropriate interaction with children, so that it is important for parents to have access to support at all levels: legal, economic, medical and psychological.

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The need for child protection systems was acknowledged in the Declaration on the Rights of the Child in 1959, and in the Convention on the Rights of the Child in 1989, underlining the urgent need to guarantee their welfare and development, and establishing the rights that must be converted into reality so that children can develop to their full potential and do not suffer due to hunger, want, abandonment or abuse. Such child protection can be ensured through the attainment of certain levels of welfare and healthy development which follow from a predominance of “good treatment” experiences in their lives. Thus, minors will generate their own “basic protective systems” as resources for coping with and overcoming difficulties. These protective systems operate in such a way that, in the face of adversity, they appear to sustain reasonably adequate development (Collins & Madsen, 2002; Grotberg, 2003; Jaffe, Caspi, Moffitt, Polo-Tomas & Taylor, 2007). Some of these protective resources are generated in the relational context, especially in the first years of life. A baby can develop adequately if its “world” – the direct relationship with the person caring for it – “works”, and gives it security and protection.

Such good treatment depends not only on what the child’s parents or principal caregivers are capable of offering, but also on the resources made available by a community for guaranteeing the satisfaction of children’s needs and respect for their rights, as well as for the promotion, support and rehabilitation of parental functions. Therefore, child protection is, above all, the consequence of the coordinated efforts and resources a community places in the service of the comprehensive development of all its children.

At the opposite extreme of the relational contexts that guarantee child protection we find child abuse and neglect. Child abuse is still today a problem generated in the private context, and while it is now becoming more and more publicly visible, the right decisions have not always been made for resolving it.

Research on child abuse has attempted to identify both risk and protective factors, as well as relevant processes in the dynamic of abuse. In explaining the causes of child abuse, such research identifies the following factors: the sociocultural context, parental characteristics, stressful situations that may trigger the problem, and the characteristics of the children themselves (Belsky, 1984). Such a dynamic creates an authentic “vicious circle” of mutual influences among factors that feed off one another,

highlighting the fact that risk factors are not static elements. This, indeed, explains why the greater the number of risk factors, the higher the probability of dysfunctional parenting practices, which in extreme cases, involve actual child abuse (Cerezo & Pons-Salvador, 1996).

Child abuse is one of the psychosocial phenomena with the greatest impact on the health of the child population, leading to severe disorders of overall development, and in the most extreme cases, to death. It is a problem that presents multiple aspects demanding the attention of society for tackling it and providing remedies; the consequences of abuse for its victims highlight society’s co-responsibility for childhood and adolescence (Cerezo, 2002). Such data highlight not only the enormous costs that can be incurred by abuse, but also the importance of actions aimed at reducing the risk of its occurrence. Indeed, today there is a great deal of knowledge available in relation to the phenomenon of child abuse and to the factors that guarantee good treatment. Thus, recent years have seen important progress in action to promote appropriate treatment of children from all sides. However, it remains important to stress the fundamental role of prevention and to call for the redoubling of efforts in this area, developing and implementing programmes with guarantees of quality and efficacy.

Prevention can be defined as anticipatory actions aimed at avoiding the occurrence of an adverse event, or action after such an event with a view to avoiding continued harm. There are different types of prevention, from primary prevention, which means prevention in the most comprehensive sense, to tertiary prevention, involving intervention after the identification of adverse consequences, in this case those of child abuse or neglect.

On this continuum of preventive action we also find secondary prevention, and here we shall consider specific actions from these two categories by way of examples.

Primary prevention is that which is directed at the general population, with the aim of eliminating stressful or risk factors and promoting protective factors. Such action may include: sensitization and training of professionals; promotion of values of respect for childhood, for mothers and for parenthood; prevention of unwanted pregnancy, mainly in young women; the systematic search for risk factors versus protective factors in programmes focusing on early infancy, together with assessment of the quality of the affective bond between parents and children; information on children’s rights; identification of parents’ values and strengths; and so on.



Secondary prevention targets risk populations with the aim of early diagnosis and immediate treatment, with a view to attenuating risk factors and reinforcing protective factors. The general aim is to identify potential child abuse situations, considering the family's referral to specialist help and drawing up treatment strategies.

The 1990s were characterized by a proliferation of legislation and resources in the area of Families and Children deriving from the needs of families. In this line are services aimed at intervention that have helped to highlight the importance of detection and primary prevention programmes. Indeed, the data suggest that the demand for specialist intervention services is increasing. The prognosis is not an especially optimistic one, since all the indications are that this increase will continue, given the current economic climate. In such circumstances prevention actually becomes much more necessary, for its intrinsic benefits but also for the reduction of medium and long-term social and economic costs that accompany child abuse and neglect (Martín-Álvarez, 2002).

The purpose of the present work is to review some of the theoretical bases of child protection and to draw some conclusions about its application in specific actions that represent attempts to protect children while providing care and assistance for caregivers. First of all, we present a model of psychological intervention addressing the problems of families in processes of conflict or vulnerability, which under different denominations is applied in various Autonomous Regions of Spain. And second, by way of illustration, we have selected two prevention programmes which have been subjected to assessment studies: a specific programme targeting families at psychosocial risk, and a universal programme targeting all families with young children.

SPECIALIST FAMILY AND CHILD CARE SERVICES

Some programmes for Families and Children are aimed at families in "high-risk" situations, with a view to preventing the onset of actual child abuse or neglect. Their ultimate aim consists in avoiding aggravation of the risk situation and, consequently, avoiding the possibility of future abuse or neglect situations and of the need to separate the child from his or her natural family and social environment. Thus, they are focused on ensuring both that parents are capable of providing adequate care and attention to their children and that the children develop in a healthy and normalized fashion at the physical, emotional, cognitive and social levels. One way

of achieving these objectives is to reduce the number, intensity and/or impact of the "risk factors" present in the family and to reinforce the "protective factors" in the family itself and in its environment.

The present work examines specialist family and child care services, concentrating on the model from the Valencia Autonomous Region, referred to by the initials "SEAFI". These services, whose aspects related to child protection could be considered as secondary prevention, have been developed in this Region in response to the Comprehensive Plans for Families and Children (*Plan Integral de la Familia e Infancia*) (2002 – 2010) (Generalitat Valenciana, 2002; 2007). Among the priority objectives of these Plans are support for the family and its weakest members, support for families in social-risk or other special situations, and the development of specialist family and child care services.

Until 2002, Specialist Intervention Services were centralized, so that cases detected by Social Services and requiring specialist attention were referred to the corresponding department. In 2002 the General Directorate for Families, Minors and Adoption at the Social Welfare Dept. set up the SEAFIs, whose principal characteristic is that they carry out their work directly in communities. This permits first-hand knowledge about the family and facilitates the integration and coordination of the different intervention resources.

This system makes it possible to implement programmes and services with interdisciplinary teams and to consolidate a family care model with three levels: a primary care level run by the General Social Services, with information, advisory, diagnostic and intervention functions; a secondary care level implemented by local and area specialist teams under the auspices of Specialist Family and Child Care Services and Family Guidance and Mediation Services; and a third level for more specialized interventions.

The SEAFI services are made up of specialist interdisciplinary teams working in the prevention, care and treatment of families in situations of vulnerability or conflict (Ciscar, Martínez, Boix, Cutanda & Galduf, 2005). The interdisciplinary nature of the team permits psycho-social and socio-educational intervention which facilitates complementary work. The aim is to offer a free service for families which, given their particular circumstances, need assistance in order to function as a healthy unit. This Service is designed to provide the conditions for the family as a whole and each of its

members individually to develop in an adequate manner, which will help to prevent social risk situations and/or family breakdown.

Families in need of help constitute the basic coverage of SEAFIs. In this context, SEAFIs are involved in the following situations: intervention in families with minors in risk situation and/or minors in care or state/local authority guardianship; support and follow-up for adoptive families or for minors in pre-adoptive care; support for one-parent families; support for families with problems of violent conflict; and intervention with families in risk situations.

The working methodology of the SEAFIs, in line with the normal procedures and protocols, can be summarized in the following phases:

1. Reception of the family and collation of case-history data

The family is attended to initially by the Social Services in informational, care and/or check-up contexts. Subsequently, in a consultancy context, the Social Services professionals meet to agree on an appropriate strategic plan for each family (Nacher, 2007). Finally, having collated all the background information, a protocol is drawn up for referral of the family to the SEAFI, describing its needs and motivation for change.

2. Baseline assessment phase for all members of the family unit

The assessment is made via semi-structured interviews, home visits to observe how the family works, the use of psychometric tests, and observational methodology for assessing the family system, as well as the sibling and parental sub-systems. The overall assessment of the family situation requires the analysis of protective factors, family interactions and risk factors and a rating of the seriousness of the situation for minors living in the family.

After the initial assessment, the professional team considers the results obtained and draws up a plan of action. This information is contained in the baseline report written by the team. In a subsequent session, the results and plan of action are presented to the family. If the plan is accepted, the family is requested to make a commitment to working with the service.

3. Intervention with the family

This part of the process involves implementation of the plan of action, which is the instrument that will guide the

intervention with the family. In the context of the SEAFI, the intervention revolves around raising the family's awareness of its problems and generating internal motivation for change, with a view to improving family functioning. This can be achieved through three intervention processes: family guidance (or counselling), family mediation and family therapy.

Family guidance has the aim of helping the family to better understand its problems and decide how to deal with them and to improve communication and relations with others. This type of intervention, by Specialist Family and Child Care Services, is aimed primarily at families which after a process of separation need guidance for bringing up their children or adolescents, couples with communication difficulties, families with problems of conflict, and families with adopted children or with pre-adoptive foster children.

Family mediation addresses those couples involved in processes of separation and who require professional counselling to help them achieve satisfactory and lasting agreements, taking into account the needs of all members of the family group, and particularly minors. Family mediation helps to achieve solutions to family crises with the minimum of harm to family members. In the Specialist Family and Child Care Service, family mediation is aimed mainly at couples who decide to separate, who are already in the process of separation/divorce, or who wish to modify the measures previously implemented.

Finally, *family therapy* offers a process of recoding of family messages and interactions with a view to improving problem-solving skills. The family therapy process includes modification of the system of interpersonal relations, promotion of family interactions for stimulating the use of positive interactions, delimitation of sub-systems within the general family context, providing conditions for the optimum bio-psycho-social development of all family members, increasing good parenting practices at the same time as reducing/eliminating poor ones, and finally, rebuilding healthy and well-balanced parental and filial systems so as to facilitate enriched family interactions for all members of the family unit.

For the SEAFI service, the demand for family therapy comes principally from families in risk situations with dependents, those with problems of violent conflict, and those with minors in risk situations and in situations of care and/or guardianship by local authorities or the state, as well as from one-parent families with parenting difficulties.

4. *Post-intervention assessment*

The purpose of this assessment is to observe and evaluate the changes achieved as a result of the intervention. If the goals set in the plan of action have been met, the family's evolution is followed-up until the case is eventually closed or, where necessary, referred to other resources. Should the goals not have been met, the team reappraises the plan of action, initiating a new intervention phase or referring the family to a more appropriate resource that guarantees the protection of all its members.

In 2008, according to data published by the Social Welfare Dept., a total of 109 municipalities in the Valencia Autonomous Region used the SEAFI service. The compiled data from the annual reports of the Service's professional teams (Conselleria de Bienestar Social, 2008) indicate that during 2007 the SEAFIs attended to a total of 16,276 families, 5% more than the previous year, with an increase of 10% in the total number of interventions with these families. The largest number of interventions was with families in risk situations, a figure that also rose by 5% and accounted for 40% of the families attended. As early as 2007, the economic crisis began to emerge as an important factor affecting the families attended to by this Service. Likewise, 2007 saw a 6% fall in the number of at-risk family cases resolved with favourable prognosis; that is, the economic circumstances now evident as a reflection of the crisis make cases more difficult than ever to resolve. In 2008 there was a further increase in the number of family interventions, with a continuation of the trend from the previous year. These data, together with today's social factors, permit us to predict that in 2009 there will be even more families demanding help from the public services to resolve their family conflicts.

Thus, it is clear that Secondary Prevention Services aimed at families in situations of vulnerability or conflict are playing an important role. Nevertheless, the need for prevention policies based on social action should also be stressed, with the goal of avoiding more drastic interventions and reducing the costs of intervention with more dysfunctional families.

PREVENTION PROGRAMMES: SUPPORTING FAMILIES

Among the prevention programmes whose objective is to support families and promote good parenting practices, we can distinguish those specifically targeting families in psychosocial risk situations and those aimed at the population in general. In the present work, for reasons of

space, we have chosen two examples. The first group is represented by the Personal and Family Support Programme (*Apoyo Personal y Familiar*, APF) (Rodríguez, Rodrigo, Correa, Martín & Maiquez, 2004), and as an illustration of the second group we present the Parent-Child Psychological Support Programme (*Programa de Apoyo Psicológico P/Materno Infantil* ©, PAPMI).

The Personal and Family Support Programme (APF)

The Personal and Family Support Programme (*Apoyo Personal y Familiar*, APF), designed by Rodrigo, provides a good example of actions aimed at group intervention with at-risk families identified as such according to social services criteria (Rodríguez et al., 2004). The APF, originally developed in the Canary Islands Region (*Comunidad Canaria*), has the objective of encouraging a feeling of personal competence in parents and helping them to feel active and responsible in their childcare tasks, through changes in attitudes and beliefs related to child-rearing and the reinforcement of parental self-confidence (Rodrigo, Maiquez, Correa, Martín & Rodríguez, 2006).

The APF, based on a positive approach and experiential methodology, is structured in weekly group sessions over a period of 8 months. Sessions are led by social services professionals trained in two-day intensive seminars. The content is articulated in five modules dealing with family organization, coping with children's problems, situations of family transition and change, communication and problem-solving, and coping with conflictive family situations. In small groups, parents observe, by means of simple illustrations and a range of other materials, episodes from everyday life in which they can consider the reactions of different family members. Parents are invited to put themselves in the position of those involved, and to reflect on their own circumstances, and on the consequences of these for the behaviour of their children. Based on the interpretation of parenting situations, mothers and fathers are expected to be able to reappraise their perspectives and ideas about their children and reconceptualize parenting practices applicable to everyday episodes as a first step toward being able to modify them (Maiquez, Rodrigo, Capote & Vermaes, 2000).

Through a quasi-experimental design (pre-test vs. post-test and post-test only-control groups), the APF was assessed in a study whose participants were 340 mothers, 185 of whom had been on the programme, the rest



making up the control group. The results indicated that the APF was highly effective in changing mothers' perceptions about their own competence: those on the programme showed greater self-efficacy, internal locus of control and marital agreement, and achieved moderate changes in beliefs about child development and parenting. Likewise, the mothers reported less use of inadequate, permissive-negligent and coercive parenting practices (Rodrigo, Máiquez, Correa, Martín & Rodríguez, 2006; Rodrigo, Máiquez, Martín & Byrne, 2008).

Parent-Child Psychological Support Programme (PAPMI)

An example of a prevention programme for promoting good parenting for young children is the Parent-Child Psychological Support Programme (*Programa de Apoyo Psicológico P/Materno Infantil* ©, PAPMI). This programme was designed by Cerezo and was used for the first time in a district in the Valencia Region in 1990. It addresses all new born children in the general population and supports parents and the "primary caregiver-baby" dyad, via a relationship established with parents attending a local health centre.

It is particularly relevant to focus attention on prevention in the context of early infancy, for two main reasons: the vulnerability of the baby and the disposition of the new mothers and fathers who are faced with an unfamiliar task. Thus, supportive action for parents at this stage, the children's first year of life, for favouring a fluid parent-child relationship and adequate conflict resolution, promotes the child's optimal development and adjustment (Cerezo, 2004).

The PAPMI programme essentially deals in an individual and personalized way with aspects of interaction and monitoring of the child's development, for which it makes the parents co-responsible. It takes into account both protective factors and instability/risk factors in a dynamic fashion, as they develop over time. The programme is subject to continuous assessment mechanisms, which make possible the validation of its effects on families and the promotion of good parenting practices (Cerezo, Cantero & Alhambra, 1997; Cerezo, Dolz, Pons-Salvador & Cantero, 1999; Cerezo & Pons-Salvador, 1999).

It is on these bases that the PAPMI is implemented, acknowledging the essential role of the family as a socializing unit and affective foundation for its members, especially the children. Of particular relevance is

recognition of the capacity of mothers and fathers to change and improve in the exercise of their parental tasks so as to execute them in a more competent fashion and enrich the development of their child.

The development of sound parent-child attachment, as an indicator of satisfactory interaction throughout the first year of life, can be considered a basic protective system that makes it easier to cope with subsequent difficulties (Pons-Salvador, 2007). Therefore, an important aspect of the PAPMI programme's impact is its effect on the quality of attachment developed by the child. Various studies have shown that the greater the programme attendance the higher the probability of appropriate attachment; this effect also emerged from the findings with comparison groups that did not receive the intervention (Cerezo, Pons-Salvador & Trenado, 2008).

Specifically, recent research with a total of 342 dyads showed that 85.4% of children attending the programme with their parents on more than four occasions developed appropriate attachment, according to an assessment of the infants at 15 months using Ainsworth's well known situational test (Ainsworth, Blehar, Waters & Wall, 1978). The proportion of children with appropriate attachment decreased in line with decreasing number of visits, so that for three visits the proportion of children with appropriate attachment was 78.4%, and in the comparison group, which attended only twice (at the beginning and end of the programme) the figure fell to 68.8% (Cerezo & cols., 2008; Cerezo, Trenado & Pons-Salvador, in press). These results are similar to those obtained in a group of 312 dyads from Ireland, where an adapted version of the PAPMI programme has been run since 2001 (Cerezo, 2007).

These results illustrate the interest in translating into action the principles and theoretical foundations related to the prevention of child abuse and neglect and the promotion of child welfare. The innovative format of programmes, such as those discussed here, suggest the viability of this type of approach. Present and future research will determine the essential components of intervention, but the results achieved over the years up to now are encouraging, and suggest a fruitful line of work.

CONCLUSION

In the present work the authors have stressed the importance of protecting children, with examples referring to models of support and assistance for families with a strong emphasis on prevention and early detection.



Specifically, they highlight the need to normalize preventive services targeting families, especially in highly vulnerable locations and at sensitive times of life.

The costs of child abuse and neglect include direct and indirect economic costs related to investment by child protection services, residential institutions, foster families, healthcare and injuries, special education, psychological care for victims of child abuse, institutions for juvenile delinquents, adult criminality, actual loss of life among minors, and so on.

Moreover, one should not only consider purely economic costs. When a child grows up in a relational context involving abuse it is likely to have consequences for him or her in adulthood. Victims of abusive environments as children often subsequently present low self-esteem, violent or destructive tendencies, excessive use of drugs or alcohol, conflict in their marriages or relationships, parenting problems, problems at work, suicidal thoughts, eating disorders, sexual problems, sleep disorders, depression, or general anxiety (Corso, Edwards, Fang & Mercy, 2008; Chapman, Anda, Felitti, Dube, Edwards & Whitfield, 2004; Edwards, Holden, Anda & Felitti, 2003).

Maltreatment of children, then, has multiple negative consequences, so that it requires an approach with an emphasis on prevention. For more than 30 years research has highlighted, through experience in a range of public and private institutions and bodies, the fact that actions which attempt to avoid the onset of a phenomenon affecting psychological or affective health are more useful and economically beneficial than intervention after the event (Butchart, Phinne, Mian & Fűrnis, 2006; ISPCAN, 2008).

Therefore, what is needed is ongoing investment, of both time and resources, with the aim of constantly extending the scale of preventive action. Time and time again it has been shown that when governments take the initiative and commit to expanding successful pilot programmes and small-scale projects, they rapidly spread to become implemented throughout the country.

Efforts should be addressed to taking effective steps from child protection to preventive approaches, considering that the best protective policy is indeed prevention. Moreover, it is important to guarantee that strategies for the prevention of child abuse are realistic and effective.

The data indicate an increase in the number of families receiving intervention, guidance or mediation from specialist services, highlighting the need to increase

preventive actions that reduce the direct and indirect costs of dysfunctional parenting practices, which in extreme cases result in child abuse, and in those and many others, in the "invisible pain" of childhood. Prevention and intervention must necessarily provide cumulative protection in the context of a life that is dynamic and brings with it a whole range of stressors and risks for the most vulnerable.

Nor should one lose sight of the importance of the professional team, since programmes and services targeting families and children depend to a large extent on the efforts and commitment of the professionals running them. Any programme that claims to be coherent and adequate in relation to child protection should include some means of stimulating, promoting, maintaining and protecting the emotional, ethical and political involvement of its professionals.

Finally, the authors wish to underline the responsibility of all adults, all communities and all States to create conditions guaranteeing that all children have access to the care, protection, upbringing and education they need to reach adulthood and to become integrated into adult life in the healthiest, most constructive and happiest way possible.

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