Using Normative Change to Prevent Child Maltreatment: A Case Study

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Strong Communities for Children

- Multi-year effort beginning in 2002 to enlist entire neighborhoods in two counties of northwestern South Carolina to increase the safety of children.
- Based on the recommendations of the U.S. Advisory
 Board on Child Abuse & Neglect (1990-1994) that child
 protection must be a part of everyday life to be
 effective in keeping children safe.
- Principal-driven strategy (not a program) to mobilize existing community resources with the goal of generating universal assistance to families of young children and support for families with greater need.

The Strategy

- Community engagement –outreach workers were the linchpin
- Universal assistance to all families with young children
 - Using existing voluntary resources
 - Some provided with donated professional time acting differently
 - Offered in easily accessible locations (e.g., faith communities, family resource centers, libraries, parks) where families feel comfortable
- Support to high need families
 - Supplementary support to families experiencing challenges

Overall Goal: Keeping Kids Safe

- Strong Communities is designed to promote normative change in perceptions, beliefs, and behavior
 - Caring (e.g., attentiveness, neighborliness)
 - Inclusion (universality of access to family support)
 - Optimism
 - Action

Operationalizing the Vision

- People should be able to get help where they are, when they need it, with ease and without stigma
- Families shouldn't have to become patients, clients, or, worst of all, cases in order to receive help

PEOPLE SHOULDN'T HAVE TO ASK

Leave no family outside



What did we think would happen if norms changed?

- Communities would recognize and accept their responsibility for Keeping Kids Safe
- Community resident and organizations would engage in supporting families with young children
- Community members would feel that their community was safer
- Parents of young children would accept help and give help to others
- Parents would feel a stronger sense of efficacy in their parenting responsibilities

How did we do it?

- Spreading the word
- Mobilizing the community to become engaged
- Increasing the resources for families to obtain non-stigmatizing help whenever and wherever they need it
- Institutionalizing the provision of resources so that support is sustained over the long term



Spreading the Word Among Community Leaders and Residents

Two primary goals...

- Build an understanding of the nature of the problem and, with that understanding, a sense of perceived responsibility among community members to Keep Kids Safe
- Create a "buzz" in the service area as the first step in creation of new behavioral norms

Mobilizing the Community

- Primary Goals: Obtain commitments for involvement by organizations
- Implementation of Activities
 - Were tailored to the neighborhood or community
 - Utilized existing resources in the community
 - Were aimed at building connections among parents with young children
 - Were culturally sensitive
- Campaigns: Designed to reinforce the message; to build understanding

Increasing Resources

Goals:

- Implement universal services using community organizations and residents
- Enlist participation of families with young children in universal services

Strong Families:

- All families with children 6 years old and younger are encouraged to join
- Enrollment usually occurs at points of universal access; e.g.,
 - Initial well child visit
 - Enrollment in kindergarten
 - Attendance at a festival or community recreational event for families
- Community gatekeepers (e.g., real estate agents) are also encouraged to enroll families

Institutionalizing Resources

 Goal: to "routinize" changes in norms and structures

- Examples of change
 - Enhanced pediatric well care as a means of facilitating family support
 - Development of a Latino community center that served as a gathering place for families

The Results

- Extraordinary level of community engagement and volunteer development: hundreds of community organizations and thousands of volunteers
- Fewer founded reports of child maltreatment
 - For children aged 2 and under, 11% decrease in service area and 85% increase in comparison communities
 - For children aged 4 and under, 41% decrease in the service area and 49% increase in the comparison communities
- Fewer emergency room visits and hospitalization for injuries to children
 - For injuries related to neglect, 68% decrease in service area compared to a 19% decrease in comparison communities
 - For maltreatment-related injuries of children aged 2 and under, 23% decrease in the service area and 6% decrease in comparison communities
 - For maltreatment-related injuries of children aged 4 and under, 38% decrease in the service area and 13% decrease in the comparison communities

The Results

- Surveys of teachers, parents, and children: greater safety to and from school; more welcoming atmosphere for parents
- Surveys of parents: less parental stress; greater social support; more frequent help from others; greater collective efficacy; greater parental efficacy; more frequent nurturing behavior; more frequent use of household safety devices; less frequent disengaged (inattentive) parental behavior; less frequent neglect

For more information:

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