

theLink

the Newsletter for
Healthy Families New York



Spring 2001

the children of today are tomorrow's parents ▾ los niños del presente son los padres del futuro
les enfants d'aujourd'hui seront les parents de demain

Goals

To systematically identify overburdened families in need of support

To enhance family functioning by building trusting relationships, problem-solving skills and support systems

To promote positive parent-child interaction

To promote healthy childhood growth and development

OUR GROWING FAMILY!

HEALTHY FAMILIES NEW YORK ADDING 18 NEW PROGRAMS

On April 4, 2001, Governor Pataki recognized April as Child Abuse Prevention Month by announcing more than \$16 million to continue and expand existing Healthy Families programs and add new sites. The \$16,150,276 will be administered by the Office of Children and Family Services (OCFS), in collaboration with the state Department of Health (DOH).

The Governor said "every child deserves a safe, nurturing and loving home," and that this "funding will help provide critical information so that parents can give their infant a safe and healthy start in life." Last year, the Governor supported a new law that expanded the Home Visiting Program and made it permanent. Since it began six years ago, 190,000 visits have been made to over 6,200 families throughout New York.

OCFS Commissioner John A. Johnson expressed his enthusiasm, saying, "By helping to improve the skills of new parents, we can increase their self-sufficiency and reduce dependence on public assistance." Health Commissioner Antonia C. Novello, praised the Governor "...for his continued support of programs that allow New York's children to grow up healthy and strong."

The grants will be used: for 18 new programs including two pilot collaborations of the Healthy Families New York Program and the Community Health Worker Program; to enhance or expand 3 existing programs; and maintain the current sites. New sites are scheduled to start up in July, bringing the number of HFNY sites to 27.

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One Mother's Story

Deb Hoffman, supervisor in Otsego County, spoke with a program mom about her experience. Though the mother has signed a release for the story to appear, we have not used her real name. Here is "Sherry's" story in her own words.

When I had my son Carl I was afraid because I had no idea how to take care of a baby. I was going to give him away. Now I know what a terrible mistake that would have been. At first, I was making some bad choices, then, I had other problems. My Family Support Worker (FSW) was there for me anyway. Building Healthy Families has ...been wonderful.

At first I didn't know what to expect and was a little uncomfortable because she (the FSW) was a stranger. Now it's different. I feel that Carl and I have a good friend. My FSW makes me feel good about myself and tells me what a great mom I am ...and you know what?

I am a great mom!

I have learned so much about how to take care of my son. I've learned activities that will help him develop and how to comfort him. I love all the activities we do and I especially like the video-taping we do every month. I can watch it anytime and see how much Carl has changed.

The only thing I didn't like was when we did an Ages and Stages checklist and found that Carl has some delays. Now he gets Early Intervention so it turned out ok. My worker can give me information and help me on anything I ask her about.

My goal is to get my GED, get a better job so I can take care of my son, and to be the greatest mom to him. I never knew I could love someone as much as I love my son.

"Sherry," age 19 and "Carl" 8 months





To The Editor

This Spring, "Ed" is wearing her FAW hat!

Dear Ed:

I think that I can speak for many FAWs across the state when I say that assessing teen parents is really a challenge. They might not have a clue about the responsibilities of raising a child or how things are about to change. I'll ask a question like, "Do you have any worries about your money situation," or "How will you provide for your child after he/she is born?" The answers might be, "No, I have no worries. Why should I?" Or, "My mother will help me out."

When I score the assessment, I find they might score below 25 because they say everything is fine or they don't provide much in the way of dialogue. They have no worries, concerns or stressors, so I can't offer them home visiting when I know they can benefit from it. So, how can I get better responses from teens?

Any ideas?

Worried in New York

Dear Worried,

You are right when you say that assessing teenagers is challenging. Often a teen parent's picture of what is about to occur is limited.

You can help them to be more realistic by posing your questions in scenarios. Instead of, "Are finances stressful for you?" try asking, "If your mother lost her job and she couldn't help you, how would you get food, clothing and diapers?"

The response to this question alone could tell you a lot about coping skills. Also, don't forget to use "open-ended" and "range-of-response" questions. They will help you to have more dialogue with teenagers.

To the Editor:

When I do a prenatal assessment, then offer a family home visiting, and the FSW is unable to engage the parents within the 3 month creative outreach period, they send the case back to me after the birth of the baby. I have always felt that after I give a case to the FSW, I would have no further contact with the family. I have conducted the follow-up as I have been asked, but I thought the FSW was supposed to do this. Could you please shed some light on this?

Confused

Dear Confused Worker,

I think I understand your question. After all, you have been told that FSWs have long-term relationships with families while the FAW's tenure with the family is short—gather the facts, refer and move on. But, this is not always the case. There is some rationale behind the need for FAWs to have repeat associations with families.

First, the FSW who discharges the case after 3 months of trying to engage during the prenatal period, is really terminating the case. No place will be held on the FSW's caseload. So, why return the case to you? Well, the purpose is for you to try again to engage the family after the birth of their baby. The parents' feelings about accepting the service may be different due to their many life changes since the birth. Parents often see things differently once the baby actually arrives, and may then be more interested in taking advantage of a service that will help them to ensure a safe and healthy future for their newborn.

Our goal is to reach families when they are most open to receiving services; sometimes this is prenatally, sometimes it is after the birth. Keep in mind that each program determines its own procedure for handling this. I recommend that you consult your Program Manager for further explanation.

Changes in the Prevent Child Abuse NY Training Team

The Training Team is very happy to announce that Fatima Abdullahi joined our staff full-time as Senior FAW Trainer as of April. Previously, Fatima was Program Manager of the Bright Beginnings Program in Albany. In addition, she has been a Healthy Families America trainer for the past several years and is the *star* of the FAW training video used around the country.

We are also proud to announce that Daisy Carrero from the Buffalo Home Visiting Program has successfully completed the HFA Training of Trainers Institute in the FAW track. Daisy did her first co-training with Fatima Abdullahi in Schenectady the week of June 18.

And now for the loss part....

We are sorry to be losing two trainers to other states! Mary K. Wright, FAW trainer from Chemung County, is soon moving to Virginia, and Debbie Brownstone, FSW trainer from Ulster County will be moving to California. Both Mary K. and Debbie have been valuable members of our team. They each have made lasting contributions to the quality of our training. We will miss them both!



The Link is published quarterly as a joint venture of Prevent Child Abuse New York and the New York State Office of Children and Family Services

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Domestic Violence in the Family:

Best Practices for Home Visitors and Healthy Families Sites

Sarah Rubenstein-Gillis, MSW

Healthy Families NY Trainer, Prevent Child Abuse New York

Domestic violence (DV) is an abuse of power used to control, intimidate and/or harm an intimate partner. While the great majority of DV victims are women, a few are men who are abused by female partners.

Many of us see signs of violence and abuse in families we work with. Sometimes these are immediately recognizable in repeated bruises or other injuries.

When the violence is less obvious, a parent may be very isolated because of a controlling partner. She or he may live with verbal assaults, threats, coercion, emotional or psychological torture inflicted by a partner. As Assessment and Support Workers, it is essential to know what our roles are in identifying violence and supporting victims.

We know ongoing domestic violence can have damaging effects on all members of a family. The person who is abused may be living in fear, depressed, isolated, addicted to substances, injured, or even killed. The abuser loses the ability to have healthy, trusting relationships with family members, and risks incarceration. Domestic violence also can interfere with the capacity to parent – often compromising parents' ability to protect their children or to be a consistent, safe presence in a child's life.

Children in violent homes can be seriously affected. They learn what they live, and the models of relationship they see as children may set the stage for the rest of their lives.

Children who witness adult violence:

- Are 4-5 times more likely to be in abusive relationships as adults
- May have problems sleeping, concentrating, learning and behaving
- May become fearful, moody, wet their beds, and have nightmares
- Are more likely to commit crimes, use drugs and alcohol, run away, commit suicide, and have trouble with friendships

Recent studies show a high correlation between domestic violence and child abuse. Millions of children in the United States witness and experience abuse each year.

So, what can we do?

Family Support/Assessment Worker DO's:

- Increase your knowledge and understanding of DV.
- Learn to identify signs of DV
- Be aware of your own feelings and background related to DV.
- Consult frequently with supervisors and domestic violence experts.
- Observe and listen to families. Tuning in to early signs that support is needed may help prevent a crisis.
- Let families know that you are a safe person to talk to.
- Express concern for family's safety.
- If abuse is disclosed, take it seriously.
- Provide ongoing support, even if the person does not do what you think best (i.e., leave the partner).
- Respect confidentiality, while being clear with families about mandated reporting.
- Send empowering messages to the family, building self-esteem.
- Support the abused person to develop self-sufficiency and problem-solving skills.
- Acknowledge how difficult it is to leave a violent situation.
- When the abused person feels hopeless, focus on their strengths and resources.
- Provide information (signs of DV, impact on children, legal rights, local resources, 24-hour phone numbers).
- Link families with appropriate resources.
- Support the family's right to be in control.





- Help the abused person develop a safety plan, with support of DV programs.
- Work with the family to strengthen their support system.
- Plan for your own safety, with the support of your supervisor.
- Remember, the abused person is the expert on how dangerous the situation is, not you.
- Be aware that sometimes leaving a violent situation can be more dangerous than remaining in it.

Family Support/Assessment Worker DON'Ts:

- Judge or blame person(s) being abused.
- Encourage the person to accept violence "for the sake of the family."
- Assume things/feelings.
- Avoid talking about it. Silence can increase isolation, fear, and hopelessness.
- Violate boundaries of your role. You are an FSW/FAW, not a therapist, domestic violence advocate or CPS worker.
- "Prescribe" — Tell the person what to do and how to do it. You then become another person taking control. What is safe in one situation may not be in another.
- Discuss the violence when the abuser is present or confront the abuser.
- Breach confidentiality. You could contribute to a dangerous situation.
- Try to do it alone.
- Give up on a family. Never underestimate potential to survive and change.
- Become angry or judgmental if an abused person leaves the situation and then returns. Remember that people leave violent situations and return an average of 7 times before they leave for good.

What Healthy Families Programs CAN DO:

- Provide ongoing support, training and information for workers on domestic violence, child abuse, and mandated reporting.
- Have information available (pamphlets, books, videos, etc).
- Develop an agency DV protocol.
- Talk about domestic violence in meetings, supervision, and trainings.

- Connect with organizations that provide DV services.
- Post important numbers near/on phones.
- Provide safety back-up for staff (cell phones, sign-in/out sheets, workers go in pairs if needed).
- Hang posters with DV information in the office.
- Get involved with community-wide DV advocacy.

Where to Order High Quality DV Materials

Free DV Information Booklets:

These comprehensive guides include safety plans, legal information and resource numbers. They are sent to non-profit organizations free of charge.

Domestic Violence: Finding Safety and Support, English/Spanish. ("The purple book") New York State Office for the Prevention of Domestic Violence, 518-486-5030

Domestic Violence Handbook, English/Spanish. ("The little brown book") NYS Coalition Against Domestic Violence, English 800.942.6906/ Spanish 800-942-6908

Books & Videos:

Mental Health Resources, 345 W. Saugerties Road, Saugerties, NY 12477, 877-MHR-0202, email: mhr@ulster.net

AIMS Multimedia, 800-367-2467, ext.334, www.aimsmultimedia.com

Intermedia, Inc., 800-553-8336, www.intermedia-inc.com

Multilingual/Multicultural Posters, Buttons, Stickers, & Information Packets:

Family Violence Prevention Fund, 415-252-8089 or 800-790-7233, www.fvpf.org

Donnelly/Colt Progressive Resources Catalog, Box 188, Hampton, CT 06247, 860-455-9621, email: info@donnelly/colt.com, www.progressivecatalog.com



*24-Hour Hotline Numbers for
Child Abuse and Domestic Violence*

see page 8

The Milky Way:

HFNY and the New York State Law in Support of Breastfeeding

Rayza DeLaCruz-Stitt, RN, BSN, MSN

Nurse-Educator at Best Beginnings, Prevent Child Abuse New York Trainer

Did you know that the law protects the rights of lactating women?

The code in support of breastfeeding was added to the public health law in 1984. Chapter V, Subchapter A, Article 2, Part 405, section 405.8 sets minimum standards for hospitals providing maternity services.

What the Law Says:

Hospital staff shall designate at least one person who is thoroughly trained in breastfeeding physiology and management to be responsible for ensuring the implementation of an effective breastfeeding program.

What the FSW Can Do:

The FSW can help the prenatal family learn what breastfeeding support the hospital has. She can link the family to the service, and share information with the hospital's Lactation Consultant about family support practices. If there is no Lactation Support Program, the FSW can encourage the family to request such services.

What the Law Says:

Hospitals should have policies and procedures to assist the mother in breastfeeding efforts. Some of these practices include:

- Avoiding routine use of drugs to "dry up" milk
- Supplemental feedings given only when medically necessary
- Encouraging the mother to put the infant to breast immediately after delivery, in most cases
- The mother has access to her baby to feed on demand
- No samples of formula on discharge, unless a family requests them

What the FSW Can Do:

- Inform the mother that she will be lactating (producing milk) when she goes home
- Let the family know that if the mother decides to breastfeed after discharge, she can still do it because she will be lactating
- Inform the family that it is against the law for hospital staff to place bottles in a baby's crib without a doctor's order or the parents' permission
- Remind the family that bottles in the first few days can interfere with breastfeeding
- Inform families that they have the right to breastfeed in the delivery room within a half hour of a normal birth
- Remind the family that mother/baby dyads who nurse immediately after delivery tend to have more success breastfeeding later
- Inform families that in most hospitals the mother can room-in with her baby 24 hours a day, except during brief times in the nursery for routine medical care
- Remind the mother that mothers and babies who feed on demand tend to have more success with nursing later. This is a good time to begin forming a secure attachment
- Inform the family that parents who take home formula are more likely to buy into subtle messages that encourage bottle-feeding sooner than needed
- Remind the mother that for the first 6 months, the vast majority of babies get **all** the food and nourishment they need from their mothers milk



For a copy of the
**NYS Code in Support of
Breastfeeding**

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CORRECTION:
In our last issue we mistakenly list Rayza DeLaCruz-Stitt as a IBCLC (Lactation Consultant). We apologize for any confusion this may have caused.

(continued from p. 1 *OUR GROWING FAMILY!*)

HEALTHY FAMILIES NEW YORK PROGRAM SITES

This is a list of the Healthy Families New York Sites including their target areas:

BEST BEGINNINGS (Manhattan)

Alianza Dominicana, Inc.

Target area: Washington Heights, census tracts 261, 269

BRIGHT BEGINNINGS

Albany County Department of Health

Target area: Arbor Hill, West Hill, North Albany, South End

BRONX LEBANON HOSPITAL CENTER*

Target area: zip codes 10459, 10456

BROOKLYN SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN*

Target area: zip code 11216

BROOME COUNTY HEALTH DEPARTMENT*

Target area: Broome County, first-time parents

BUFFALO HOME VISITING PROGRAM

Buffalo Regional Task Force for Comprehensive Perinatal-Prenatal Services Network Development, Inc.

Target area: zip codes 14201, 14202, 14208, 14209, 14213, 14215

CHURCH AVENUE MERCHANTS BLOCK ASSOCIATION, INC. (CAMBA) (Brooklyn)

Target area: zip code 11226

COMMUNITY ACTION PROGRAM FOR MADISON COUNTY

Target area: Madison County

COMPREHENSIVE INTERDISCIPLINARY DEVELOPMENTAL SERVICES, INC.

Target area: Chemung County

DUTCHESS COUNTY DEPARTMENT OF HEALTH*

Target area: Poughkeepsie, zip code 12601

EARLY ADVANTAGES

Behavioral Health Services North, Inc.

Target area: Clinton County, first-time parents, City of Plattsburgh, all parents

FINGER LAKES VISITING NURSE SERVICE*

Target area: Geneva, zip code 14456

HEALTHY SCHENECTADY FAMILIES

Schenectady County Public Health Services

Target area: Schenectady County

HEALTHY FAMILIES STEUBEN

The Institute for Human Services, Inc.

Target area: Steuben County

JULIA DYCKMAN ANDRUS MEMORIAL, INC.*

Target area: Yonkers, zip code 10701, Mount Vernon, zip code 10550

MEDICAL & HEALTH RESEARCH ASSOCIATION OF NEW YORK* (Manhattan)

Target area: zip code 11237, first-time mothers, teenagers, ACS referrals

MORRIS HEIGHTS HEALTH CARE CENTER, INC.* (Bronx)

Target area: zip code 10453

NEW YORK FOUNDLING HOSPITAL, VINCENT J.FONTANA CENTER FOR CHILD PROTECTION* (Manhattan)

Target area: zip codes 10304, 10303, 10302

NIAGARA COUNTY DEPARTMENT OF SOCIAL SERVICES*

Target area: zip codes 14301, 14303, 14305

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.*

Target area: Central Harlem, zip codes 10026, 10037

OCCUPATIONS, INC.*

Target area: Newburgh, zip code 12550

ONEIDA COUNTY HEALTH DEPARTMENT*

Target area: zip codes 13501, 13502

OPPORTUNITIES FOR OTSEGO, INC.*

Target area: West Winfield, zip code 13491; Oneonta, zip code 13820; Unadilla, zip code 13439; Cooperstown, zip code 13326

PARENT EDUCATION PROGRAM, INC.*

Target area: Cattaraugus County, zip codes 14779, 14772, 14042, 14760, 14737, 14719, 14770

RENSSELAER COUNTY HEALTHY KIDS PROGRAM

Target area: Rensselaer County

SAFE SPACE*

Target area: Queens, zip codes 11412, 11436

ULSTER COUNTY HEALTHY START HOME VISITING PROGRAM

Target area: Ulster County

*Denotes programs new in 2001



Ulster County Healthy Start

Leora Cohen-McKeon, Family Assessment Worker
Ulster County Healthy Start

Ulster County Healthy Start was one of the original HFA programs in New York. Since our start-up, we have grown significantly, as has our reputation in the community.

Collaborations with Healthcare Providers

In 1994, Ulster County Department of Social Services arranged to house our program at Mid-Hudson Family Health Institute, a clinic for medically underserved people. The clinic gives us many referrals, while we work closely with them to obtain a medical home for each family. Medical staff often benefit from this relationship, as they can get a more complete picture of families with the added perspective on the home environment we provide. As part of a medical institution, Healthy Start can bridge service gaps for families. For example, a doctor from the Institute might attend a service plan meeting with other service providers and a family.

Doctors participate in a weekly case presentation, and residents can learn about Healthy Start services, especially about communication styles. Our Child Development Specialist is a pediatric resident on a Healthy Start rotation, so we get an in-house review of developmental screenings, allowing us to make timely referrals to Early Intervention and preventing the need for later repeat screens. Residents also go with an FSW on a home visit and make a presentation on a health-related topic chosen by our staff.

The Research Component: Random Assignment of Families

Last year we joined the New York State Family Services Study, a project of the Center for Human Services Research at Rockefeller College and the New York State Office of Children and Family Services. When it began, we expanded to the whole county, and we had to do outreach in some non-traditional places, like laundromats, malls, restaurants, bodegas, libraries, daycare centers, and churches.

In the study, not all families who score positive on the Kempe can be offered home visits. Instead, families who score in are randomly selected for either the program or control group (*no home visits*). Those in the control group receive information and referral, but still benefit, as they learn about services that might be helpful. We believe that many families in our outlying areas received little or no services before the research.

Diversity and Collaboration

Last year, our staff was concerned that other agencies were not relating well to people of different cultural and linguistic backgrounds, so we decided to invite agency representatives to talk about this issue. Over 25 agencies responded and participated in a useful discussion. Thus, began the monthly meetings of the Cross-Cultural Network. Our mission is to enhance our capacity to relate positively to people from diverse cultures.

Parent Groups

At monthly Parent Groups we have planted flowers, made books, had holiday parties. At the Valentine's Day event, *Keep Your Baby Close to Your Heart*, we demonstrated the use of a baby sling and discussed how slings benefit babies and parents. Parents' eyes lit up as they saw how great it would be to have free hands with their babies close and happy. Later, they made Valentine's Day cards while wearing their babies. At each group we are careful to have staff present who speak both English and Spanish.

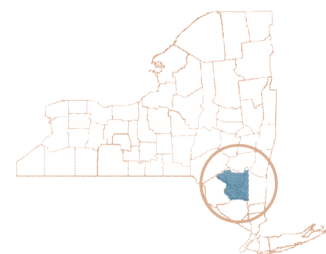
Farm Cooperation

Healthy Start works with a farm that gives food to interested families each week during the summer. Every year we visit the farm. Families share in the harvest, learn to use vegetables, take a tour, and make a mock farmstand. This is a favorite trip for everyone. Families learn more about where their food comes from, socialize with others, and spend time outside with their children.

Staff Day

Quarterly, we have a STAR Day (Staff Togetherness and Relating Day – *Thanks for the idea, Buffalo!*) Last quarter we brought children's books, songs, and materials for making instruments. We took turns reading books out loud, singing songs, and making instruments. It was a great way to relax and get some new ideas for visits.

Healthy Start is an exciting environment to work in. I think I can say that we have earned our good reputation through cooperation, collaboration, and teamwork behind the scenes.



Where in the world is Ulster County and what is it like?

Ulster County is about 2 hours from Manhattan and about 1 hour from Albany.

The Hudson River flows through the eastern portion, while the western portion lies in the Catskill Mountains.

Ulster County:

- Has 241 farms on 58,000 acres
- 350,000 acres of forest on public land
- Is New York's largest producer of fresh apples and sweet corn
- Has experienced a significant increase in cultural diversity in the last 10 years

DID YOU KNOW?

Effects of Abuse in Childhood Are Long Lasting

Physical and sexual abuse in childhood are linked to high levels of anxiety, especially for depressed people, and may contribute to a range of problems for adult women. (*Study results reported in the August 2, 2000, issue of the Journal of the American Medical Association.*)

Dr. Charles B. Nemeroff, chairman of psychiatry and behavioral sciences at Emory University, coauthor of the study, told the *New York Times* that child abuse *is a very large public health problem*, as the research confirms that child maltreatment can profoundly affect brain chemistry and anxiety disorders.

Need information on addictions or substance abuse?

**Call the OASAS toll-free line
Alcohol and Substance Abuse information**

1-800-522-5353

24-Hour Hotline Numbers — Child Abuse and Domestic Violence:

New York State Adult Domestic Violence Hotline



English: 1-800-942-6906

Spanish: 1-800-942-6908

New York State Child Abuse Hotline *(for reporting suspected child abuse or neglect)*

English: 1-800-342-3720

National Domestic Violence Hotline

English + Spanish: 1-800-799-SAFE (7233)

Child Abuse Prevention Information Resource Center

English + Spanish: 1-800-342-7472

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New York State, Inc.**

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