



Department of Defense INSTRUCTION

NUMBER 6400.05
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USD(P&R)

SUBJECT: New Parent Support Program (NPSP)

- References:
- (a) DoD Directive 6400.1, "Family Advocacy Program (FAP)," August 23, 2004
 - (b) DoD 6400.1-M-1, "Manual for Child Maltreatment and Domestic Abuse Incident Reporting System," July 15, 2005
 - (c) DoD Directive 5400.11, "DoD Privacy Program," November 16, 2004
 - (d) DoD 8910.1-M, "Department of Defense Procedures for Management of Information Requirements," June 30, 1998
 - (e) DoD Instruction 1402.5, "Criminal History Background Checks on Individuals In Child Care Services," January 19, 1993

1. PURPOSE

This Instruction implements policy, assigns responsibilities, and prescribes procedures under reference (a) for the New Parent Support Program (NPSP), a standardized Family Advocacy Program (FAP) secondary prevention program for parents who are at risk for engaging in child abuse. The NPSP uses an intensive, voluntary, home visitation model developed specifically for expectant parents and parents of children from birth to 3 years of age, to reduce the risk of child abuse.

2. APPLICABILITY AND SCOPE

This Instruction:

2.1. Applies to the Office of the Secretary of Defense (OSD) and the Military Departments. The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

2.2. Applies to expectant parents and parents of children from birth to 3 years of age who are eligible to receive treatment in military medical treatment facilities on either a fee-paying or a non-fee-paying basis.

3. DEFINITIONS

Terms unique to this Instruction are defined in enclosure 1.

The following terms used in this Instruction are defined in DoD 6400.1-M-1 (reference (b)):

- 3.1. Child.
- 3.2. Domestic Abuse.
- 3.3. Domestic Violence.
- 3.4. Family Advocacy Program (FAP).
- 3.5 Family Member.
- 3.6. FAP Manager.

4. POLICY

It is Department of Defense (DoD) policy to:

- 4.1. Prevent child abuse and domestic abuse within the Department of Defense and promote resilient families and healthy parenting skills.
- 4.2. Identify, on a voluntary basis, expectant parents and parents of children from birth to 3 years of age who are at risk for engaging in child abuse.
- 4.3. Provide access to intensive home visitation-based prevention services to all identified at-risk active duty parents on a voluntary basis to support their dual roles as DoD personnel and parents.
- 4.4. Promote the involvement of both parents, when applicable, in the home visitation-based prevention process.
- 4.5. Decrease the negative effects of intermittent single parenting due to deployment and other military operations by providing proactive outreach, positive education, and assistance to family support groups.
- 4.6. Foster the coordination of military and civilian resources to support parents identified as at risk for child abuse and domestic abuse.
- 4.7. Promote quality, cost-effective NPSP partnerships among the Military Services and between the Military Services and Federal, State, and local agencies and private sector organizations.

5. RESPONSIBILITIES

5.1. The Under Secretary of Defense (Personnel and Readiness) shall:

5.1.1. Monitor compliance with this Instruction.

5.1.2. Program, budget, and allocate funds for the NPSP that shall be provided to the DoD Components.

5.1.3. Encourage the use of standardized screening instruments based on empirically determined risk factors to identify expectant and new parents who agree on a voluntary basis to be screened for risk of child abuse.

5.1.4. Promote the use of a standardized assessment process of at-risk behaviors and parenting attitudes for expectant and new parents who have been determined to be at risk through the use of a standardized screening instrument and who agree to participate in the assessment on a voluntary basis.

5.1.5. Coordinate the management and implementation of the NPSP with Federal, State, and local agencies and private sector organizations, as appropriate, and urge cost-effective partnerships among the Military Services, and between the Military Services and those agencies or organizations.

5.1.6. Promote and coordinate joint-Service training programs.

5.2. The Secretaries of the Military Departments shall:

5.2.1. Establish procedures in accordance with this Instruction.

5.2.2. Ensure that NPSP funds received are used only to support the screening, assessment, and provision of home visitation services to at-risk families.

5.2.3. Ensure that commanders and appropriate staff are aware of the availability of the NPSP and of the program's effectiveness in preventing child abuse.

5.2.4. Ensure that installation procedures and the process for the identification of and response to families at risk for child abuse and domestic abuse are implemented through the installation's Family Advocacy Committee (FAC). In joint-Service areas, establish a Joint NPSP FAC subcommittee to plan, administer, and evaluate the coordination process for a joint NPSP.

5.2.5. When applicable, develop strategies that promote the involvement of both parents in home visitation services.

5.2.6. Establish quality, cost-effective NPSP partnerships among installations of the same or different Military Services, and between the Military Services and other Federal, State, and local agencies and private sector organizations.

5.2.7. Issue policies and procedures for the NPSP that address:

5.2.7.1. Coordination of community resources for parenting activities;

5.2.7.2. Administration of an NPSP screening instrument, which uses empirically determined risk factors for child abuse to identify expectant and new parents at risk for child abuse who agree to be screened on a voluntary basis;

5.2.7.3. Administration of a standardized assessment process to identify at-risk behaviors in expectant and new parents who have been determined to be at risk and who participate in the assessment on a voluntary basis;

5.2.7.4. The requirement to assess NPSP parents for risk on a continuing voluntary basis;

5.2.7.5. Documentation of screening, assessment, and home visitation-based prevention services used to further the risk reduction goals of the NPSP and measures adopted to ensure the continuity and quality of care;

5.2.7.6. Compliance with USD(P&R) metric outcome reporting requirements;

5.2.7.7. NPSP record-keeping requirements that ensure, where applicable, records are maintained in accordance with DoD Directive 5400.11 (reference (c));

5.2.7.8. The evaluation of the NPSP home visitation-based prevention process and clinical outcomes; and,

5.2.7.9. The safety of NPSP staff during home visits.

5.2.8. Every 3 years, at a minimum, conduct an evaluation of the NPSP, that includes, but is not limited to, an assessment of the:

5.2.8.1. Achievement of program outcomes as measured by USD(P&R) and Service performance measures.

5.2.8.2. Compliance with applicable USD(P&R) and Service directives and standards.

5.2.8.3. Adequacy of funding and staffing resources to meet NPSP objectives.

6. PROCEDURES

6.1. NPSP services are voluntary and shall be available to all eligible parents who are determined to be at risk for child abuse whether they live on or off the installation.

6.1.1. Referral to and participation in the NPSP shall be on a voluntary basis.

6.1.2. Parents may refer themselves to the NPSP, or be referred by their health care provider, the command, or any DoD family support program manager who determines that the parent(s) are at risk for child abuse.

6.1.3. NPSP staff shall assist FAP in providing training to commanders, senior noncommissioned officers, health care providers, FAP staff, child care providers, and Family Center staff to include:

6.1.3.1. The purpose and organization of the NPSP;

6.1.3.2. The identification of possible risk factors for child abuse and domestic abuse; and

6.1.3.3. NPSP referral, assessment, and intervention procedures.

6.2. All eligible parents shall be screened by NPSP staff for risk level on a voluntary basis.

6.2.1. A standardized, empirically validated screening instrument shall be used as an initial tool to identify potential at-risk parents. The standardized screening instrument is exempt from licensing in accordance with subparagraph C4.4.10. of DoD 8910.1-M (reference (d)).

6.2.2. When the screening indicates that there is the potential for risk, an in-depth assessment using standardized measurements shall be conducted.

6.2.3. All eligible parents shall be assessed for at-risk behaviors and parenting attitudes on a voluntary basis.

6.2.4. Parents taking part in the NPSP shall be assessed for risk of child abuse and domestic abuse on a continuing voluntary basis.

6.3. Pending funding and staffing capabilities, the priority population for NPSP services shall be:

6.3.1. Parents assessed by NPSP staff as being at risk for child abuse;

6.3.2. Parents who display some high risk indicators but whose overall score does not place them in the at-risk category; and

6.3.3. Parents involved in child abuse cases who have had past NPSP involvement.

6.4. NPSP services shall be provided through:

6.4.1. Intensive home visitation.

6.4.2. Methods sensitive to cultural differences.

6.4.3. Methods emphasizing parents' strengths.

6.5. In areas of multiple military installations, installations shall develop procedures to ensure the maximum use of military resources. A Memorandum of Understanding (MOU) shall be used to define roles and responsibilities among installation personnel, and one Service shall be designated as the lead agent. The lead agent, in collaboration with the installation FACs, shall ensure that NPSP services are planned, administered, and evaluated in a collaborative manner and in accordance with the local MOU.

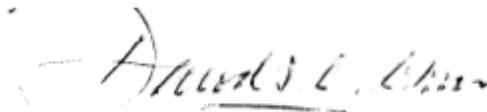
6.6. DoD personnel and contractors who provide clinical services as part of the NPSP shall have a current, valid, unrestricted clinical license to practice social work or marriage and family therapy independently, and at least 2 years of direct experience in child abuse and/or domestic abuse, or maternal and/or child health. Registered Nurses with a bachelor's degree in nursing who provide nursing services as part of the NPSP shall have a current nonrestrictive U.S. nursing license to practice nursing; at least 2 years of direct experience in child abuse and/or domestic abuse, maternal and/or child health, community health, or mental health; and shall be supervised by an independent clinician.

6.7. All DoD personnel and contractors in the NPSP who provide services to children shall have completed and updated criminal history background checks in compliance with DoD Instruction 1402.5 (reference (e)).

6.8. All DoD personnel and contractors in the NPSP shall receive training on the identification and reporting procedures for suspected child abuse and domestic abuse, shaken baby syndrome, postpartum depression, developmental milestones, adaptation to parenthood, parenting skills and disciplinary techniques, adult and child communication skills, understanding the father's role in childrearing, and screening for and assessing at-risk indicators.

7. EFFECTIVE DATE

This Instruction is effective immediately.



David S. C. Chu
Under Secretary of Defense
(Personnel and Readiness)

Enclosures - 1
E1. Definitions

E1. ENCLOSURE 1

DEFINITIONS

E1.1.1. At Risk. The presence of risk factors that have been validated through research to be associated with child abuse and/or domestic abuse and therefore increase the likelihood of child abuse.

E1.1.2. Child Abuse. The physical or mental injury, sexual abuse or exploitation, or negligent treatment of a child. Child abuse does not include discipline administered by a parent or legal guardian to his or her child if it is reasonable in manner and moderate in degree and otherwise does not constitute cruelty.

E1.1.2.1. Mental Injury. Harm to a child's psychological or intellectual functioning that may be exhibited by severe anxiety, depression, withdrawal, or outward aggressive behavior, or a combination of those behaviors, which may be shown by a change in behavior, emotional response, or cognition.

E1.1.2.2. Sexual Abuse. The use, persuasion, inducement, enticement, or coercion of a child to engage in, or help another person to engage in, sexually explicit conduct; the rape, molestation, prostitution, or other form of sexual exploitation of a child; or incest with a child.

E1.1.2.3. Exploitation. Child pornography or child prostitution.

E1.1.2.4. Negligent Treatment. The failure to provide, for reasons other than poverty, adequate food, clothing, shelter, or medical care that seriously endangers the physical health of a child.

E1.1.3. Family Advocacy Committee (FAC). The policy-making, coordinating, recommending, and overseeing body for the installation FAP.

E1.1.4. Home Visitation. A strategy for delivering services to promote child and family functioning to parents in their homes. Different programs employ home visiting as a service delivery strategy to achieve different goals.

E1.1.5. New Parent Support Program (NPSP). A standardized FAP secondary prevention program using an intensive, voluntary, home visitation model developed specifically for expectant parents and parents of children from birth to 3 years of age to reduce the risk of child abuse.

E1.1.6. Parent. As used in this instruction, parent means a person who is legally responsible for a child's welfare and with whom the child is living. Such person may be a biological, step-, foster, or adoptive parent or a guardian or other person with power of attorney for the child (including a power of attorney pursuant to a child care plan for a Service member on active duty) authorized by the child's biological, step-, foster, or adoptive parent or guardian.