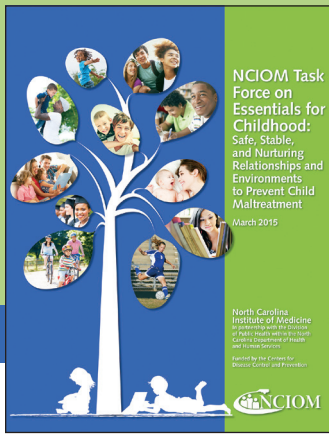


## NCIOM Task Force on Essentials for Childhood: Safe, Stable, and Nurturing Relationships and Environments to Prevent Child Maltreatment

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North Carolina's future growth and prosperity depends on our ability to foster the health and well-being of our children. Child maltreatment is a significant public health problem that negatively impacts North Carolina's future. Child maltreatment impacts health across an individual's lifespan and is associated with a broad range of problems including substance abuse, intimate partner violence, teenage pregnancy, anxiety, depression, suicide, diabetes, heart disease, sexually transmitted diseases, smoking, and obesity.<sup>1</sup>

In North Carolina, during 2013-2014, over 128,000 children were referred to local department of social services agencies for suspected abuse or neglect. Of these, over 36,000 children were recommended to receive additional services.<sup>2</sup> In 2012, 28 children in North Carolina died as a result of abuse or neglect by a parent or caregiver.<sup>3</sup> Significant adversity during childhood, such as child maltreatment, can cause toxic stress which can disrupt a child's brain development and other organ and metabolic systems. In the absence of protective factors, such as nurturing relationships with caregivers, these disruptions produce changes in the body and brain that can lead to difficulty learning and lifelong impairments in both physical and mental health. Additionally, child maltreatment has a significant financial impact on our medical and social services systems, with annual nationwide costs of child maltreatment estimated at approximately \$80 billion, and \$200,000 in total lifetime costs per victim.<sup>4</sup>

Child maltreatment is a problem that can be prevented if communities take steps to promote positive development of children and families and prevent family violence. Research has shown that safe, stable, nurturing relationships and environments are fundamental to healthy child development, and that they reduce the occurrence of child maltreatment and can help protect children against the negative effects of child maltreatment and other adversity.<sup>5</sup> To address the problem of child maltreatment, the Centers for Disease Control and Prevention (CDC) developed the Essentials for Childhood Framework, through which communities committed to preventing child

maltreatment can help children thrive and develop safe, stable, and nurturing relationships and environments. The framework's foundation is that young children grow and develop through experiences and relationships with parents and other caregivers, and when children and their caregivers experience safe, stable, and nurturing relationships and environments they are able to mitigate the effects of potential stressors that could lead to child maltreatment.<sup>5</sup>

In 2013, North Carolina was one of five states to receive funding to implement the Essentials for Childhood Framework. As part of this work, the North Carolina Institute of Medicine (NCIOM), in collaboration with the North Carolina Department of Health and Human Services (DHHS) Division of Public Health (DPH), convened a statewide Task Force on Essentials for Childhood. The Task Force on Essentials for Childhood was tasked with studying and developing a collaborative, evidence-based, systems-oriented, public health-grounded strategic plan to reduce child maltreatment and secure family well-being in North Carolina. Using the CDC's Essentials for Childhood Framework, the Task Force developed a collective, evidence-based state plan for reducing child maltreatment and securing child and family well-being for our state. Additionally, the Task Force examined progress on recommendations issued by the 2005 NCIOM Task Force on Child Abuse Prevention,<sup>6</sup> and prioritized the services, programs, and policies needed to build on this progress.

The Task Force on Essentials for Childhood was chaired by Kenneth A. Dodge, PhD, founding director of the Duke Center for Child and Family Policy, and Katherine V. Pope, vice chair and program and policy committee co-chair of the Board of Directors for PCANC. The Task Force was comprised of 48 members, including representatives from DHHS, the Department of Public Safety's Juvenile Justice section, the North Carolina General Assembly, health care providers, community-based service organizations, universities, and youth and parent organizations. The Task Force met 10 times between January and December 2014.

The CDC's Essentials for Childhood lays out four goals that communities should strive to meet in order to promote safe, stable, nurturing relationships and environments between children and their caregivers. The Task Force on Essentials for Childhood used these goals as the organizing structure of their work and this report:

Goal 1: Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment

Goal 2: Use data to inform actions

Goal 3: Create the context for healthy children and families through norms change and programs

Goal 4: Create the context for healthy children and families through policies

The Task Force reviewed each of the steps within the four goals and made recommendations to support the implementation of each step. Taken together, the recommendations of the Task Force, if implemented, will ensure North Carolina has a comprehensive, coordinated system to support child and family well-being.

### **GOAL 1: Raise Awareness and Commitment to Promote Safe, Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment**

The Task Force on Essentials for Childhood envisions a statewide, collective effort for supporting North Carolina's children and families. This effort should build upon the success and promise of the many people currently working to ensure that North Carolina's children and families are healthy and productive. Current efforts to increase awareness and understanding of children's development provide the building blocks for expanded focus around the effects of trauma and adverse childhood experiences. Additionally, there is a need for coordinated leadership at the state level to build support for investing in North Carolina's children and families and to identify appropriate policy solutions.

**Recommendation 3.1: Establish Coordinated State Leadership Efforts to Address Essentials for Childhood Through a Collective Impact Framework (PRIORITY RECOMMENDATION)** The North Carolina Department of Health and Human Services Division of Public Health (DPH), and Prevent Child Abuse North Carolina should establish membership and convene a Leadership Action Team, which will plan for and oversee investment in childhood and family programs to promote safe, stable, and nurturing relationships and environments and prevent child maltreatment.

**Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities (PRIORITY RECOMMENDATION)** The Leadership Action Team should establish a working group to examine research on brain development; the impact of trauma on development and behavior over the lifespan; and ways in which other states and communities have established trauma-informed practices in communities, schools, and among health care providers.

### **GOAL 2: Use Data to Inform Actions**

Data plays a critical role in achieving the goals of the Task Force on Essentials for Childhood both by raising awareness of child maltreatment and for measuring progress—or lack thereof—towards providing safe, stable, and nurturing relationships and environments for children and ensuring economic opportunity and security for North Carolina's families. Traditionally child maltreatment has been measured solely by data collected by Child Protective Services. Taking a public health approach to child maltreatment prevention requires a much broader view of child maltreatment. To get to this broader frame, data beyond the traditional measures of child maltreatment are needed. In order to better assess the well-being of children and families, more data is needed on their social-emotional, behavioral, and mental health, as well as on the community and societal contexts in which families live. Analyzing data from multiple sources will provide a clearer picture of child well-being and the systems that serve children, families, our communities, and our state.

**Recommendation 4.1: Establish a Child Data Working Group of the Leadership Action Team to Identify and Support Data Collection and Collaboration** The Leadership Action Team should establish a child data working group tasked with reviewing existing child data systems, exploring options for integrating existing data systems, monitoring child maltreatment surveillance system efforts currently being piloted, and identifying critical data that is not currently collected. Additionally, the child data working group should identify indicators to be included in the Leadership Action Team's annual Essentials for Childhood report.

**Recommendation 4.2: Gather Data on Social Norms around Children and Parenting** The child data working group of the Leadership Action Team should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team.

**Recommendation 4.3: Create an Online Data System for an Expanded Kindergarten Health Assessment** The North Carolina Department of Public Instruction,

Department of Health and Human Services, North Carolina Pediatric Society, North Carolina Academy of Child Psychiatrists, North Carolina Academy of Family Physicians, and additional partners should develop an online data system for the Kindergarten Health Assessment that could be shared between health providers and schools and integrated into the Child Profile generated by the Kindergarten Entry Assessment. As part of this effort, the Kindergarten Health Assessment should be expanded to include prompts for addressing specific concerns, including developmental and behavioral concerns and health-related concerns.

### **GOAL 3: Create the Context for Healthy Children and Families through Norms Change and Programs**

To provide support for families and children and prevent child maltreatment, the Task Force on Essentials for Childhood supports the promotion of the collective belief that we all share responsibility for children's well-being. Individual members of a community have a role in developing neighborhoods, activities, and programs where people gather, interact, and get to know each other. Relationships formed through neighborhood associations, faith communities, and other community organizations can link families and provide support. Communities can promote positive norms around early childhood development, family support, and effective parenting behavior. As part of this work, communities and policymakers can support the implementation of evidence-based programs that have been tested and proven effective and focus on effective parenting and behavior management skills for parents and caregivers.

**Recommendation 5.1: Promote Positive Community Norms Around Child Development and Parenting (PRIORITY RECOMMENDATION)** The North Carolina Early Childhood Foundation should continue and expand their work on changing social norms through the First 2,000 Days campaign.

**Recommendation 5.2: Foster Community Support for Healthy Children and Families** The North Carolina Department of Health and Human Services, Department of Public Instruction, Prevent Child Abuse North Carolina, and North Carolina Partnership for Children should work towards incorporating the Strengthening Families Framework in state and local child maltreatment prevention efforts.

**Recommendation 5.3: Support Implementation of Evidence-Based Programs to Prevent Child Maltreatment and Promote Safe, Stable, and Nurturing Relationships and Environments (PRIORITY RECOMMENDATION)** The Leadership Action Team should convene a state Essentials for Childhood Evidence-Based Programs working group to coordinate and

align infrastructure across evidence-based programs serving children and develop sustainable funding strategies.

**Recommendation 5.4: Assess Potential Funding Strategies to Ensure Adequate Investment in Evidence-Based Programs to Prevent Child Maltreatment** The Leadership Action Team should study existing alternative funding strategies for evidence-based program investment, examining the experience of South Carolina and other states.

**Recommendation 5.5: Explore Incentivizing Outcomes Resulting from Evidence-Based Treatment Programs (PRIORITY RECOMMENDATION)** The North Carolina Division of Medical Assistance, in collaboration with Community Care of North Carolina, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Division of Public Health should identify opportunities to incentivize payment for outcomes resulting from evidence-based treatment programs, especially as quality of care is incentivized under reform of Medicaid in North Carolina.

**Recommendation 5.6: Increase Funding for Evidence-Based and Evidence-Informed Programs Implemented by the Smart Start Network (PRIORITY RECOMMENDATION)** The North Carolina General Assembly should increase appropriations by 5% per year to the Smart Start network targeted to support the implementation of evidence-based programs.

### **GOAL 4: Create the Context for Healthy Children and Families through Policies**

Public policies have strong influences on our communities and environment. National, state, and local policies create the context in which children and families function. As part of their work, the Task Force examined state and agency-level policies and how they may influence and promote safe, stable, and nurturing relationships and environments for North Carolina's children. The Task Force identified several areas in which policy approaches can enhance child development and educational success; reduce risk factors for child maltreatment and adverse childhood experiences; and improve families' economic security and job opportunities.

**Recommendation 6.1: Ensure that Child Care Centers Provide a High Quality, Nurturing Environment (PRIORITY RECOMMENDATION)** The Division of Child Development and Early Education (DCDEE), in partnership with the Child Care Commission and the Department of Public Instruction Office of Early Learning, should continue to re-evaluate its quality star rating system and reimbursement system to identify high quality child care programs based on updated evidence and best practices. DCDEE, in partnership with others should continue work to grow

a high quality and well-trained early care and education work force. The North Carolina General Assembly should enhance child care subsidies by ensuring a larger portion of eligible families receive subsidy payments.

**Recommendation 6.2: Enhance Care and Reimbursement Standards to Promote Children and Families' Mental Health (PRIORITY RECOMMENDATION)** Community Care of North Carolina, and others, should establish guidelines for primary care clinicians for expanded screening of families with children for psychosocial risk factors and family protective factors. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the Division of Medical Assistance, and others should support current work to increase integrated behavioral health care under Medicaid reform.

**Recommendation 6.3: Ensure Economic Security for Children and Families (PRIORITY RECOMMENDATION)** The North Carolina General Assembly should commission a non-partisan economic analysis of the impact of current North Carolina state tax policy on children and families, including impact on economic security, take home pay, and employment rates.

**Recommendation 6.4: Enhance Career Training and Education Opportunities to Promote Economic Security for Families** The North Carolina Community College System and other education partners should provide additional support for workforce development and skill building programs that increase families' economic security and students' preparation for the workforce.

## References

1. Public Health Leadership Initiative. Centers for Disease Control and Prevention website. [http://www.cdc.gov/violenceprevention/pdf/public\\_health\\_leadership\\_initiative-a.pdf](http://www.cdc.gov/violenceprevention/pdf/public_health_leadership_initiative-a.pdf). Accessed December 10, 2014.
2. Duncan DF, Kum HC, Flair KA, et al. Management assistance for child welfare, work first, and food and nutrition services in North Carolina (v3.1). University of North Carolina at Chapel Hill Jordan Institute for Families website. <http://ssw.unc.edu/ma/>. Published July 28, 2009. Accessed July 22, 2014.
3. Prevent Child Abuse North Carolina. Statistics. Prevent Child Abuse North Carolina website. <http://www.preventchildabusenc.org/?fuseaction=cms.page&id=1051>. Accessed January 14, 2014.
4. Child abuse and neglect cost the United States \$124 billion [press release]. Atlanta, GA: Centers for Disease Control and Prevention; February 2, 2012. [http://www.cdc.gov/media/releases/2012/p0201\\_child\\_abuse.html](http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html). Accessed July 25, 2014.
5. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. *Essentials for Childhood: Steps to Create Safe, Stable, and Nurturing Relationships and Environments*. Atlanta, GA: Centers for Disease Control and Prevention; 2013.
6. North Carolina Institute of Medicine Task Force on Child Abuse Prevention. *New Directions for North Carolina: A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention*. Update 2008. Morrisville, NC: North Carolina Institute of Medicine; 2008. <http://www.nciom.org/wp-content/uploads/NCIOM/projects/childabuse/chapters/2008update.pdf>. Accessed July 22, 2014.

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A copy of the full report, including the complete recommendations, is available on the North Carolina Institute of Medicine website, <http://www.nciom.org>. North Carolina Institute of Medicine. In partnership with the Division of Public Health within the North Carolina Department of Health and Human Services. Funded by the Centers for Disease Control and Prevention



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