

**TASK FORCE ON ESSENTIALS FOR CHILDHOOD**

**NORTH CAROLINA INSTITUTE OF MEDICINE  
630 DAVIS DRIVE, SUITE 100  
MORRISVILLE, NC 27560**

**JUNE 13, 2014**

**10:00 am - 3:00 pm**

*Goals for the meeting: We will discuss the Strengthening Families work and discuss its applicability for our work in North Carolina. We will also continue our discussion of policies and social norms change to address ensuring safe, stable, nurturing relationships and environments for all children in North Carolina, with the goal of drafting actionable recommendations by the end of the day.*

**WELCOME & INTRODUCTIONS**

**Kathy Pope**

Board of Directors  
Prevent Child Abuse NC

**Adam Zolotor, MD, DrPH**

Vice President  
North Carolina Institute of Medicine

Ms. Pope brought the meeting to order and led introductions of Task Force members. Dr. Zolotor presented the goals for the meeting. Note: There will not be a July meeting.

**STRENGTHENING FAMILIES: OVERVIEW AND DISCUSSION**

**Cailin O'Connor**

Policy Analyst  
Center for the Study of Social Policy

**Juanita Blount-Clark**

Senior Consultant  
Center for the Study of Social Policy

Presentation can be viewed [here](#).

Kristin O'Connor (Assistant Chief, Child Welfare Services, Division of Social Services) introduced Ms. Cailin O'Connor and Ms. Blount-Clark. They gave an overview on Strengthening Families (SF) and the specific work being done in states that have implemented the Strengthening Families goals and framework. SF came out of a request from the Doris Duke Foundation to find ways to prevent child abuse through a less stigmatized approach, emphasizing small but significant changes through

daily interactions. There is also a focus on systems and policies change at the practice and organizational level.

Ms. O'Connor gave an overview of the "4 Big Ideas" of SF

1. A protective factors approach - Protective factors mitigate or eliminate risk and promotive factors enhance well being of individuals, families, communities, etc.
2. An approach, not a model - SF is part of how we approach all interactions with children and families. This simple framework encompasses things that a lot of agencies and initiatives are doing and it provides a bridge between different programs.
3. A changed relationship with parents - we need to move to valuing and wanting to work with parents. The focus is on training parents to become leaders in the community so that they can be empowered to contribute to strengthen their and others' families.
4. Alignment with developmental science - The research tells us there are critical periods of development: early childhood and adolescence. Some systems are not yet caught up with the science, but practice should be informed by early childhood brain development work.

Hughes asked how this framework overlaps with the work around creating trauma informed systems?

- O'Connor said there is work to integrate those. For each of the protective factors there are things that parents need specific support with, especially in regards to trauma. One gap in programming is in the recognition that adults who grew up with ACES need to have specific supports for their own parenting.
- Dr. Earls mentioned that there is a huge connection between parent's childhood ACES and primary care intervention

Hughes emphasized that parents who have many ACES won't be able to utilize promotive factors. What are strategies that can support these parents?

- SF emphasizes identifying these parents, especially ones who are socially isolated, and this is typically a focus of home visiting.
- Blount-Clark said the child welfare departments in a number of jurisdictions are working on trauma –informed practice. Currently most of the work has been around developing a common language so that people in the field understand this problem and intervention model.
- Blount-Clark said it's also important to help people in the field to understand development so that parents are no longer seen as "deviant" but rather through the lens of development

There are tools in place that encourage implementation fidelity. SF has program self assessments that agencies can use, and there are assessments that are specific to different fields (early child care, education welfare, etc.).

Trainings are offered as many states are using SF and have quality improvement specialists who

work primarily in strengthening implementation.

Catherine Gold emphasized how important the SF approach is in mental health.

The logic model includes program practice, worker practice, and protective factors.

O'Connor provided a summary of SF work around social norms

- The National Movement for America's Children, now called Connect the Dots, is an effort to engage multiple partners nationwide in the SF model. There are representatives from multiple states that typically have a PCA chapter. The emphasis on engaging the public in wanting to impact policies that affect families.

Additional work around social norms: Individual action - #KidTips are posted to Facebook and Twitter, through peer groups. Developed "Memes" and other media to encourage social norms change. Also focused on community building and policy advocacy

Guerrero asked about any non-heteronormative memes and communications methods, pointing out that LGBTQ families are often left out of the supportive structures. O'Connor emphasized that they strive to involve all families in their communication and language and they also do a lot of work on intersectionality.

SF and Essentials for Childhood have common goals: Ensuring children have access to SSNRS and shifting environments around parents and caregivers to make them more supportive. Overlapping foci include the role of schools, businesses, individual actions, community environments. Essentials is an extension beyond what SF is doing.

Dr. Zolotor asked O'Connor for an example of what's happening at the state or community level to support SF framework within early care and education. He also asked about the evidence-base for SF.

- In terms of evaluation, there are a lot of programs that have done self-assessments and evaluation surveys. The pre-post survey, however, has some issues because parents will come in rating themselves high. SF continuously looks at whether their model measures up to what the research says about protective factors, etc.
- Blount-Clark - Georgia has worked toward establishing a quality rating system to incorporate into the protective factors framework. They structured the Race to the Top grant to provide funding for this. In NC, our Race to the Top grant has also included SF framework to guide work but do not know what's being done in regards to actual implementation

Have other states or sites interfaced with this framework and substance abuse prevention framework?

Blount-Clark responded that a number of the Project Launch sites and national office did a lot of work with CSSP with using SF framework. SF will also provide "Making the link" sheets- fact-sheets that compare SF framework to existing framework of a program- these are up on their website.

Greensboro - Wise Guys and Making Proud Choices that are centered around public health issues that could be linked in to bigger parenting programs

Susan Perry-Manning emphasized the importance of the systems and policy change piece to strengthening families

### **BREAKOUT DISCUSSION GROUPS: INTERSECTION OF SOCIAL NORMS AND POLICY**

The Task Force members divided into five groups around the interest areas listed below. Each member attended two sessions back to back. The goal for each breakout group was to develop several specific policy recommendations around the topic and report back to the large group.

#### Policies

- 1) Income related policies
- 2) Child care subsidies/Parent involvement/supporting pre-K
- 3) Screening by primary care providers (intimate partner violence, depression, substance abuse) (and follow up/treatment/referral)

#### Social Norms

- 4) Corporal punishment
- 5) First 2000 Days

### **DISCUSSION OF POTENTIAL RECOMMENDATIONS**

The task force reconvened for a large-group discussion about policy recommendations around each topic. The Steering Committee will convene and shape the discussion points into actionable recommendations, to be reviewed and discussed at the next Task Force meeting in August.

### **SPEAKER BIOGRAPHIES**

**Juanita E. Blount-Clark** has broad and deep experiences over 30 years as a public servant at the state and national levels. She has served as an Agency administrator, health and human services program development consultant, and coordinator for strategic planning and collaborative development for comprehensive community change initiatives involving public/private partnerships among service agencies, families and communities. She currently provides consultation and technical assistance on the development and sustainability of comprehensive system change initiatives as a part of the Center for the Study of Social Policy's National Strengthening Families Initiative. She received her education at Spelman College and the University of North Carolina at Chapel Hill School of Public Health.

**Cailin O'Connor** coordinates the Strengthening Families National Network through the Center for the Study of Social Policy (CSSP), supporting states and jurisdictions in their implementation of the Protective Factors Framework to improve outcomes in a variety of child and family serving systems. She has been involved with Strengthening Families since she began coordinating Wisconsin's state efforts in 2005. Since then, O'Connor has worked with several states and national organizations on their Strengthening Families work. With a background in evidence-based programs and their dissemination and implementation, she also contributes to CSSP's efforts to mobilize residents to achieve and sustain improved outcomes at the neighborhood and community level. O'Connor earned a master's degree in human development and family studies and a graduate certificate in Prevention and Intervention Science from the University of Wisconsin-Madison, where she currently holds an honorary fellowship in the School of Human Ecology.