# Essentials for Childhood: Developing a Shared Vision of Impact

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*shaping policy for a healthier state*
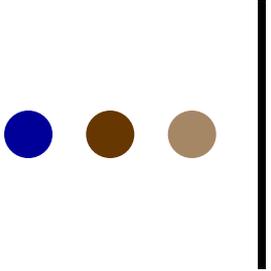
# **Objectives**

- Review of goals---what are we talking about
- Socio-ecological model
- Risk and Protective factor framework
- Shared indicators for school readiness
- Framing impacts
- Discussion of shared vision of impact
  - Voting
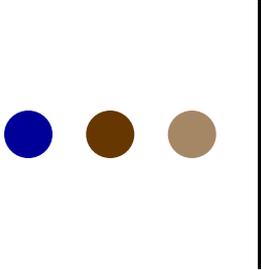
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# NCIOM Task Force Essentials for Childhood

- Process: to develop a 5-year strategic plan to coordinate and prioritize the services, programs and/or policies of a number of state agencies that will build on *New Directions for NC* by incorporating the four goals of the CDC's *Essentials for Childhood* and applying a collective impact framework.

- Goals:
  - Raise Awareness and Commitment to Promote SSNRs and Prevent Child Maltreatment
  - Use Data to Inform Actions
  - Create the Context for Healthy Children and Families through Norms Change and Programs
  - Create the Context for Healthy Children and Families through Policies

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# **Moving beyond *New Directions***

o Our natural tendency is to jump to programs.

o By and large, when we talk about individual child and family serving programs, we know what works.  In many cases, we understand ROI.

o Our challenge
- Silos/collaboration
- Infrastructure
- Social norms

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# Socio-ecological model



Public Policy

Community
(cultural values, norms)

Organizational
(environment, ethos)

Interpersonal
(social network)

Individual
(knowledge,
attitude, skills)

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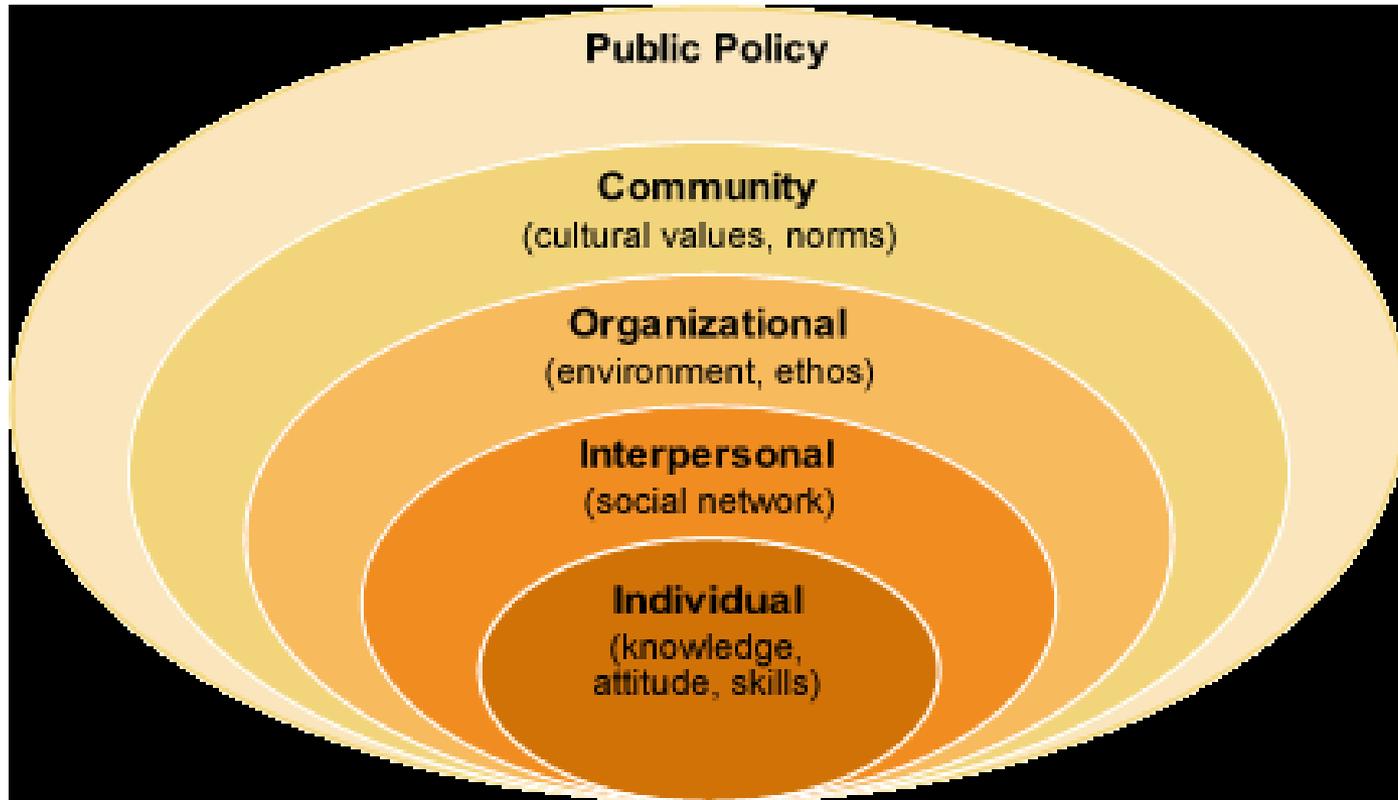
# LONGSCAN'S Ecological – Developmental Conceptual Model

**MALTREATMENT RISK OR HISTORY**
Neglect
Physical Abuse
Sexual Abuse
Emotional Neglect
Emotional Abuse
Exposure to Violence

**EXTRAFAMILIAL ENVIRONMENT**

**FAMILY ENVIRONMENT**

Child

AGE  2  4  6  8  12  16  20

**DEVELOPMENTAL LIFESPAN**

**CHILD CHARACTERISTICS**
Age
Gender
Race/Ethnicity
Intelligence
Temperament
Physical
Health/Development

**CHILD OUTCOMES**
(Acute / /Chronic)
Mental Health
Physical Health
Adaptive Functioning
Cognitive Functioning
Social Functioning

**EXTRAFAMILIAL RELATIONSHIPS**
Social Networks
Social Supports

**FAMILY / PARENT CHARACTERISTICS**
Age                      Gender
Race/Ethnicity       Social Class
Physical Health     Marital Status
History of Maltreatment

**SYSTEMS OF CARE FACTORS**
Child Welfare
Education
Juvenile Justice Probation
Mental Health
Health Care

**PARENTAL & FAMILY FUNCTIONING**
Mental Health
Substance Abuse
Physical Health
Parenting Styles
Coping Styles
Spousal Relationship
Household Composition
Family Functioning
Family Bonds

**COMMUNITY ECOLOGY**
Social Class
Race / Ethnicity
Neighborhood Characteristics
Other Resources
Other Stressors
Cultural Norms / Beliefs

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# **Strengthening Families**

○ Center for the Study of Social Policy

- Parental resilience (problem solving, relationships, ability to seek help)

- Social connections

- Knowledge of parenting and child development

- Concrete support in times of need

- Social and emotional competence of children

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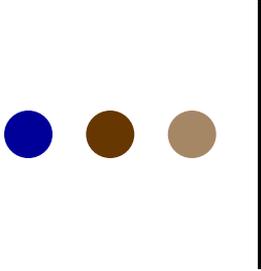
# Shared Indicators of School Readiness

- Concurrent with the child maltreatment prevention Task Force, DPH convened stakeholders in process to identify indicators and measures (or develop measures) to be assess school readiness.

- Known as Shared Indicators for School Readiness in NC.

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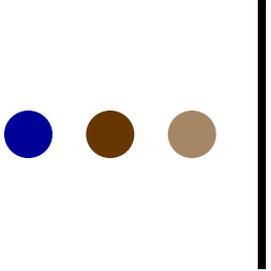
# Shared indicators

- Ready child
- Ready families
  - Maltreatment
- Ready community
  - Health
  - Early care and education
  - Environmental conditions
- Ready schools

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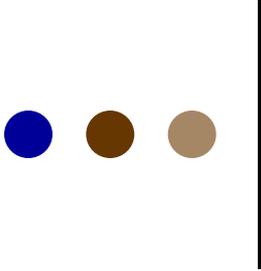
# Protective factors Framework

- Extensive body of literature

- Strong association with maltreatment and adverse developmental and behavioral outcomes.

- Framework includes PFs for all youths 'in risk' in program target areas of ACYF (runaway, homeless, transition from foster care, pregnant/parenting, AND child abuse/neglect)

  - DHHS, ACYF. 2014 Prevention Resource Guide and a forthcoming Child Welfare Information Gateway Bulletin, "Protective Factors Approaches in Child Welfare." https://www.childwelfare.gov/can/factors/protective.cfm

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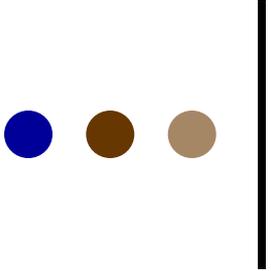
# **Selecting impacts**

○ We can't choose everything

○ Change of complex conditions typically requires a multi-pronged approach at multiple levels in the socio-ecological model

- What is most closely related with well-being
- What can we measure (current or possible)
- What can change (cost, timeline, political feasibility)

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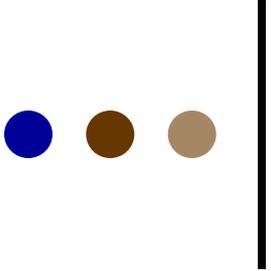
# **Putting it all together**

- Psychological, behavioral, and health problems co-occur.
- All of these problems stem from a common set of non-nurturing conditions
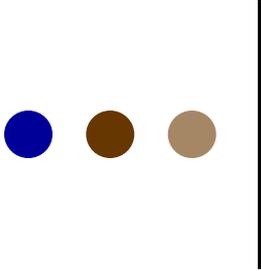
# **Nurturing relationships and environments**

- Minimize toxic social and biological conditions

- Teach, promote and richly reinforce diverse forms of prosocial behavior

- Limit influences and opportunities for problem behavior

- Promote psychological flexibility—a mindful approach to pursuing one's values

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## The Biological Residue of Childhood Poverty

# The Biological Residue of Childhood Poverty

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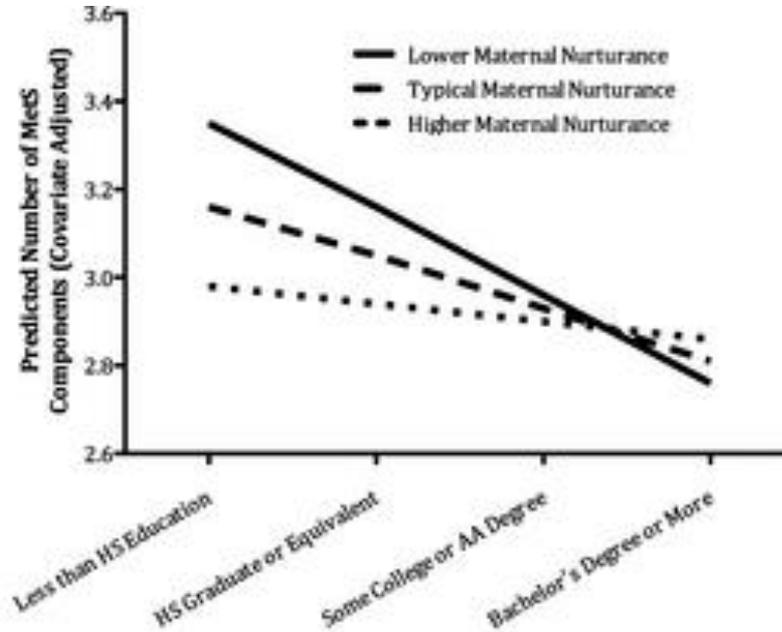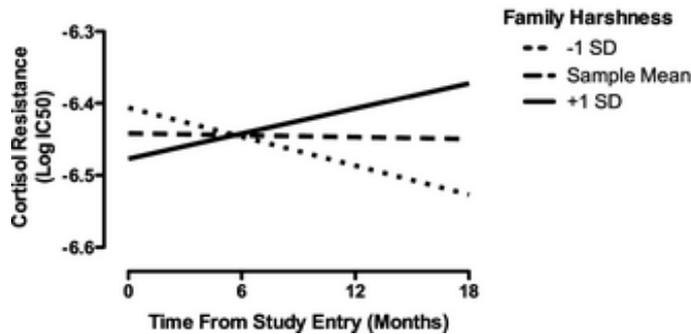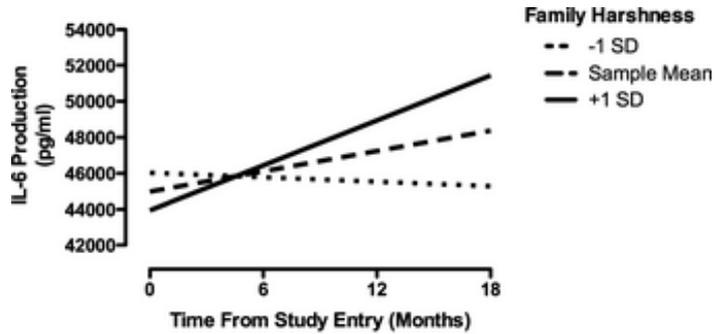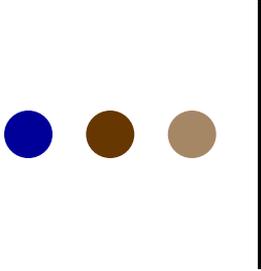
# **Protective factors** (CAN only)

○ Individual level
- <u>Self-regulation skills</u>                   ****
- <u>Relational skills</u>                          ****
- <u>Problem solving skills</u>                 ****
- Involvement in positive activities    ***

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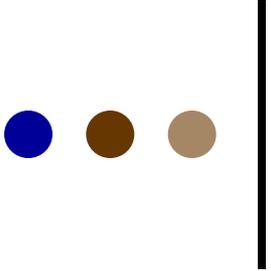
# Protective factors

○ Individual level
- Sense of purpose      ***
- Sense of optimism      **
- Agency (self efficacy)      ***

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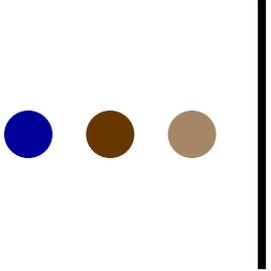
# **Protective factors**

○ Relational level
- <u>Parenting competencies</u>     ****
- <u>Parent/caregiver well-being</u>     ****
- Positive peers     ****

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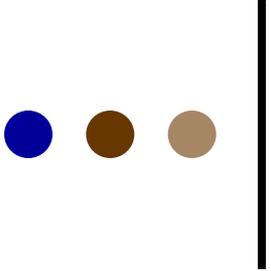
# **Protective factors**

○ Community level
  - <u>Positive school environment</u>          \*\*\*
  - <u>Positive community environment</u>   \*\*\*
  - Stable living situation                \*\*\*\*

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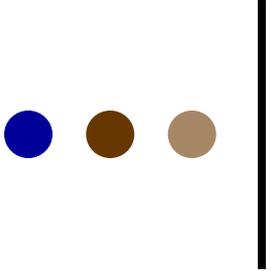
# **Risk factors**

○ Parent-child

- Unplanned pregnancy                    ***
- Parent-child relationship/perception ***
- Parent use of corporal punishment  ***

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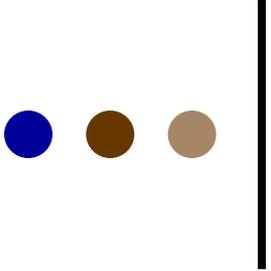
# Risk factors

○ Parent (independent of child)
- Poor mental health          ***
- Trauma (abuse, harsh dis)   ***
- Stress                      ***
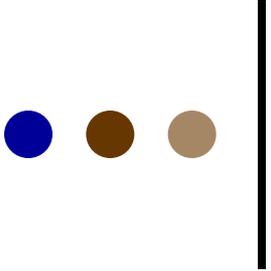
# **Risk Factors**

○ Child-characteristics
- Social competence        ***
- Externalizing behaviors    ***
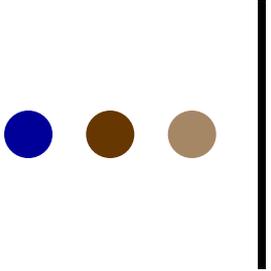
# **Risk factors**

○ Family Factors
- Family conflict      ****
- Family cohesion      ****
- Spousal violence      ***

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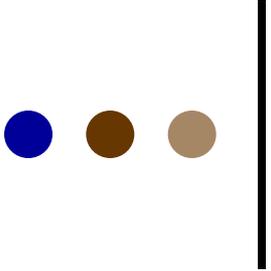
# **Risk factors**

○ Community
  • Unsafe community        ***

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# A few words about surveillance

○ Using data to inform action.

○ Most maltreatment is unreported.

○ Options include:

- Count incident cases (CPS, Fatality, ED)
- Linkage
- Outcomes
- Risk and protective factors

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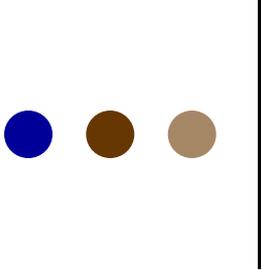
# **Potential Sources of Data**

- Birth certificates
  - Medicaid, adequate and timely PNC, number of children
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Criminal Justice data
- Child Health Assessment and Monitoring Program Survey (CHAMPS)
- Census
- NC Detect (also hospital d/c data, payer data)
- K-3 assessment
- Maternity risk assessment (Medicaid)
- Youth Risk Behavior Survey (YRBS)
- Early childhood integrated data system (ECIDS)/other DPI data
- Special data collections (e.g. protective factors survey)

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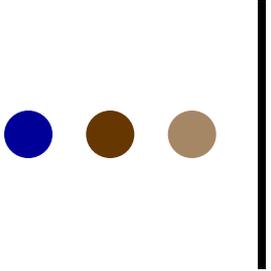
# **Next steps**

- Discussion regarding most important protective and risk factors---a shared vision of the work of the task force.

- Where are there evidence-based programs or promising practices to impact these factors?

- What can we measure?

- What can we reasonably expect to change? (given intermediate time frame, political and fiscal realities)

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