Raise Awareness and Commitment to Promote Safe, Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment

Chapter 3

The Task Force, using the Essentials for Childhood Framework, focused on the importance of raising awareness and commitment to promote safe, stable, and nurturing relationships and environments. In order to accomplish this, communities should first adopt the vision of assuring safe, stable, and nurturing relationships and environments for all children. Next, communities should raise awareness and build public buy-in in support of this vision; and, finally, communities should partner with key stakeholders to unite the vision and work toward preventing child maltreatment and ensuring child and family well-being.[1]

The Task Force envisions a statewide, collective effort for completing these steps and 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. The Task Force identified the importance of a statewide leadership effort to build public will for investing in North Carolina's children and families; to support evidence-based programs with demonstrated and sustained impact; and to identify appropriate policy strategies to assure safe, stable, and nurturing relationships and environments for children and families. In addition, the Task Force identified the need to increase awareness and understanding of children's development and the effects of trauma and adverse childhood experiences.

Uniting the Vision Through Leadership in North Carolina

North Carolina stakeholders have long been involved in work to address child maltreatment prevention. In 2005, as a result of the NCIOM Task Force on Child Abuse Prevention, North Carolina leaders in child health, development, and maltreatment prevention were successful in creating and convening a Child Maltreatment Prevention Leadership Team in 2006. The Leadership Team was a multidisciplinary, interagency collaboration designed to oversee the implementation of recommendations from the NCIOM Task Force on Child Abuse Prevention.

The Leadership Team was charged with the undertaking of several of the Task Force's recommendations, including working with state partners to pilot and evaluate additional evidence-based programs to address child maltreatment prevention and treatment programs; working with the Early Childhood Comprehensive Systems Initiative in the development of an integrated and comprehensive early childhood system to promote the health and well-being of young children; working to enhance the capacity to provide behavioral health care to children in need; creating work groups as needed to address various issues in more depth (such as maternal depression screening and

maltreatment surveillance); and also to monitor much of the work tasked to other organizations and entities as part of the Task Force's recommendations.

Building on the work from the 2005 Task Force on Child Abuse Prevention, the 2014 Task Force on Essentials for Childhood explored opportunities to improve leadership around addressing this complex set of issues, in order to best recommend ways for North Carolina to move forward. The goals of the Task Force include the establishment of a statewide Leadership Action Team, to be comprised of state and local leaders in child maltreatment prevention, philanthropy, law enforcement, state agencies, nonprofit organizations, private organizations, pediatrics, behavioral and mental health, business, education, and academia. Convened by the North Carolina Division of Public Health, within the North Carolina Department of Health and Human Services (DPH) and Prevent Child Abuse North Carolina (PCANC), the Leadership Action Team will provide oversight, guidance, and expert consultation throughout the course of the initiative. The Leadership Action Team will consist of high level leaders with broad decision-making power, who are invested in the collaborative process, and who will be responsible for selecting a backbone organization to oversee subsequent work that results from the Task Force recommendations. As outlined in the recommendations throughout this report, the Leadership Action Team will also have the primary responsibility of establishing several working groups to address the statewide work of the Essentials for Childhood initiative.

The Task Force recognized the need for cross-sector collaboration toward meeting these needs and identified a collective impact process as a way of creating more impactful partnerships.

Currently, multiple organizations work independently to meet the physical health, mental health, social, and emotional needs of children and families. These agencies include DPH; North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS); North Carolina Division of Social Services (DSS); North Carolina Division of Child Development and Early Education (DCDEE); North Carolina Division of Medical Assistance (DMA); North Carolina Department of Public Instruction (DPI); North Carolina Partnership for Children (NCPC); PCANC; philanthropic partners; corollary local agencies; service delivery providers; and academic institutions.

These and other organizations have implemented a wide variety of programs to help meet the specific mental health and social-emotional needs of young children and their families. While these programs provide much needed services and supports, they sometimes focus on very narrow and specific needs of young children and their families (i.e. small service array and restricted eligibility). Programs and services often exist in silos, and separate children's physical, cognitive, and social-emotional development, or carve out even smaller distinctions rather than treating children's development components and family needs as integrated and interdependent. The Task Force recognized the need for cross-sector collaboration toward meeting these needs and identified a collective impact process as a way of creating more impactful partnerships.

Collective Impact: Process and Implementation

Collective impact is a method of multi-stakeholder collaboration that meets the following criteria:[2]

Common agenda:
Participating organizations have a shared goal and understanding, and a commitment to using agreed-upon solutions for addressing problems and challenges. Differences between organizations in definitions of problems and desired outcomes are discussed and resolved.

Shared measurement system:
Consistent data collection and measurement across systems and organizations maintains common goals and ensures consistency. While organizations' different activities may require different types of measures, common data collection and measurement systems allow organizations to review and learn from each others' outcomes.

Mutually reinforcing activities:
Collective impact requires coordination of goals and outcomes, and organizations' different program activities serve to support other programs' work. Activities are consistent with the common agenda and are supported by shared measurement.

Continuous communication:
Multiple meetings and communication between meetings is necessary to develop trust, support coordinated efforts, and maintain commitment to the common agenda.

Backbone support organization:
In order to have the greatest success, a collective impact process must have a dedicated organization and staff to serve as the infrastructure through the course of the initiative. The backbone organization must commit to handling the logistic and administrative work of the collective impact process, as well as mediate conflicts and oversee technical issues, inter-organization communication, data collection, and analysis/reporting.

In order to have the greatest success, a collective impact process must have a dedicated organization and staff to serve as the infrastructure through the course of the initiative.

Backbone organizations generally assume the following roles:[3]

1. Guide vision and strategy
2. Support aligned activities
3. Establish shared measurement practices
4. Build public will
5. Advance policy
6. Mobilize funding

There are many types of organizations that can serve as appropriate backbone organizations. Government agencies, nonprofit organizations (either new or existing), and funder-based organizations can all be effective backbone organizations, and there are pros and cons to each type of entity fulfilling this role, including varying levels of transparency, neutrality, sustained funding, and existing infrastructure. Backbone organizations also generally require at least three dedicated staff positions: a project director/manager, a data manager, and a facilitator.[4]

The process of selecting and establishing a backbone organization varies, and often depends on the stage of the collective impact effort during which it occurs. The process can be open, with a team selecting the backbone organization through a request for proposal and interview process, often of the "usual suspects" in the field. The selection can be semi-open, with an "early backbone" guiding the initial activities of the initiative, with the early backbone organization subsequently made either permanent or the selection opened to other organizations. The selection process can be predetermined, with funders, advisors, or other early participants selecting the backbone organization. Regardless of which selection process is undertaken, the backbone organization should be considered a neutral convener with strong expertise in the subject area, ease with facilitation and communication, and ability to secure funding for the initiative.[4]

In order to facilitate leadership efforts to address Essentials for Childhood, the Task Force recommends:

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 (DHHS) Division of Public Health (DPH), and Prevent Child Abuse North Carolina (PCANC) 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. Using a selection process as defined by best practices in collective impact, the Leadership Action Team will select an appropriate backbone organization to facilitate the collective impact work of state and local communities, guide the strategic vision, and ensure adequate funding support. The Leadership Action Team should:

1) **Include organizational leadership with broad decision-making power from DPH, PCANC, Division of Social Services, and North Carolina Partnership for Children. Organizational leadership should also include additional leaders from the philanthropic community, state agencies, nonprofit organizations, private organizations, business, education, and academia.**

2) **Provide oversight, guidance, technical assistance, and expert consultation for activities to promote child and family well-being.**

3) **Establish working groups to address shared planning, implementation, and accountability of state and local efforts to serve families and children. The working groups should serve as collective impact teams and consist of additional partners who can provide expert consultation and guidance. Working groups should identify opportunities to support efforts in existing state and local systems and serve families and children. Working group topics should include but not be limited to: trauma-informed training and community support; using data to inform action; implementation of evidence-based programs for treatment of child maltreatment and promotion of parenting skills; and exploration of alternative funding strategies for evidence-based programs. Additional details on working groups are laid out in other recommendations.**

4) **Establish membership, select backbone organization, and create/staff working groups, as discussed above, by the end of 2015.**

5) **Produce an annual report, starting in FY 2016, to be sent to the Governor, Secretaries of Health and Human Services and Education, and the Joint Oversight Committee. The report should also be made publicly available. The report should include updates on working group activities, policy recommendations, and additional progress toward both the broad and specific goals of Task Force on Essentials for Childhood.**

Promoting the Vision Through Trauma-Informed Communities

As experts gain an improved understanding of the impact of childhood trauma and adverse childhood experiences (ACEs) on growth and development, they are increasingly exploring how working toward trauma-informed communities can be beneficial for individual children and community growth as a whole. The Task Force examined the prevalence of child maltreatment and adverse

childhood experiences and the negative long-term physical and psychosocial effects of these experiences (discussed in chapter 2). Given that half of adults report at least one adverse childhood experience, and one-quarter report two or more, the Task Force determined that it is appropriate to raise awareness of the negative life-long effects of child trauma and related adverse experiences, including ACEs , and the effects of child traumatic stress on developing brains, and to work toward the development of trauma-informed communities within North Carolina.

For the purposes of this report, the Task Force used the definition of trauma provided by the Substance Abuse and Mental Health Services Administration (SAMHSA): "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being."[5]

Past traumatic experiences can affect current health, behaviors, and attitudes.

"Trauma-informed" care or practice, in turn, refers to a commitment to provide care and environments that are not harmful to individuals, while also acknowledging the high prevalence of trauma among individuals and identifying effects of trauma and ways to address these effects.[6] It also includes an understanding of the ways in which past traumatic experiences can affect current health, behaviors, and attitudes, and takes the traumatic experiences into account during all interactions.[6]

The SAMHSA funded National Child Traumatic Stress Network defines a trauma-informed child- and family-service system as, "one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family."[7]

While there are specific psychiatric diagnoses in youth related to the experience of trauma, including post-traumatic stress disorder, depression, anxiety, and disruptive behavior disorders, trauma-informed practice acknowledges the potential negative effects of all traumatic stress and adverse experiences, including those that may not result in a diagnosable mental health problem.[a] In addition, trauma-informed care ensures that individuals and relationships are approached with an understanding of resilience, coping, and the adaptive strengths of trauma survivors as they move through their development.[9]

a Amaya-Jackson, L. Associate Director, UCLA-Duke National Center for Child Traumatic Stress, Duke University Medical Center. Written (email) communication. February 15, 2015.

Figure 3.1
SAMHSA's Trauma-Informed Approach:[7,8]

Trauma-Informed Child- and Family-Service System:

Programs, agencies, and service providers:

1. routinely screen for trauma exposure and related symptoms;
2. use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;
3. make resources available to children, families, and providers on trauma exposure, its impact, and treatment;
4. engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
5. address parent and caregiver trauma and its impact on the family system;
6. emphasize continuity of care and collaboration across child-service systems; and
7. maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.

SAHMSA's Key Principles of a Trauma-Informed Approach:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

Ten Implementation Domains for a Trauma-Informed Approach:

1. Governance and leadership
2. Policy
3. Physical environment
4. Engagement and involvement
5. Cross-sector collaboration
6. Screening, assessment, and treatment services
7. Training and workforce development
8. Progress monitoring and quality assurance
9. Financing
10. Evaluation

Community Involvement and Workforce Development

The development of a trauma-informed community requires extensive multi-sector commitment, including widespread state and community engagement. Involved sectors may include, but not be limited to, physical and behavioral health providers, early care and education, K-12 education, juvenile justice, first responders, and social services agencies. It is imperative that a trauma-informed approach takes into account the ways that trauma affects not only individuals, but also families, institutions, and communities, as well as the workforce that provides services.

There are several prerequisites for achieving a system that successfully incorporates the principles of trauma-informed care, including:[6]

1. Administrative commitment to change
2. Universal trauma screening
3. Staff training and education
4. Hiring practices
5. Review of policies and procedures

Essential partners to the development of trauma-informed practice and communities are the medical, mental, and behavioral health professional and social services (including child welfare and juvenile justice) education sectors, as well as the public education (early education and K-12) sector. School systems in some states have been incorporating trauma-informed practice in the classroom, with promising results in dropout and suspension reduction.[10,11] In North Carolina, the Area Health Education Center (AHEC) programs recently offered a continuing education program centered around training in trauma-informed care for physicians, nurses, mental health providers, therapists, counselors, and other health care professionals.[12] The University of North Carolina at Chapel Hill School of Social Work provides a certification in trauma-informed behavior management for social workers and foster parents that focuses on the foundation of trauma and related behavior, and helps encourage behavior management and prevention systems that use principles of trauma-informed care.[3,13]

The promotion of trauma-informed practices can also benefit from the support and enhancement of integrated care and coordinated care. Trauma integrated care refers to the full integration of physical health, mental and behavioral health, and trauma awareness and treatment into one setting. (see Chapter 6 for additional information on integrated care).

In 2011, DSS was awarded grant funding for "Project Broadcast: Disseminating Trauma-Informed Practices to Children in the North Carolina Child Welfare System." This five-year project set out to develop a trauma-informed workforce in nine counties, including social workers, resource parents, and system of care providers; increase the number of mental health clinicians providing trauma-informed, evidence-based treatment; develop trauma-informed policies and procedures; and collaborate more effectively across child serving systems, particularly by sharing information to improve child well-being. By the end of the project, a plan for statewide dissemination will be established. [14,b]

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b Preisler, J. Project Broadcast Coordinator. North Carolina Department of Health and Human Services. Written (email) communication. November 24, 2014.

Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment

The Task Force focused its recommendations around raising awareness of the effects of childhood trauma and adverse childhood experiences and in building public will, through multiple sectors, to develop trauma-informed practices and communities. The Task Force recommends:

Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities (PRIORITY RECOMMENDATION)

The Leadership Action Team should convene 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, child welfare systems, and among health care providers. The working group should explore additional strategies to disseminate knowledge of brain development, trauma, and adverse childhood experiences. Potential strategies may include social marketing and public awareness campaigns around the impact of trauma on children and their developing brain and neurobiology; work with professional associations in multiple fields, including health, education, first responders, faith community, justice system, and social and community services; focused training for these groups and others in trauma-informed practices and community development; and support for integrated behavioral and mental health services.

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