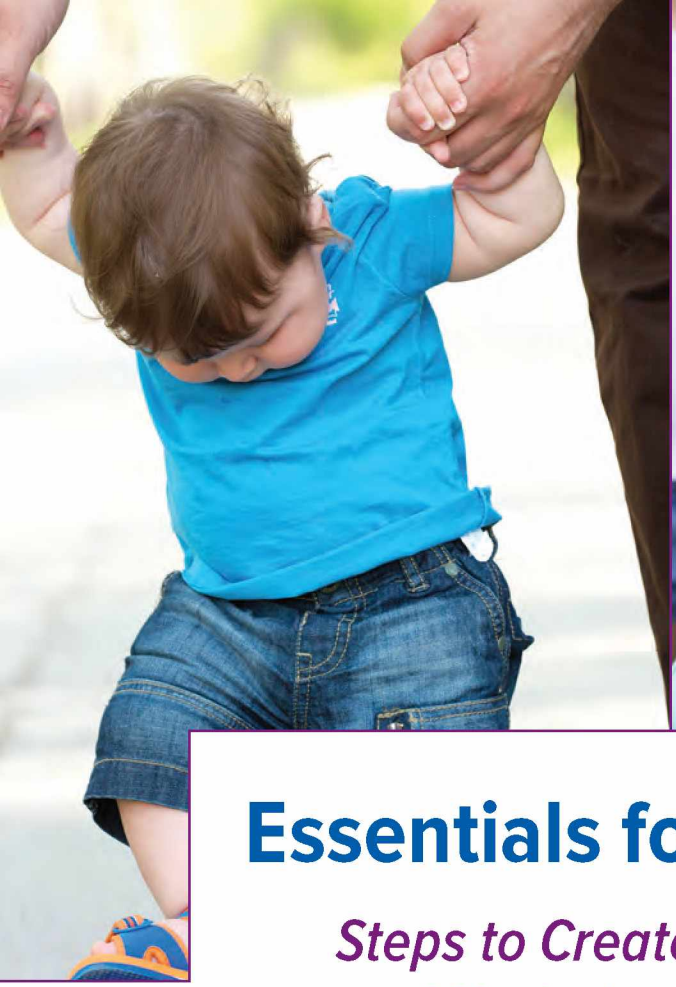
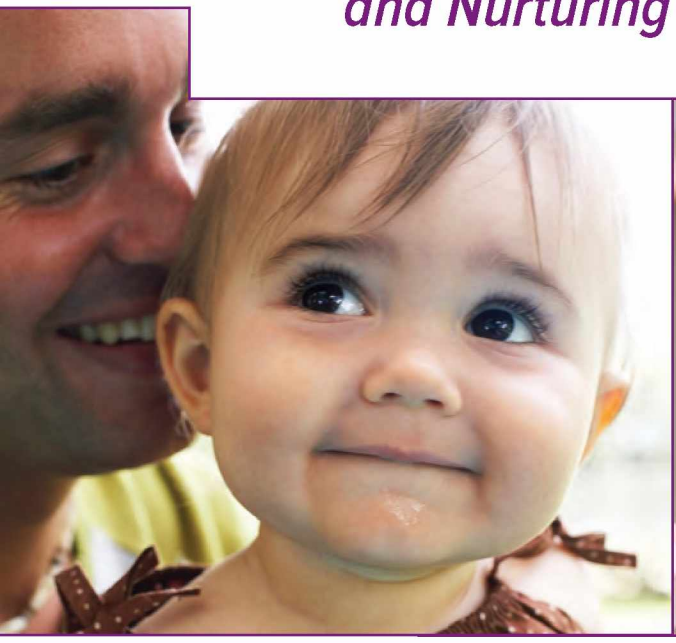
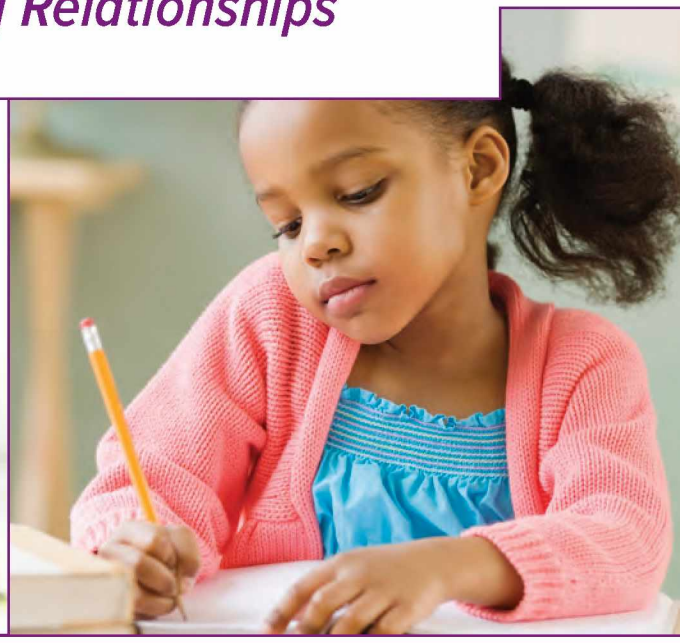


# Essentials for Childhood

## *Steps to Create Safe, Stable, and Nurturing Relationships*





National Center for Injury Prevention and Control
Division of Violence Prevention

# essentials for childhood

## *Steps to Create Safe, Stable, and Nurturing Relationships*

# Introduction

**Safe, stable, and nurturing relationships (SSNRs) are essential to prevent child maltreatment (CM) and to assure that children reach their full potential.**

This document proposes strategies that communities ("communities" refers to any group with shared interests such as neighborhoods, counties, states, and professional groups) can consider to promote the types of relationships and environments that help children grow up to be healthy and productive citizens so that *they*, in turn, can build stronger and safer families and communities for *their* children.

## Child Maltreatment Is a Significant Public Health Problem

CM is a significant public health problem in the United States (U.S.) and around the world.[1,2] Abused children often suffer physical injuries including cuts, bruises, burns, and broken bones. Physical injury is far from the only negative impact of maltreatment—it can also affect broader health outcomes, mental health, social development, and risk-taking behavior into adolescence and adulthood.

CM includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child. There are four common types of abuse[3]:

- **Physical abuse** is the use of physical force, such as hitting, kicking, shaking, burning, or other shows of force against a child.
- **Sexual abuse** involves engaging a child in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.
- **Neglect** is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.[4]

Maltreatment causes stress that can disrupt early brain development, and serious, chronic stress can harm the development of the nervous and immune systems. As a result, children who are abused or neglected are at higher risk for health problems as adults. These problems include alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic diseases.[2,5]

While it is not easy to determine the magnitude of CM in the U.S., it is substantial. According to state Child Protective Service (CPS) agencies, 695,000 children were found to be victims of maltreatment in 2010. Another 1,560 children died from CM that year.[6] In these CPS cases, children 3 years old and under were at greatest risk, and the majority of cases involved neglect.

The official cases tell only part of the story, as many, if not most, are never reported to social service agencies or the police.[7,8,9] Additional survey results provide an even more troublesome picture of this problem. A non-CPS study estimated that one in five people in the U.S. experience some form of CM during their childhood.[10]

Surveys of adults reveal that CM is relatively common. In a national survey, 14.2 percent of men and 32.3 percent of women reported childhood histories of sexual abuse, and 22.2 percent of men and 19.5 percent of women reported experiencing physical abuse during their childhood.[11]

## Safe, Stable, and Nurturing Relationships/ Environments (SSNRs) are Important for Preventing Child Maltreatment

Young children experience their world through their relationships with parents and other caregivers. SSNRs between children and their caregivers provide a buffer against the effects of potential stressors such as CM and are fundamental to healthy brain development. They also shape the development of children's physical, emotional, social, behavioral, and intellectual capacities, which ultimately affect their health as adults. As a result, promoting SSNRs can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential.

Safety, stability, and nurturing are three critical qualities of relationships that make a difference for children as they grow and develop. They can be defined as follows:

- **Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.
- **Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment.
- **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively and consistently respond to and meet the needs of their child.

*SSNRs are important to promote. There is reason to believe SSNRs can help to:*

- Reduce the occurrence of CM and other adverse childhood experiences
- Reduce the negative effects of CM and other adverse childhood experiences
- Influence many physical, cognitive, emotional outcomes throughout a child's life
- Reduce health disparities
- Have a cumulative impact on health

For more information on the importance of SSNRs:

www.cdc.gov/ViolencePrevention/pdf/CM_Strategic Direction--Long-a.pdf

## What to Expect in This Guide

This document suggests strategies for communities to consider. It is intended for anyone committed to the positive development of children and families, and specifically to the prevention of all forms of CM. It is organized into four sections. Each section focuses on one goal and lays out suggested steps to help you move toward that goal. While each individual goal is important, the four goals together are more likely to build the comprehensive foundation of SSNRs for children. The four sections include:

**GOAL 1:** Raise awareness and commitment to promote SSNRs 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

This guide is designed to point out critical goals and potential steps for promoting SSNRs and preventing CM. However, exactly how, when, and in what order you take on each step will depend on what is already happening in your community. Therefore, as your community takes on the action steps outlined in this guide, consider your unique needs. Working together, there is much your community can do to create an environment in which children can—and do—live life to their fullest potential.

# The Importance of Using Evidence-Based Strategies

The steps in this document are based on the best evidence available. For example, Step 3 in Goal 3 refers to a rich scientific literature, including several strategies that have been rigorously evaluated and shown to prevent or reduce CM. On the other hand, Step 2 in Goal 4 on promoting policies is built on less rigorous evidence.

The evidence base for promoting SSNRs and preventing CM is not static; it is constantly evolving. Therefore, we must act on the best evidence available to us today, knowing it could change tomorrow. And, as we go, we have a responsibility to evaluate our efforts whenever possible to add to the evidence base. The Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention provides guidance and resources to assist with evidence-based decision-making using a continuum of evidence of effectiveness:

www.cdc.gov/violenceprevention/pub/UnderstandingEvidence_prt1.html



# Goal 1

## Raise Awareness and Commitment to Support SSNRs and Prevent Child Maltreatment

Providing safe, stable, and nurturing relationships and environments (SSNRs) for all children requires changing attitudes, behaviors, norms, and policies. Even if you know people or groups who are motivated to create this kind of change, you will only see results when the idea garners the support of the larger community and its leaders. This means your efforts to prevent child maltreatment (CM) and promote SSNRs in your community requires both community and social commitment.

When we talk about community and social commitment in this guide, we mean that the broader community is committed to ensuring safe, stable, and nurturing relationships for children. This commitment does not stop at awareness, but moves along a continuum from awareness of the problem to solution. Observing an impact on SSNRs and CM is more likely as community members and leaders move along the continuum toward solutions.

## Why Sustained Commitment Is Important

It is worth noting the biggest obstacle to improving health throughout a community is often not the shortage of funds or the absence of "programs" but rather the lack of commitment to do something about it.[12] This means it is critical to build commitment as a foundation for any meaningful public health initiative, including the steps to support SSNRs and prevent CM. You can expect creating commitment to take time, resources, and persistence.[13] It requires the continuous use of new information and ongoing public involvement, as well as the translation of technical information for the general public, leaders, and decision-makers.

To build awareness and commitment at the community level you might consider:

1) **Adopting the vision of "assuring SSNRs for every child and preventing child maltreatment"**
2) **Raising awareness in support of the vision**
3) **Partnering with key stakeholders to unite behind the vision**

## Step #1

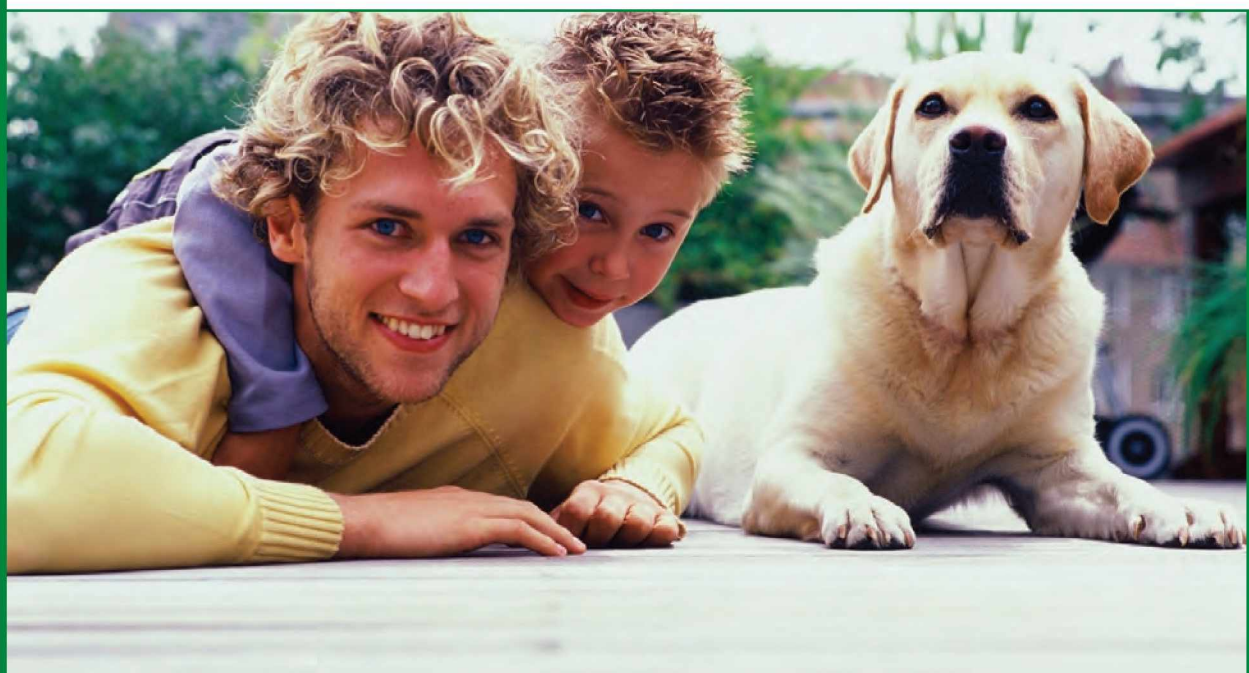
**Adopt the vision of "assuring SSNRs for every child and preventing child maltreatment"**

Creating a vision is typically the beginning of a planning process during which you come up with goals, objectives, and action steps. You might consider adopting the vision of "assuring SSNRs for every child and preventing child maltreatment" and the goals, objectives, and action steps proposed in this document.

## Step #2

**Raise awareness in support of the vision**

Others will be more likely to join you in working toward SSNRs for all children if you are able to communicate why SSNRs are important and how they fit into the prevention of CM.



*NOTE OF CAUTION:* When raising awareness is mentioned, many organizations default to very basic information such as stating that child abuse is a problem and that it is bad for children. Most people already know and accept these facts. What is critical in this step is communicating something that will bring new supporters into the fold. For the best results, you will need to do this in a way that your community members, leaders, and decision-makers both understand and value. Depending on what field you are in, and who you are engaging, the strategies you use and steps you take may be simple or more involved. Some information and resources that can help you accomplish this include:

- The consequences of CM can last a lifetime and include negative impacts on social, emotional, and *physical* health. We can reduce the leading causes of illness and death in our community by assuring SSNRs for our children.
  - *The Effects of Childhood Stress on Health Across the Lifespan* www.cdc.gov/ncipc/pub-res/pdf/Childhood_Stress.pdf
  - http://developingchild.harvard.edu/resources/

- CM takes a huge economic toll on our society through child welfare costs, physical and mental health costs, special education costs, and legal system costs.
  - *The Economic Burden of Child Maltreatment in the United States and Implications for Prevention* www.cdc.gov/ViolencePrevention/childmaltreatment/EconomicCost.html

- We have good information on strategies that can assure SSNRs and prevent CM, we just need to invest in those strategies.
  - See information on evidence-based programs and strategies in Goal 3.

## Step #3

**Partner with others to unite behind the vision**

Partnering with individuals or groups—from the general public, community organizations, leaders, decision-makers, and media—can help move from awareness to solutions. These partners can bring in additional support and lend their voice and leadership to your effort.

Partnerships can help unite those committed to children and community health behind the vision so you can work together. Most of the time, one organization can't do this on its own—there is power in numbers. Since there are so many possibilities, it may be helpful to prioritize and focus your goals.

**Don't overlook the media as a potential partner.** Building a relationship with your news outlets will further support your efforts to create community and social commitment. Capitalize on this by creating news events they can cover, generating editorials, providing community data to help reporters 'localize' a story, and providing accurate information about the problem and prevention solutions.

## Goal 1 Summary

Individuals and communities must be committed to the vision of SSNRs for all children and willing to take action in support of that vision. While commitment is critical, this alone will not change the rates of CM in your community. Observing an impact on CM is more likely if you combine commitment, along with comprehensive data, effective programmatic strategies, and policy approaches.

*"Building a relationship with your news outlets will further support your efforts to create community and social commitment."*

# Goal 2

## Use Data to Inform Solutions

To adequately address any public health issue, using the information you have available is critical. This factual information—data—will help you understand the size and nature of the problem in your community, how to best direct your community's prevention resources, and to monitor the ultimate impact of any interventions (such as a new program or policy).

To start, you need to learn how people in your community think and feel about child maltreatment (CM) prevention. It is also important to learn what you can about their relationships to one another, as well as any community, environmental, and social factors that might be related to the problem. Pulling all of this information together is not an easy task, but it is crucial information that can be fed into the other goals, from building community and social commitment, to understanding parenting norms, to evaluating policy changes.

Keep in mind you will face some challenges in collecting, analyzing, and using this kind of information. You are more likely to find existing information that focuses on risk factors and negative outcomes, like measures of child maltreatment and neglect, out-of-home placements in foster care, or children living in poverty. Other existing data may be fragmented and collected for a variety of purposes with varying definitions and criteria.

The four steps below may assist you as you begin this process:

1) **Build a partnership to gather and synthesize relevant data**
2) **Take stock of existing data**
3) **Identify and fill critical data gaps**
4) **Use the data to support other action steps**

## Step #1

### Build a partnership to gather and synthesize relevant data

Data can be a powerful tool to highlight the realities of life for children in your community and for demonstrating success as you work together to make positive changes. However, any one organization, or any one data source, provides a limited view of the problems as well as the opportunities in your community. Multiple data sources allow for a more comprehensive understanding of the issues and multiple avenues for raising awareness and implementing change. Consider partnerships with others who collect and analyze data and are in a position to make data-informed decisions about programs or other strategies that improve the lives of children.

Public health agencies can serve as a coordinator for this effort, since they often have staff with strong data skills and public health agencies are typically familiar with the convener role. In this role, it is critical to reach out to a variety of partners. This could include several agencies or offices within the health department, such as Maternal and Child Health, Injury Prevention, Mental Health, and Children and Families/Social Services. You may also find it useful to work with other groups in your community, including school and health care systems, law enforcement, criminal justice, professional societies, non-governmental groups, and researchers at local universities. All of these can be strong partners.

## Step #2

### Take stock of what data already exist in your community

An important step in preventing child maltreatment and supporting safe, stable, and nurturing relationships (SSNRs) for children in your community is to find the best available information that describes the issues. Available resources that will help you better understand the specifics of child health and well-being in your community include:

- Vital statistics
  - *Birth and death records (look especially for births to teen mothers and child homicide deaths among children under 5 years of age)*
  - *Child fatality review records*

- Health data
  - *Hospital emergency department or discharge data*
  - *Prenatal care coverage, month initiated, and services included (e.g., are pregnant women being screened for depression, exposure to partner violence, or substance abuse; if they are, are they being referred to evidence-based services, if they are, what percent of those referred actually receive the service)*
  - *Ambulatory care visits for mental illness, including substance abuse among women of reproductive age*
  - *Length of wait list for treatment of substance abuse*
  - *Coverage and dosage of well-baby visits and services offered for all children (e.g., evaluation of social emotional development and anticipatory guidance based on Bright Futures guidelines) and for children at risk or with developmental problems*
  - *Coverage of family planning services*

- Criminal justice data
  - *Police reports of events or arrest records especially for partner violence*
  - *Programs offered to incarcerated parents (e.g., parenting or problem solving skills training)*

- Child protection and welfare data
  - *Reports to child protective services, substantiated reports of abuse and neglect, or out-of-home placements (number and geographic location)*
  - *Services provided to parents and children reported (evidence-based? reach all who need?)*
  - *Length of wait list for early child care and education programs such as Early Head Start*
  - *Length of wait list for child care subsidies*
  - *Number and location of families receiving Temporary Assistance to Needy Families (TANF); Supplemental Nutrition Assistance Program (SNAP); State Children's Health Insurance Program (SCHIP)/Medicaid*

- Educational data
  - *School dropout rates*
  - *Length of wait list for pre-K program such as Head Start*
  - *Sex education programs being used in schools (e.g., are they evidence-based?)*

- Demographic data
  - *Children living in poverty (number, proportion, and location)*
  - *Parents unemployed (number, proportion, and location)*

In addition, you can review various state or national level surveys or data from surveillance systems, some of which can provide data specific to your area. These include:

- Child Death Review Data
- National Violent Death Reporting System [NVDRS]
- Youth Risk Behavior Surveillance System [YRBS]
- Behavioral Risk Factor Surveillance System
- National Child Abuse and Neglect Data System [NCANDS]
- National Survey of Family Growth [NSFG]
- National Health and Nutrition Examination Survey [NHANES]
- Pregnancy Risk Assessment Monitoring System [PRAMS]
- National Health Interview Survey [NHIS]
- National Immunization Survey [NIS]

Census data can also help you better understand your community's household and neighborhood demographics, which will provide a better sense of what life is like for the children in your area. Census data include information such as the number of single parent headed households, the number of young or school-age children, the number of rental units versus owned homes, unemployment rates, and the number of households living below the poverty level.

Currently, several federal public health agencies and non-governmental organizations offer data about CM (see box).

These organizations provide a great deal of information on various indicators (e.g., child well-being, child maltreatment). Once you have pulled together information from a variety of sources, you will need to synthesize the findings on the magnitude of CM and the conditions which contribute to it in your community. This information will help you make informed decisions about which evidence-based programs or other strategies most closely address the needs in your community. You will also have an understanding of what gaps exist and where work still needs to be done in order to measure and monitor SSNRs.

# Resources

**CDC's National Center for Injury Prevention and Control**
www.cdc.gov/ViolencePrevention/childmaltreatment

**CDC's National Center for Health Statistics**
www.cdc.gov/nchs

**National Center for Education Statistics**
http://nces.ed.gov

**Department of Justice's Bureau of Justice Statistics**
http://bjs.ojp.usdoj.gov

**Annie E. Casey's Kids Count**
www.kidscount.org

**The Forum on Child and Family Statistics**
www.childstats.gov

**Maternal and Child Health Bureau at the Health Resources Services Administration**
www.mchb.hrsa.gov/mchirc/chusa

**Children's Bureau of the Administration for Children and Families**
www.childwelfare.gov/systemwide/statistics

**Child Trends Data Bank**
www.ChildTrends.org

**Child Death Review**
www.childdeathreview.org

## Step #3

### Identify and fill critical data gaps

Where gaps in information are identified, use your partnerships to develop new data collection efforts. This may include developing a new survey or adding questions to existing surveys. CDC's uniform definitions for child maltreatment (CM)—available at www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf—can help you create new or edit existing data collection instruments and ensure they are as consistent and comparable as possible. Data gaps could actually become a programmatic or policy initiative. For example, you may want to approach a decision-maker or program implementer to get new data generated. Other activities such as Child Death Review can provide valuable insights for protecting children.

Washington State's Family Policy Council (www.fpc.wa.gov) uses data to inform prevention and programmatic activities. They focused on reducing Adverse Childhood Experiences (ACEs) using data from the Behavioral Risk Factor Surveillance System (BRFSS). They made strategic investments in efforts to improve physical and mental health outcomes in the state. The Family Policy Council's approach to building local capacity and using data to inform practice and policy was recommended by the Institute of Medicine in its 2009 report, *Preventing Mental, Emotional and Behavioral Disorders Among Young People—Progress and Possibilities* (September 2009).

## Step #4

### Use the data to support other action goals and steps

Now that you have this information, you can use it to make the other action steps a reality. For example, incorporating local data as you raise awareness in support of the vision may make the issues more salient for the partners you are trying to engage (see Goal 1, Action Step 2). You may want to highlight the costs to your community, state, and society when CM is not prevented. Short documents with specific data points for decision-makers are helpful. Take advantage of the variety of information available. Compiling information from multiple sources helps paint a comprehensive picture of what life is like for children in your community. This will help you determine where to invest in prevention—who is most at risk? What risk factors are most prevalent? What programs and policies would best address the most prevalent risk factors?

## Goal 2 Summary

Understanding the prevalence and impact of CM in your community—and how people think and feel about this issue—provides critical information to inform and support the other action goals. Data provides a foundation for engaging partners, underscores your efforts to build commitment, informs decision-makers, and helps you focus and monitor your prevention efforts for the greatest impact.

# Goal 3

## Create the Context for Healthy Children and Families through Norms Change and Programs

Parents and caregivers are a child's first exposure to the world around them. The quality of relationships between children and their parents and caregivers, and the environment in which those relationships develop, play a significant role in a child's cognitive, emotional, physical, and social development. Research has demonstrated the benefits of safe, stable, and nurturing relationships and environments (SSNRs) and, conversely, the negative outcomes attributed to child maltreatment (CM) and other adverse conditions in childhood.

Here are three steps you might consider to support parents and caregivers in providing SSNRs:

1) **Promote the community norm that we all share responsibility for the well-being of children**
2) **Promote positive community norms about parenting programs and acceptable parenting behaviors**
3) **Implement evidence-based programs for parents and caregivers**

## Step #1

### Promote the community norm that we all share responsibility for the well-being of children

No family exists in a vacuum; therefore, supporting families in providing SSNRs is a shared responsibility. Everyone in your community—both parents and those without children—can champion or contribute to efforts to develop safe places or neighborhood activities where children are watched and supervised, and families can gather, interact, and get to know each other. Neighborhood associations can link families and other neighborhood adults together to help with household tasks and to watch out for each other's children in the neighborhood.

This step can also tie into raising awareness and enlisting partners when building commitment (see Goal 1, Steps 2 and 3). This can be accomplished through emphasizing how all members of the community can identify and engage in activities that may support children and families. For example, people may have influence in a particular sector (e.g., business, social services, education) where they can promote family-friendly policies or activities.

## Step #2

### Promote positive community norms about parenting programs and acceptable parenting behaviors

Caregivers (i.e., parents as well as family, friends, and neighbors who help with childcare) may be reluctant to participate in parenting programs because they think learning about parenting implies they are "bad" caregivers. Your community can promote norms emphasizing that learning effective parenting skills is a process and every caregiver can use help at times.

Caregivers who do go to parenting programs will be learning new parenting behaviors and skills. They may need extra support in using those new skills at home if what they learned is different from those practiced by other family or community members. You can identify local parents to serve as mentors that promote positive parenting in order to help change community norms about parenting behaviors in your community. Parents can be particularly powerful role models and voices in these efforts, because other parents will see them as credible and experienced.

## Step #3

### Implement evidence-based programs for parents and caregivers

Programs that teach caregivers positive child-rearing and child management skills are the most basic approach to facilitating SSNRs. Your community can support all caregivers by providing access to evidence-based parent training. A lot is known about how to foster caregiver skills that promote positive child development, prevent child behavior problems, and prevent CM.

Most communities have a range of programs to support caregivers; however, whenever possible it is recommended that your community implement effective and promising interventions (see list on page 26 for examples of evidence-based

strategies and the box following Goal 3 for characteristics of effective parenting programs). Choosing strategies that have been tested in rigorous research trials (i.e., evidence-based) increases the chance that the programs parents participate in will actually make a difference in their lives and the lives of their children. However, this may be easier said than done. These sub-steps may be necessary:

- **Build community receptivity, capacity, and resources to implement evidence-based strategies to promote SSNRs.** Your community must be willing and able to implement programs that promote SSNRs for children. Some essential factors that you may need to build include community support, parent leader support, funding (including redirecting funds from strategies that are not evidence based), community infrastructure, and capacity to implement and evaluate programs.

- **Make it easy for parents and caregivers to participate in parenting programs.** Caregivers may find it difficult to participate for logistical reasons, including cost, childcare needs, scheduling conflicts, inconvenient location, and lack of transportation. By offering low-cost or free programs, implementing the program at a convenient time and in an accessible location, and providing child care and transportation options (e.g., vouchers for public transit, van pools, etc.), you will make it possible for parents to attend a program that would otherwise be inaccessible.

## Evidence-Based and Promising Programs and Strategies

*Examples of programs and strategies that have been shown to prevent CM include but are not limited to:*

- **Parent-Child Interaction Therapy (PCIT)**
  www.pcit.org
  PCIT improves the quality of parent-child relationships and changes how parents and children interact with one another. Parents learn specific skills to build a nurturing and secure relationship with their children while increasing their children's desirable behavior and decreasing negative behavior. Coaches work directly with parent-child pairs to help them learn new skills. In addition to impacting CM outcomes, this program has shown improvements in parenting behavior and child behavior problems.

- **Triple P (Positive Parenting Program)**
  www.triplep-america.com
  Triple P is a system of parenting and family support to address parents' varied needs. There are five levels of intervention, ranging from media strategies to increase awareness and acceptance, to brief consultation on common developmental issues, to intensive approaches to address problems with parenting and child behavior. In addition to impacting CM outcomes, this program has shown improvements in parenting behavior and child behavior problems.

- **Nurse-Family Partnership (NFP)**
  www.nursefamilypartnership.org
  Registered nurses make ongoing home visits to first-time moms and their babies. The program focuses on improving maternal and child health, maternal life course (financial status, educational and employment choices, partner relationships, and future pregnancy planning), and parenting of infants and toddlers.

- **Hospital-based abusive head trauma prevention approaches (Pennsylvania Abusive Head Trauma Prevention Program)**
  These programs give parents of newborns information about the serious adverse effects of shaking an infant and offer guidance on how to handle a crying infant and avoid shaking. The information is provided before parents take the baby home from the hospital after delivery.

- **Multi-component programs (Child-Parent Centers)**
  Center-based multi-component programs provide comprehensive educational and family support to low-income children and their parents. The approach is child-centered and individualized, with an emphasis on enhancing the child's social and cognitive development in a stable, enriched learning environment. Parent-focused activities include enhancing parents' personal development; promoting positive parent-child interactions; providing information on nutrition, health, and safety; and providing referrals to appropriate services.

*Some programs do not have evidence of changing CM outcomes, but do demonstrate improvements in parenting behavior and child behavior problems. These programs include but are not limited to:*

- **Incredible Years**
  www.incredibleyears.com
  This training series for parents, teachers, and children promotes emotional and social competence with the goal to prevent, reduce, and treat aggression and emotional problems in children 0 to 12 years old. The parent training component emphasizes parenting skills and approaches known to promote children's social competence, reduce behavior problems, and improve children's academic skills.

- **Strengthening Families for Parents and Youth**
  www.extension.iastate.edu/sfp
  This education and support program focuses on increasing family skills to support healthy child development. Sessions for parents and children address communication skills, family functioning, social-emotional development, and healthy behavior. Family sessions offer the opportunity to practice new skills presented in the curriculum. The program recommends ongoing family support groups and booster sessions.

- **Early Head Start**
  www.ehsnrc.org
  This child-development and parenting-education program is delivered through center-based services, home visits, or both. The program helps parents build skills to assist their child's development, increase family literacy, and promote healthy parent/child relationships. It also helps families transition their children into Head Start or other preschool programs when the child reaches 3 years of age and offers family advocacy, resources, and referrals to other community services.

## Goal 3 Summary

It is important to remember parenting does not occur in a vacuum. **Creating a community context that supports effective parenting is critical to children experiencing SSNRs.** In general, parents benefit from feeling consistent support from their family, friends, and the broader community.

# Characteristics of Effective Programs to Provide SSNRs for Children

A number of programs have been shown, through rigorous studies, to be effective in decreasing CM. Some programs have shown promise of achieving desired results for CM but need more rigorous evaluation. Other programs, although not evaluated for reducing CM, have been shown to improve positive parenting behavior, reduce challenging child behaviors, and improve relationships between children and their caregivers.

Effective parenting programs typically:

- Provide opportunities for caregivers to actively practice and receive feedback as they learn and apply the new parenting behaviors.[14] This is in contrast to classes that just talk to caregivers about parenting. Having parents practice the skills with their own children during program sessions is particularly effective.
- Teach parents the correct use of time out, an effective alternative to physical discipline.
- Emphasize building positive and nurturing caregiver-child relationships and interactions. This includes teaching caregivers how to effectively communicate and play with their children.
- Help caregivers respond consistently to the child's behavior, no matter the location or situation. Promoting consistency across all of a child's caregivers is critical.

# Considerations for Implementing Programs to Promote SSNRs for Children

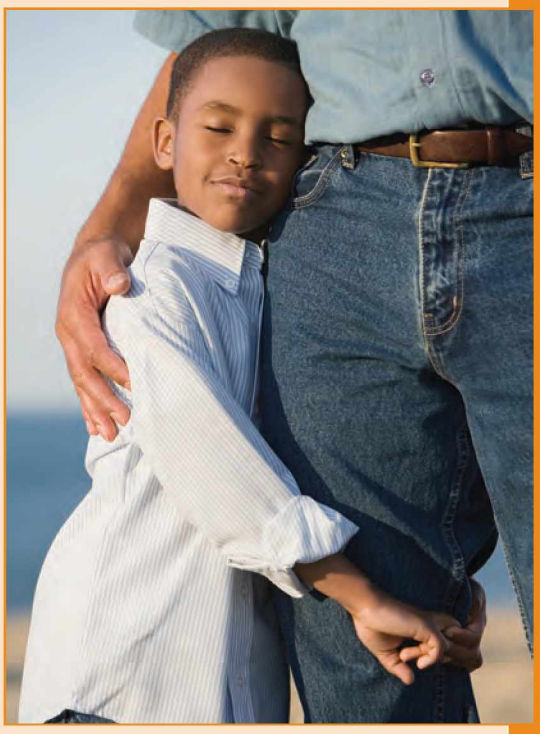
When determining the types of programs that will work best for the caregivers in your community, keep the following in mind:

- **Consider delivery options.** It is important to consider the best settings to reach parents in your community, as well as how parents get information. Parenting information can be disseminated in many ways, not just through formal programs. This can include offering general parenting information through the media, in primary health care, through schools, and in faith communities. However, the research suggests that information alone is not enough. Parents need to see and practice the new behaviors.

- **Choose programs that are appropriate for the child's developmental stage.** This is important because children at different developmental stages require different parenting behaviors. A child's entry into a new developmental stage may provide a "moment of opportunity" when parents may be more receptive to certain programs.

- **Create opportunities to involve other caregivers.** Grandparents, other extended family, friends, and neighbors provide important support for parents and can encourage newly learned parenting practices. Engaging other caregivers in using those practices also provides consistency for the child.

- **Strive for consistency among programs within a community.** Receiving different or conflicting information from multiple programs can make it more difficult for parents to learn and consistently apply skills they need to positively impact their children. You may need to examine current programs and identify inconsistencies or conflicting messages. Receiving the same messages from multiple sources reinforces the information, so it will "stick" and be used.



# Goal 4

## Create the Context for Healthy Children and Families through Policies

As we have discussed throughout this guide, promoting safe, stable, and nurturing relationships (SSNRs) and preventing child maltreatment (CM) is not a simple process. It includes building commitment, using data to inform the actions you take, and supporting parents and caregivers in your community. The policies in place in communities can also help ensure children in your community lead healthy and safe lives.

Similar to the other sections in this guide, helping decision-makers make informed decisions around conditions that support SSNRs requires collaboration and partnerships in your community. Supporting policies that support SSNRs for children requires efforts from organizations in both the public and the private sector—e.g., from state and local health departments, the media, business, schools, faith-based, and community organizations. Historically, policies that improve the socioeconomic conditions of families or that structure the environment so that healthy choices are the easy choices have had the largest impacts on health.[12] But it is also important to consider the potential impacts on children and families when creating or changing any policy.

The two steps to inform policies that might support SSNRs are:

1) **Identify and assess which policies may positively impact the lives of children and families in your community**
2) **Provide decision-makers and community leaders with information on the benefits of evidence-based strategies and rigorous evaluation**

## Step #1

**Identify and assess which policies may positively impact the lives of children and families in your community**

There are many policies that already provide some support to children and families. Communities might consider some of the following examples or opportunities to positively impact the lives of children and families. It is important to note that while the examples that follow have not been evaluated to establish their potential impact on CM or SSNRs, there is evidence that these policies strengthen families. Depending on a variety of factors, some types of policies may be out of your sphere of influence. However, understanding the breadth of policies that can strengthen families may be helpful to identifying opportunities to collaborate with other sectors and engage in related activities or initiatives within your community.

**Examples of organizational or internal policies**

- One area where there has been dramatic positive change has been in the reduction of child sexual abuse, which has declined by almost 50 percent over the past two decades. Youth-serving organizations,

## Types and Levels of Policies

**Organizational or internal policies:**
Rules and practices that an organization or agency sets for how it does business, conducts its activities, or interacts with staff and constituents.

**Regulatory policies:**
Rules, principles, or methods established by government agencies that have regulatory authority for products or services.

**Legislative policies:**
Laws or ordinances passed by local, state, or federal governing bodies.

such as Scouts, summer camps, and after-school programs have implemented policies on screening, selecting, and training employees and volunteers, policies on unacceptable interactions between individuals (e.g., policies against one-on-one contact between adult volunteers and youth participants), and policies on how to respond to allegations of child sexual abuse. In addition, community-based organizations and schools have incorporated child sexual abuse prevention programs into their activities. Some have suggested that the declines in child sexual abuse may be in part attributable to sexual abuse prevention programs, norms changes, and social control efforts, therefore, expansion of these current prevention efforts may be warranted.[15,16]

- Parental stress is an important risk factor for CM.[17] Government agencies might reduce this stress by helping parents who are already dealing with the stress of insufficient income or unemployment to overcome complicated rules and application procedures that leave too many eligible children and families from accessing supports such as Medicaid, Children's Health Insurance Programs, food stamps, and other types of assistance for families at risk.[18,19,20] For example, government agencies or community-based organizations could facilitate access to needed supports by automatically enrolling families in all relevant programs simultaneously or offering "one stop shops."[21] Government agencies could decide to couple income supports with other supports. For example, there is evidence that income supplements together with child care and affordable health insurance can improve parenting behaviors,[22] suggesting these efforts might reduce CM as well.

- Primary health care organizations can make it their policy to deliver components of evidence-based programs such as Triple P as their standard of care. More specifically, community health centers or private pediatric practices can make anticipatory guidance and brief consultation on common developmental issues part of their standard protocol during well-baby visits. They can also coordinate with other more specialized services to provide more intensive approaches to address problems with parenting and child behavior.

### Example of regulatory policies

- Lower-income families often pay more than middle- and high-income families for the same consumer products such as financial services, cars, and groceries.[23,24] In part, this is due to a lack of low-cost alternatives in their communities but also because of business practices that unnecessarily drive up prices (e.g., subprime interest rates for payday, auto title, or pawnshop loans).[25] Some cities, counties, or states have also addressed this issue by introducing regulations to reduce interest rates for loans or eliminating payday loans for vulnerable families.[26]

### Examples of laws or ordinances

- Low income has long been associated with maltreatment, albeit more consistently with child neglect.[27] Unfortunately, one in five children in the U.S. live in poverty[28] and an additional 22 percent of the U.S. population is considered "near poor."[29] State policies that increase economic self-sufficiency for lower income families (e.g., livable wages, subsidies for basic needs) might alleviate some of the stress that contributes to CM. A study conducted by San Francisco's health department showed that raising the minimum wage to a living wage for city contractors would result in multiple health and education benefits.[30] These findings were considered in city policy discussions on raising wages, and a year later, city residents approved an ordinance raising the minimum wage for over 50,000 workers.

- Access to high-quality child care can affect parents' ability to work and to support a family as well as children's exposure to SSNRs. Programs such as Early Head Start are able to serve less than 4.3 percent of those eligible.[31] Quality of child care is also highly variable with economically disadvantaged children receiving lower-quality child care than other children.[32] If in your data gathering efforts you find long waiting lists for Early Head Start or Head Start, perhaps your city, county, or states can decide to increase funding for these programs or facilitate access to private child care through their expansion of eligibility standards. Currently, the federal government sets a maximum eligibility level equal to 85 percent of a state's median income (SMI), however, only one state has expanded access to the federal limit and 5 states have eligibility levels of 40 percent or less than the SMI.[33,34] In addition, 42 states have reimbursement rates that fall below the 75th percentile of the current market rate value for child care.[26]

- Unintended pregnancy is a strong risk factor for child physical abuse.[18] Unintended pregnancy is also associated with other risk factors for CM such as depression or partner violence.[35] However, unintended pregnancies are highly preventable. If unintended pregnancies, especially teen pregnancies, are high in your community, school boards might check the evidence base for the sex education programs being used in schools. Cities, counties, or states might consider policies for increasing access to family planning services.

- Substance abuse, depression, and other mental illnesses increase the risk for CM and other adverse child outcomes. However, financial and other barriers to care keep almost half of those afflicted with mental illness from receiving treatment.[36] Policies that decrease financial barriers to mental health care for parents not qualifying for Medicaid—such as those facilitating coverage among the uninsured or underinsured—may contribute to better access to mental health care. Beginning in 2014, based on the Affordable Care Act, mental health and substance use disorder services will be part of the essential benefits package (i.e., health care services that must be covered by certain plans). The private sector could also play a role, for example, through employee assistance programs or by supporting community services.

- High school completion leads to better paid employment and health which could indirectly improve parenting through its impacts on family income, parental exposure to stressors, access to information and resources, development of life skills, and the quality of social support.[37] If high school drop-out is a prevalent problem in your community, school boards might consider policies that improve school retention and high school graduation rates such as use of non-exclusionary strategies to address children's disciplinary problems in schools.[38]

- Many instances of physical abuse begin as physical punishment in response to child misbehavior.[39] Research calls this discipline practice into question for other reasons as well: 1) physical punishment does not appear to improve children's long term behavior, and 2) use of physical punishment is associated with higher levels of aggression in children.[40,41] Legal bans on corporal punishment are associated with decreases in support of and use of physical punishment as a child discipline technique.[42]

## Step #2

**Provide decision-makers with information on the benefits of evidence-based strategies and rigorous evaluation**

A commitment to a rigorous science base demands that development and implementation of programs to promote SSNRs are based on reliable data and sound evidence of effectiveness. Decision-makers might be more supportive of evidence-based programs once they are well-informed of the benefits of having scientific evidence. This might lead decision-makers to consider:

- Requiring that programs selected for funding have evidence of effectiveness or at least have shown promising results
- Requiring that funded programs without a strong evidence base be evaluated to determine whether or not the strategy is effective

## Goal 4 Summary

Informing policies to improve the provision of safe, stable, and nurturing relationships and environments requires the efforts of many, including state and local health departments, the media, and community organizations. In addition, it is critical to ensure that there is awareness of the policies and that resources exist to support the policies' long-term implementation and evaluation. There are resources available that can help you better understand using policies to support children and families, such as the Systems of Care Policy Action Guide (www.childwelfare.gov/management/reform/soc/communicate/initiative/pag/multiparty.cfm.)

# Conclusion

While child maltreatment is a significant public health problem, it is also a preventable one. *Essentials for Childhood: Steps to Create Safe, Stable, and Nurturing Relationships* is designed to assist you in your prevention efforts, through building commitment, using data to inform action, supporting parents and caregivers directly through parenting programs, and by informing policies that strengthen families and protect children. The steps suggested here, along with your commitment to preventing child maltreatment, can help create neighborhoods, communities, and a world in which every child can thrive.

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