A REPORT OF THE NC INSTITUTE OF MEDICINE TASK FORCE ON ESSENTIALS FOR CHILDHOOD
CHAPTER 3: PROTECTIVE FACTORS FRAMEWORKS

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**ABSTRACT**
The NCIOM Task Force on Essentials for Childhood developed an integrated, comprehensive 5-year strategic plan to coordinate and prioritize the services, programs and/or policies of a number of state agencies that work to improve the lives of children and families. Specifically, the Task Force builds state and community capacity to expand primary prevention of child maltreatment efforts by incorporating the four goals of the CDC’s *Essentials for Childhood* and applying a collective impact framework. Chapter 3 provides a review of 2 key protective factor frameworks by which the Task Force examined child maltreatment prevention: the Centers for Disease Control and Prevention’s Essentials for Childhood framework and the Center for the Study of Social Policy’s Strengthening Families framework.
CHAPTER 3

PROTECTIVE FACTORS FRAMEWORKS

The Task Force on Essentials for Childhood examined child maltreatment prevention using two key protective factor frameworks for children and youth: the Centers for Disease Control and Prevention’s (CDC) Essentials for Childhood framework and the Center for the Study of Social Policy’s Strengthening Families framework. Protective factors are defined as characteristics strongly associated with improved health and social outcomes for children and families. The CDC and the Center for the Study of Social Policy’s frameworks recognize that in child development, protective factors mitigate or eliminate the risk of or impact of child maltreatment, and enhance the well-being of individuals, families, and communities. Children and families are able to thrive when communities invest in building a robust infrastructure of protective factors.

PROTECTIVE FACTORS

The protective factors outlined in the Essentials for Childhood and Strengthening Families frameworks have evolved from a body of research that was reviewed by the Administration on Children, Youth, and Families. This report reviewed current knowledge and the impact of protective factors for a range of mental, emotional, and behavioral conditions and behavioral/social consequences. Protective factors are broadly defined as characteristics strongly associated with improved health and family outcomes. The report followed a socio-ecological model in which protective factors influence children across individual, relationship, and community level factors.

The review was designed to identify which protective factors influence recipients of services funded by the Administration on Children, Youth, and Families. For the purposes of this study, ACYF service recipients included runaway/homeless youth, youth exposed to domestic violence, youth in or transitioning out of foster-care, victims of child abuse and neglect, and pregnant and parenting teens. Individual protective factors such as agency, self-regulation, and problem-solving skills, as well as relationship level factors such as parenting competencies, caring adults, and positive peers, have buffering effects for all populations. There is strong evidence for community level protective factors such as positive school environments and economic opportunities and resources.

The following are key protective factors for victims of child abuse and neglect specifically. Individual articles were rated on elements of research design and on strength of evidence pertaining to child and youth outcomes relevant to this ACYF population. Individual articles pertaining to each protective factor were then pooled and rated in a summative fashion on elements of design and impact.

Individual level protective factors for victims of child abuse and neglect:

- Agency (self-efficacy) {{4839 Daigneault, I. 2007}}
- Self-regulation skills {{4840 Schelble, J.L. 2010; 4841 Kim, J. 2009}}
• Relational skills {{4842 Berkowitz, S.J. 2010}}
• Problem-solving skills {{4842 Berkowitz, S.J. 2010}}
• Involvement in positive activities {{4843 Williams, J. 2012}}

Relationship level protective factors for victims of child abuse and neglect:
• Parenting competencies {{4844 Chaffin, M. 2012}}
• Positive peers {{4845 Schultz, D. 2009}}
• Parent or caregiver well-being {{4843 Williams, J. 2012}}

Community level protective factors for victims of child abuse and neglect:
• Positive school environment
• Positive community environment
• Stable living situation {{4846 Bos, K. 2012}}

These protective factors reflect the important role that individual, relationship, and community strengths and resources play in healthy child and adolescent development. Likewise, the Essentials for Childhood and Strengthening Families frameworks highlight the need for interventions and services that address a range of behaviors and environmental influences such as peer, family, and community life.{{4752 Damon, W. 2004}}

OVERVIEW OF THE CENTERS FOR DISEASE CONTROL ESSENTIALS FOR CHILDHOOD FRAMEWORK: STEPS TO CREATE SAFE, STABLE, AND NURTURING RELATIONSHIPS AND ENVIRONMENTS FOR ALL CHILDREN

The Centers for Disease Control and Prevention (CDC) launched Essentials for Childhood, a framework through which communities committed to preventing child maltreatment can help children thrive and develop safe, stable, and nurturing relationships and environments. Young children grow and develop through experiences and relationships with parents and other caregivers. When children and their caregivers experience safe, stable, and nurturing relationships and environments they are able to mitigate the effects of potential stressors that could lead to child maltreatment. {{4733 Centers for Disease Control and Prevention National Center for Injury Prevention and Control}}

The CDC defines safety, stability, and nurturing 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.{{4733 Centers for Disease Control and Prevention National Center for Injury Prevention and Control}}

The steps to achieving safe, stable, and nurturing relationships and environments are embedded in four goals recommended by the CDC:
**Goal 1:** Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment
- Adopt the vision of “assuring safe, stable, and nurturing relationships and environments for every child and preventing child maltreatment”
- Raise awareness in support of the vision
- Partner with key stakeholders to unite the vision

**Goal 2:** Use data to inform actions
- Build a partnership to gather and synthesize relevant data
- Take stock of existing data
- Identify and fill critical data gaps
- Use the data to support other action steps

**Goal 3:** Create the context for healthy children and families through norms change and programs
- Promote the community norm that we all share the responsibility for the well-being of children
- Promote positive community norms about parenting programs and acceptable parenting behavior
- Implement evidence-based programs for parents and caregivers

**Goal 4:** Create the context for healthy children and families through policies
- Identify and assess which policies may positively impact the lives of children and families in the community
- Provide decision-makers and community leaders with information on the benefits of evidence-based strategies and rigorous evaluation

**Background**
Strengthening Families is an approach of the Center for the Study of Social Policy to find universal, non-punitive, and non-judgmental ways to prevent child maltreatment. The Strengthening Families approach focuses on early childhood (0-5) as this is the age group for which the incidence of maltreatment is the highest (accounting for roughly 40% of all substantiated cases in both North Carolina and the United States in 2012) {4778 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau}. The approach emphasizes small but significant changes through the daily interactions of individuals or groups who interact with families as well as changes in systems and policies at the practice and organizational level. The goal is to build protective factors for children, families, and those who interact with them in community. The protective factors outlined by the Strengthening Families framework both prevent risk of child maltreatment and mitigate its impact. They include:

- Parental resilience
- Knowledge of social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- The social and emotional competence of children
The framework is now being used in several states to reframe and engage partners from a variety of sectors including early care and education, home visiting, and child welfare.

*The Strengthening Families Approach: “3 Big Ideas”*

**Approach, Not a Model**
Strengthening Families focuses on all interactions with children and families with an emphasis on building family strengths instead of only addressing deficits. It is not a curriculum or program but instead a framework of five research-based protective factors that enable effective parenting and prevent child maltreatment. {{4738 Center for the Study of Social Policy}} The basic framework encompasses agencies’ current activities and provides a bridge between different programs. Specific examples of initiatives using the Strengthening Families framework in other states are discussed in this chapter.

**A Changed Relationship with Parents**
Strengthening Families builds upon the desire among child care and early education professionals to improve the lives of children by emphasizing the importance of valuing and wanting to work with parents and families as well. The focus is on working with parents to become leaders in the community and empowering them to strengthen their and others’ families. {{4735 North Carolina Institute of Medicine Task Force on Essentials for Childhood}} Developing a program that effectively and meaningfully implements opportunities for parent engagement can require robust resources and infrastructure. However, research indicates that parent involvement, particularly in early care and education or parent education programs in high-poverty areas, is linked with significantly reduced rates of substantiated child maltreatment reports and hospitalizations from child maltreatment injuries. {{4772 Reynolds, A.J. 2003; 4693 Prinz, Ronald J 2009; 4547 Olds,D.L. 2007; 4787 Wagner, M.M. 1999; 4788 Gay, K.D. 2005; 4789 Dodge, K.}}

**Alignment with Developmental Science**
Research indicates two critical periods of development: early childhood and adolescence. {{3919 National Center for Chronic Disease Prevention and Health Promotion}} A growing body of research also demonstrates that children learn and grow best when engaged in curriculum or rearing that reflects the evidence around what is developmentally appropriate for these critical periods. The first three years of life, for example, are an optimal period for oral language development, an important predictor of children’s later reading comprehension. {{4794 Barnett, W.S. 2004}} Additionally, nurturing relationships with responsive adults are necessary during both the early years and adolescence for many key areas of development, including self-regulation, cultural socialization, language, communication, and identity formation. {{4795 Dunn, J. 1993; 4796 Denham, S.A. 1998; 3765 Shonkoff J.P. 2000}} Studies have shown a strong relationship between exposure to abuse or household dysfunction during early childhood or adolescence and multiple risk factors for several of the leading causes of death in adulthood, including heart disease, cancer, and diabetes. {{4770 Felitti, V.J. 1998}} Systems and programs should be informed by early childhood and adolescence brain development research.
Parental Resilience

Concepts of resilience are integral to any discussion of protective factors for children and families. Parental resilience involves managing stress and functioning well when faced with challenges, adversity, and trauma. {4732 Lou, C. 2008; 4798 Schofield, G. 2005} Resilience research emerged in the 1970’s and initially focused on individual characteristics, but has expanded to include psychosocial factors at multiple levels of influence within a framework of social ecology. {4799 Fraser, M. 2004; 4731 Jenson, J. M. 2011} The Strengthening Families framework involves two different components of resilience. The first is the ability to function well under stress in general. This includes using problem solving skills and self-care, appropriately managing negative emotions, cultivating hope, optimism, and self-confidence, and a willingness to ask for help. The second component is the ability to parent well in times of stress. This involves not allowing stress to interfere with nurturing and cultivating a positive attitude toward parenting and the child. Both components should be considered when looking at how to support and develop parental resilience. {4736 Center for the Study of Social Policy; 4739 Development Services Group, Inc.}

The Center for the Study of Social Policy suggests the following every day actions that service providers and programs can use to foster parental resilience:

- Demonstrate that parents are valued
- Honor each family’s race, language, culture, history and approach to parenting
- Encourage parents to manage stress effectively
- Support parents as decision-makers and help build decision-making and leadership skills
- Help parents understand how to buffer their child during stressful times. {4736 Center for the Study of Social Policy}

Social Connections

Social connections consist of positive relationships that provide emotional, informational, instrumental, and spiritual support. Fostering social connections involves building the skills for establishing and maintaining connections, accepting help from and giving help to others, and feeling respected and appreciated. {4736 Center for the Study of Social Policy} Research indicates that caregivers functioning in isolation with few or tenuous relationships can put a child at risk for maltreatment. {4800 Goldman, J.} In addition, there are benefits of interactions with caring adults beyond the nuclear family, such as mentors, home visitors, extended family members, or individuals in the community. Protective social connections are fostered at the community level through neighborhood advantage or quality, religious service attendance, access to supportive programming in the school, and employment. {4739 Development Services Group, Inc.}

Knowledge of Parenting and Child Development

Understanding how parenting strategies can support healthy child development is another component of the Strengthening Families framework. For parents, this involves cultivating developmentally appropriate parenting patterns and skills shown to be effective in modifying risk in children’s lives. Examples of such patterns and skills include nurturing behavior, appropriate developmental expectations, the ability to create a developmentally supportive environment, the
ability to use positive discipline techniques to effectively manage behavior, and the ability to recognize and respond to the child’s specific needs. {{4739 Development Services Group, Inc.; 4780 Embry, D. 2008; 4795 Dunn, J. 1993; 4796 Denham, S.A. 1998; 4532 Shonkoff, Jack P 2000}}}

Those who regularly work with families, including early care and education teachers, health care providers, and faith leaders, have an important role in delivering accurate, evidence-based parenting skills and knowledge in a way that parents can understand. Strategies include modeling developmentally appropriate interactions with children; providing resources on parenting and child development; encouraging parents to observe, ask questions, explore parenting issues, and try out new strategies; and addressing parenting issues from a non-judgmental perspective. {{4736 Center for the Study of Social Policy 4780 Embry, D. 2008; 4795 Dunn, J. 1993; 4796 Denham, S.A. 1998; 4532 Shonkoff, Jack P 2000}}

Strengthening Families has applied Adult Learning Theory to provide insight on how to develop a broader range of strategies for conveying parenting information. According to this theory,

- Adults need to be involved in the planning and evaluation of their instruction.
- Experience (including mistakes) provides the basis for the learning activities.
- Adults are most interested in subjects that have immediate relevance and impact to their job or personal life.
- Adult learning is problem-centered rather than content-oriented.{{4737 Knowles, M. 1984}}

Early care and education teachers, health care providers, faith leaders, and others who regularly work with families should also seek to provide relevant information when people are struggling with an issue and need it urgently. They should provide experiential learning opportunities that depend on seeing ideas in action, and the person delivering information to families should be supportive and trusted by the learner.

**Concrete Support in Times of Need**

Another Strengthening Families protective factor involves access to concrete support services or networks that address a family’s needs and help minimize stress. While every family has basic needs that make up a healthy and nurturing environment for their children, at times families may need more specialized services. For instance, families may experience a financial crisis that can prevent them from being able to provide basic needs such as food, shelter, or medical care. The most recent National Incidence Study of Child Abuse and Neglect found that family income was significantly related to reported maltreatment rates in nearly every category of maltreatment. Children living in families with annual incomes below $15,000 were over 15 times more likely to have a report of abuse and over 44 times more likely to have a report of neglect than those with annual incomes of $30,000 or more. Researchers conclude that child maltreatment can result from low levels of material resources, and addressing these needs can help families effectively cope with high levels of stress. {{4781 Sedlak, A.J.}} Additionally, research links supports such as child care subsidies to greater child academic success and earnings later in life, increased birth weight, reduced maternal smoking and other health improvements, and reduced incidence of child maltreatment. {{4804 Paxson, C.; 4805 Marr, C.; 4805 Strully, K.W. 2010; 4806 Bhatia, R. 2001; 4807 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation}}

Parents should be
empowered to seek and receive support when needed, to know what services are available and how to access them, to meet basic needs through financial security, and to advocate effectively for themselves and for their children to receive necessary assistance.

**Social and Emotional Competence of Children**

Finally, the Strengthening Families protective factor framework emphasizes the social and emotional competence of children. Social and emotional competence consists of age-appropriate self-regulation, the ability to form and maintain relationships with others, positive interactions with others, and effective communication. {{4739 Development Services Group, Inc.; 4771 Center for the Study of Social Policy}} Social and emotional competence is fostered through family and child interactions that help children develop clear communication skills, recognize and regulate their emotions, and establish and maintain relationships. Parents should use warm and consistent responses with their children in order to foster a strong and secure attachment. {{4780 Embry, D. 2008}} Other strategies include encouraging and reinforcing social skills, as well as setting limits for the child in daily activities.{{4780 Embry, D. 2008}}

Service providers and others who work with children and families can facilitate social and emotional competence through noticing children’s development and then acting to engage their families. For example, providers can model nurturing care to children and parents, help children to develop a positive cultural identity by encouraging interactions within a diverse community, respond proactively to social, emotional, or developmental needs by providing extra support, and including developmentally appropriate activities in programming.{{4736 Center for the Study of Social Policy}}

**MULTI-SECTOR INTEGRATION**

Strengthening Families and the CDC’s Essentials for Childhood framework both encompass multiple sectors. The Strengthening Families framework is being broadly used in states to reframe and engage partners who previously may not have viewed themselves as having a role to play in the prevention of child maltreatment. These partners include early care and education, home visiting, and child welfare.

**Early Care and Education**

Strengthening Families is being used in states across the country to reshape how early care and education programs engage parents in their children’s development and to help providers build strong relationships between family members and staff. Research links the prevention of child maltreatment with quality early care and education {{4834 Klein, S. 2011; 4772 Reynolds, A.J. 2003}}, especially programs that integrate parental involvement, in part because early care and education provides a systematic way to regularly engage the majority of families with young children. Targeting parents through their child’s early care program engages them in a non-stigmatizing environment that the family has entered by choice, and that a family typically turns to for information and guidance about their child. {{4771 Center for the Study of Social Policy {{4772 Reynolds, A.J. 2003}}} }}

Twenty-four states provide training and technical assistance to programs through child care resource and referral agencies. Twenty states have already or are considering integrating
Strengthening Families into their child care Quality Rating Improvement Systems (QRIS) designs. The following examples of language from state QRIS standards that integrate Strengthening Families may be helpful in the revision of North Carolina’s current QRIS standards, which is further discussed in chapter 7:

- **Georgia:** The program can be awarded 1 to 3 points if 50% to 100% of staff has completed the Strengthening Families online training. The program can be awarded 1 to 3 points if it has conducted the Strengthening Families self-assessment within the past year and has developed a written improvement plan to address 1 to 4 of the strategy areas.
- **Idaho:** A Child Care Center program can be awarded 1 to 5 points if the director, 75% of lead teachers, and 50% of assistant teachers have received 3–15 hours of training in Protective Factors, completed the Strengthening Families Self-Assessment Summary, and completed the Action Plan. Family Child Care: Owner has taken 3-15 hours training in Protective Factors, completed the Strengthening Families Self-Assessment Summary, and completed the Action Plan.
- **Arkansas:** At Level 2, a center administrator reviews the Strengthening Families website, webinar, or receives training in the Strengthening Families Initiative. At Level 3, Administrator completes Strengthening Families online self-assessment for 3 or more strategies, and facility develops a Strengthening Families action plan and implements at least 1 action step. At Level 2 in family child care, the primary caregiver reviews the Strengthening Families website, webinar or receives training in the Strengthening Families Initiative. At Level 3, the primary caregiver completes Strengthening Families online self-assessment for 3 or more strategies and implements at least 1 action step.

The Task Force recommendations around early care and education and specifically how the development and implementation of North Carolina’s QRIS can better reflect the research around protective factors and developmental science is discussed in chapter 7.

**Home Visiting**
In at least 12 states, Strengthening Families is being used for coordinating different home visiting program models and shared outcomes frameworks. In 13 states, Strengthening Families is formally included in plans for implementation of the federal Maternal, Infant and Early Childhood Home Visiting program. Several home visiting programs have been shown to positively influence parent practices, the quality of the child’s home environment, and children’s development. Some home visiting programs have been shown to reduce the rates of child emergency medical care episodes by as much as 59%. Chapter 6 discusses recommendations for such strategies in greater detail.

**Child Welfare**
A growing number of states are also building the Strengthening Families protective factors into their child welfare systems. Twenty-three states have reported using strategies such as incorporating the protective factors into training for child welfare workers or their child welfare practice model, using the factors to revise assessment tools and other materials, strengthening
partnerships between child welfare and early care and education programs, and using the
framework to set programmatic and performance expectations. Title IV-E waivers are being used
in five states to test different ways of implementing Strengthening Families within child welfare
systems.{{4738 Center for the Study of Social Policy}}

CONCLUSION
Protective factors are defined as characteristics strongly associated with improved health and
family outcomes. {{4771 Center for the Study of Social Policy}} The Task Force on Essentials
for Childhood examined child maltreatment prevention using two key protective factor
frameworks for children and youth: The Centers for Disease Control’s (CDC) Essentials for
Childhood framework, as well as the Center for the Study of Social Policy’s Strengthening
Families framework. Supported by the extensive evidence-base, protective factors highlighted in
both frameworks include social connections, concrete supports in times of need, knowledge of
parenting and child development, and the social-emotional competence of children and parents.
The Task Force used these frameworks and implementation examples from other states to inform
the development of recommendations to ensure safe, stable, and nurturing relationships and
environments and to prevent child maltreatment.