Essentials for Childhood

Creating Safe, Stable, Nurturing Relationships and Environments for All Children

National Center for Injury Prevention and Control
Division of Violence Prevention

essentials for childhood

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INTRODUCTION

Safe, stable, nurturing relationships and environments are essential to prevent early adversity, including child abuse and neglect, and to assure that all children reach their full potential.

Promoting safe, stable, nurturing relationships and environments and preventing child abuse and neglect benefits from comprehensive efforts and action by many sectors. The framework is designed to allow for comprehensive child abuse and neglect prevention activities with involvement from multiple sectors.

Child Abuse and Neglect Are Significant Public Health Problems

Child abuse and neglect (CAN) are significant public health problems in the United States (U.S.) and around the world.[1,2] CAN refers to behavior that results in harm, potential for harm, or threat of harm directed toward a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types[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.

While it is not easy to determine the magnitude of CAN in the U.S., it is substantial. According to the latest Child Maltreatment Report, made available in January 2019, the estimated referrals to CPS for investigation response or alternative response was 4,136,000 in fiscal year 2017. The official cases tell only part of the story, as many, if not most, are never reported to social service agencies or law enforcement[4]. Additional survey results provide an even more troublesome picture of this problem. A non-CPS study estimated that one in four children in the U.S. experience some form of child abuse or neglect during their childhood; 74.9% neglect, 18% physical abuse, and 8.6% sexual abuse[5].

This document describes a framework to guide communities' ("community" refers to any group with shared interests such as neighborhoods, counties, states, and professional groups) activities that will support the types of relationships and environments that help children grow up to be healthy and productive members of their communities so that they, in turn, can build stronger and safer families and communities for their children.

Children may also experience other adversities during childhood, such as violence perpetrated by a peer, witnessing violence in the home or community, or living with someone who is mentally ill or addicted to drugs. Adversities experienced during childhood are often referred to as Adverse Childhood Experiences (ACEs). Children who experience CAN, and other ACEs in childhood may experience physical injuries such as cuts, bruises, burns, and broken bones, in addition to other immediate and long-term consequences. CAN and other ACEs may cause high levels of chronic stress (i.e., toxic stress) that rewires the brain's developing architecture (i.e., connections between cognitive, emotional, and social development). As a result, children who experience CAN and other ACEs are more likely to

engage in risky behaviors in adolescence and have health problems as adults. These problems include alcohol abuse, depression, drug abuse (including opioids), eating disorders, obesity, sexually transmitted diseases, smoking, suicide, violence towards others, and many chronic diseases.[6,7] Surveys of adults show about 62% report experiencing at least one ACE with one in four experiencing three or more.[8] Surveys of caregivers show 22% of children have experienced two or more ACEs.[9]

Safe, Stable, Nurturing Relationships and Environments Are Important for Preventing Child Abuse and Neglect and other Adverse Experiences

Young children experience their world through their relationships with parents and other caregivers. Safe, stable, nurturing relationships and environments for children and their caregivers provide a buffer against the effects of potential stressors such as CAN and other ACEs and are fundamental to developing healthy brain architecture. 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 safe, stable, nurturing relationships and environments can have a positive impact on a broad range of health problems and on the development of skills that help children reach their full potential.

Safety, stability, and nurturing are three critical qualities of relationships and environments 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 children's physical, emotional, and developmental needs are sensitively and consistently met.

Safe, stable, nurturing relationships and environments may help to:

- Reduce the occurrence of CAN and other ACEs
- Reduce the negative effects of CAN and other ACEs
- Improve physical, cognitive, and emotional outcomes throughout a child's life
- Reduce health inequities
- Have a cumulative impact on health

For more information on the importance of safe, stable, nurturing relationships and environments see: https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html

WHAT TO EXPECT

This document describes a framework to guide community activities that will support safe, stable, nurturing relationships and environments for children and their families. It is intended for anyone committed to the positive development of children and families, and specifically to the prevention of all forms of CAN and other ACEs. It is organized into four sections. Each section focuses on one goal of the framework and lays out suggested actions to help you move toward that goal. While each goal is important, the four goals together are more likely to build a comprehensive foundation of safe, stable, nurturing relationships and environments for children and families. The four sections include:

GOAL 1: Raise awareness and commitment to promote safe, stable, nurturing relationships and environments for all children

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 framework is designed to outline critical goals for promoting safe, stable, nurturing relationships and environments and preventing CAN and other ACEs. However, exactly how, when, and in what order you focus on each goal (and associated steps for reaching the goal) will depend on what is already happening in your community. Therefore, as your community takes on the goals outlined in the framework, 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 Approaches

The information included as part of this framework is based on the best available evidence. The strategies and approaches for Goals 3 and 4, for example, are summarized in the box on the next page and in CDC's Technical Package (https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf). As noted in the technical package, while there is a rich scientific literature on the use of parenting programs to prevent or reduce CAN, data on policies that may prevent or reduce CAN are more limited.

The evidence base for promoting safe, stable, nurturing relationships and environments and preventing CAN 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: https://vetoviolence.cdc.gov/understanding-evidence.

CDC has also proposed strategies for preventing other adverse childhood experiences such as witnessing or experiencing violence outside the home or witnessing intimate partner violence (see https://www.cdc.gov/violenceprevention/pub/technical-packages.html).

Preventing Child Abuse and Neglect	
Strategy	**Approach**
Strengthen economic supports to families	• Strengthening household financial security • Family-friendly work policies
Change social norms to support parents and positive parenting	• Public engagement and education campaigns • Legislative approaches to reduce corporal punishment
Provide quality care and education early in life	• Preschool enrichment with family engagement • Improved quality of child care through licensing and accreditation
Enhance parenting skills to promote healthy child development	• Early childhood home visitation • Parenting skill and family relationship approaches
Intervene to lessen harms and prevent future risk	• Enhanced primary care • Behavioral parent training programs • Treatment to lessen harms of abuse and neglect exposure • Treatment to prevent problem behavior and later involvement in violence

GOAL 1

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

Providing safe, stable, nurturing relationships and environments for all children will require that you partner with others to change beliefs, attitudes, behaviors, norms, programs, systems, 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 CAN and other ACEs and promote safe, stable, nurturing relationships and environments where you live 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, nurturing relationships and environments for children. This commitment does not stop at awareness but moves along a continuum from awareness of the problem to commitment to the solutions. Observing an impact on safe, stable, nurturing relationships and environments and prevention of CAN and other ACEs 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.[10] This means it is critical to build commitment as a foundation for any meaningful public health initiative, including safe, stable, nurturing relationships and environments for all children. You can expect sustained commitment to take time, resources, and persistence.[11] Sustained commitment also requires the continuous use and sharing of new information for 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) **Partnering with others to build commitment**
2) **Developing a shared agenda**
3) **Consistent and strategic messaging**

Step #1

Partner with others to build commitment

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

Partnerships can help unite those committed to children and community health behind a shared vision so you can work together and collectively make impacts. The challenge is complex. One organization cannot 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.

Partners participating in existing efforts of implementing the Essentials for Childhood Framework include early learning, child care, social services, education, housing, Medicaid, community-based organizations, and the business sector. **The media can be an important partner but is often overlooked.** 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 while using a "landscape" lens (i.e., widening the lens to include the historical, cultural, social, economic, and/or political context), and providing accurate information about the problem and prevention solutions in ways that increase shared commitment (see Step #3).

Step #2

Develop a shared agenda (vision, goals, and metrics)

A shared agenda involves having a shared understanding of the problem and articulating a shared vision, goals, and metrics. When a group of diverse partners agrees on a shared vision for a better future, they can operate under the same assumptions, align their efforts, and work collectively toward common goals. Vision statements reflect local principles. They can describe what the community will be or will gain by aspiring to foster a safe, stable, and nurturing context for growing up, and they can clarify the desired outcomes of the effort as a whole.

Creating a vision could be the beginning of this planning process and occur before you come up with goals and action steps. You might consider adopting the vision of "assuring safe, stable, nurturing relationships and environments for all children."

The process of developing a shared agenda is as important as the product. A good process includes those who care about the issue, deepens relationships, and facilitates exploring and learning together with honest dialogue to achieve a shared understanding of the problem, a shared vision of what you want to achieve, and a few high level goals for what people consider strategic priorities.[11] A process designed to promote buy-in and commitment engages diverse partners in developing and committing to a solution. Though the process can take time and resources, such an investment can be worthwhile. The steps and tenor of the process can build trusting relationships and cultivate broad support for the agenda as it takes shape, which can facilitate more widespread action later.

Step #3

Consistent and strategic messaging

Others will be more likely to join you in working toward safe, stable, nurturing relationships and environments for all children if you are able to communicate why they are important. Unfortunately, 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. However, many people don't know how it can be prevented or what they can do to solve the problem. In part, this may be due to the highly ingrained values of individualism and personal responsibility[12], but it also has to do with the way child abuse and neglect issues are explained to the public. Stories about crime, bad parents, and government failures reinforce the dominant narrative and beliefs that the public currently brings to the issue, from misunderstandings about child development and discipline to exaggerated beliefs of government inefficiency[12]. The ways in which we, as a society, currently frame the issue may not allow people to understand community and societal solutions or primary prevention.

Experts and advocates can improve understanding by ensuring their messages do not inadvertently reinforce narrow views about the causes of and solutions to child abuse and neglect. For example, messages that focus on keeping children safe often inadvertently suggest that parents are solely responsible for protecting (or failing to protect) children. These messages also often position the community as something to fear or protect children from. While parent education (i.e., teaching positive parenting skills) is important in our efforts to prevent abuse and neglect, we also need to work to create the conditions in our communities that are supportive of children and parents so that positive parenting is easier. Here are some key points suggested by a leading strategic communications consultant for messaging to help increase understanding of effective community and societal prevention strategies[*]:

Experts and advocates are encouraged to work with a narrative template that answers the following questions, in this order:

Why does this matter to all of us?

What's the problem or challenge?

How can it be solved? and

Who can play a role in helping solve it?

When you start with an explanation of **Why**, you give your audience a wider lens on the issue and a stake in its resolution.

This template also requires communicators to connect the dots between the problem (the **What**) and the solution (the **How**).

It ends by having an "ask" relevant to your audience that explains how they can be part of the solution (**Who**).

*See the evidence in CDC's Technical Package

https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

Example of Effective Messaging

Why this matters: Assuring safe, stable, nurturing relationships and environments for all children is essential for our state's future health and prosperity.

Problem: We now know that early experiences literally build the architecture of the brain, and that safe, stable, nurturing relationships and environments are key to building a solid foundation for future growth. We also know that not all children have access to the kinds of experiences that will most benefit their development. Some children experience adversity that is so severe and persistent that it produces toxic levels of stress that harm the brain's developing architecture.

Solution: By investing in and supporting [family-friendly business practices like livable wages, and paid family and sick leave]/ [high quality child care]/ [high quality early education]/ [home visitation programs] we can prevent or alleviate the conditions known to produce toxic stress.

Ask: Visit our website to find out more or share this information with your family and friends.

Goal 1 Summary

Individuals and communities must be committed to the vision of safe, stable, nurturing relationships and environments 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 CAN or other ACEs in your community. Observing an impact on CAN is more likely if you combine commitment with comprehensive data, effective programmatic strategies, and policy approaches.

For more information on potential partners, building a shared agenda, and raising awareness see: https://www.cdc.gov/violenceprevention/pdf/efc-building-community-commitment.pdf.

See the evidence in CDC's Technical Package: https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf.

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, how to determine whether your process is working, and how to monitor the ultimate impact of any interventions (such as a new program or policy).

To start, it may be helpful to do an environmental scan to know who is doing what related to safe, stable, nurturing relationships and environments for children and whether the groups/organizations are collecting any data. This will help in the identification of potential partners who may be doing this work or be interested in partnering with you. It is also important to learn what you can about 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 efforts (e.g., building community and social commitment, understanding parenting norms, 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 CAN and other ACEs, 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) Use partnerships to help identify, 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 goals and steps

Step #1

Use partnerships to help identify, gather and synthesize relevant data

Data can be a powerful tool to highlight the realities of life for children and families in your community and for demonstrating success as you work together to make positive changes. However, any one organization or any one data source alone 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 are typically familiar with the convener role. It is critical to reach out to a variety of partners. This could include several agencies or offices within state or local public health or social services departments, such as Maternal and Child Health, Injury Prevention, Mental Health, Early Childhood Education, and Children and Families/Social Services. You may also find it useful to work with other groups in your community, including schools and health care systems, child care and early learning agencies, housing, education, transportation, employment agencies, 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 CAN and in supporting safe, stable, nurturing relationships and environments for children in your community is to find the best available information that describes the problem and its causes. Consider the following:

Vital statistics

- ***Birth and death records (look especially for births to teen mothers and child homicide and unintentional injury 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 so, are they being referred to evidence-based services, and what percentage 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 care 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 (Are services evidence-based? Do services reach all who need them?)*
- *Length of wait list for child care programs such as center-based Early Head Start*
- *Length of wait list for child care subsidies*
- *Number and location of families receiving Temporary Assistance for Needy Families (TANF); Supplemental Nutrition Assistance Program (SNAP); State Children's Health Insurance Program (SCHIP)/Medicaid*

Educational data

- *Length of wait list for pre-K programs such as Head Start*
- *Sex education programs being used in schools (Are they evidence-based?)*
- *School dropout rates*

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

Census data may 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 households headed by single parents, 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 children and the conditions in which they live. These organizations provide a great deal of information on various indicators (e.g., child well-being, child abuse and neglect). Once you have pulled together information from a variety of sources, you will need to synthesize the findings on the magnitude of CAN and other ACEs and the conditions which contribute to it in your community, including why some children are at greater risk than others. Here's an example of the data California is tracking (https://www.kidsdata.org/topic/95/childhood-adversity-and-resilience/summary#).

To reduce CAN's inequitable burden on children living in low socioeconomic households, it is important to examine the root causes (e.g., the conditions in which parents are trying to raise their children and how these conditions were created and are sustained) of CAN and other ACEs. The World Health Organization's Commission on the Social Determinants of Health's (CSDH) framework[13] has been useful in organizing data to reduce inequities in CAN

(see page 19). In the first box on the right of the CSDH framework, you see the socioeconomic and political context. This includes our societal values which underlie our policy decisions related to education, labor, health care, taxes, the safety net, and other. Policies may create differential opportunities (see second box on the right) for getting a good education which determines what kind of job you can get which determines your income. As a result, some people may end up in a certain socioeconomic position. Your socioeconomic position determines where you can live, what services you have access to, where your children will grow, learn, and play; and can increase exposure to stressors that can increase partner conflict and violence and mental illness (see the first left box on intermediary determinants).[13] Living conditions lead to the inequitable burden of health issues and life opportunities (box with outcomes). This framework also has a crosscutting box. This cross-cutting box represents organized communities changing the narrative to build commitment to support families and reduce inequities by class and race. The CSDH has summarized the theoretical and empirical support for this framework.[13]

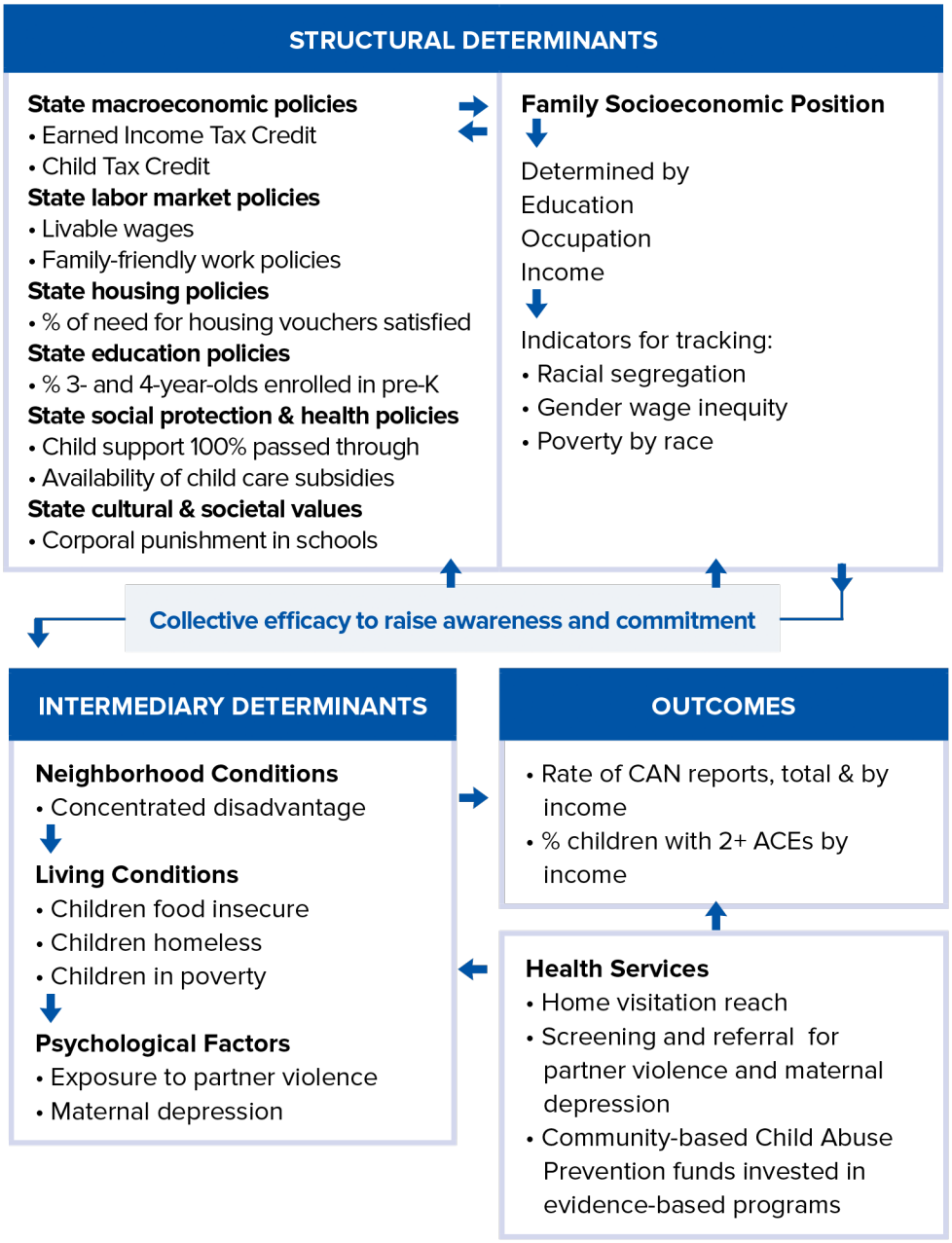
Your partners can help gather data on what is already being done to address the problem. This information will help you make informed decisions about which evidence-based strategies most closely address the needs in your community. You will also have an understanding of what gaps exist, what efforts need to align, and where work still needs to be done in order to measure, monitor, and assure safe, stable, nurturing relationships and environments.

Step #3

Identify and fill critical data gaps

Where gaps in information are identified, your partnerships can help garner support for new data collection efforts. This may include developing a new survey or adding questions to existing surveys. CDC's Uniform Definitions for Child Maltreatment)—available at https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html —can help you create new or edit existing data collection instruments and ensure they are as consistent and comparable as possible. Data gaps also may become a programmatic or policy initiative. For example, you may want to approach a decision-maker or program implementer to get new data generated. Opt-in internet panels are a relatively inexpensive way to generate reliable data.[14] Other data such as Child Fatality Review records can provide valuable insights for protecting children.

Indicators For Reducing Inequities In Child Abuse And Neglect And Other ACEs



Note. The crosscutting box (identified in light blue box above) represents efforts focused on changing the narrative (see Goal 1 on Raising Awareness and Commitment) and building commitment for policies (see first box on the left) that will reduce inequities by race, gender, and income (second box on the left). Reducing inequities in socioeconomic position will lead to improved living conditions (or safe, stable, nurturing environments) for families (third box) that will reduce the likelihood of children's exposure to partner violence and maternal depression (third box). These improved conditions are expected to increase safe, stable, nurturing relationships and reduce child abuse and neglect, especially its inequitable distribution by social class and race/ethnicity.
Data sources for each indicator included in the framework are available in: Essentials for Childhood: Indicators of Impact (available upon request at https://cdcpartners.sharepoint.com/sites/NCIPC/DVP/PPTB)

Kansas Essentials for Childhood (called The Power of the Positive; www.kansaspowerofthepositive.org) received private funding to add the ACEs module to the Kansas BRFSS in 2014 and again in 2015. These data were shared with Kansas state legislators to inform them about ACEs across the state. In 2017 and 2018, Kansas directed Temporary Assistance to Needy Families funding to evidence-based home visitation programs ($3 million) and pre-K programs ($4.2 million) and supported additional pre-K programs ($4.2 million) with tobacco settlement dollars.

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, partnering with others). You may want to highlight the economic returns on investing in children. 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 articulate 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 conditions need to be improved so all children can thrive? What programs and policies would best address the most prevalent risk factors and improve conditions for families?

Goal 2 Summary

Understanding the prevalence and impact of CAN and other ACEs in your community, the behaviors and conditions that increase their likelihood, and the policies that create and recreate these conditions provides critical information to inform and support the other 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, nurturing relationships and environments and, conversely, the negative outcomes attributed to CAN and other ACEs.

Here are three steps you might consider to support parents and caregivers in providing safe, stable, nurturing relationships and environments:

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 safe, stable, nurturing relationships and environments is a shared responsibility. Everyone in your community—both parents and those without children—can champion or contribute to efforts to change policies in support of families, increase access to high quality child care and education, 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 to available resources and other neighborhood adults to help with household tasks and to help in watching out for each other's children in the neighborhood.

This step also ties into raising awareness and enlisting partners when building commitment (see Goal 1). This can be accomplished by explaining why this matters and what we can do collectively to 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. See supplement on building commitment: https://www.cdc.gov/violenceprevention/pdf/efc-building-community-commitment.pdf.

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 they should be able to care for the child on their own or because the need to learn 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 learn is different from those practiced by other family or community members. You can identify local parents to serve as mentors to promote positive parenting and 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.

More information on changing norms is available here: https://www.cdc.gov/violenceprevention/pdf/efc-promoting-positive-community-norms.pdf.pdf and here: https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf.

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 safe, stable, nurturing relationships and environments. 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 and treat child behavior problems, and prevent CAN.

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 pages 25-27 of https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf for effective parenting approaches). Choosing strategies that have been tested in rigorous research trials and are 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 safe, stable, nurturing relationships and environments. Your community must be willing and able to implement programs that promote safe, stable, nurturing relationships and environments for children. Some essential factors you may need to consider include community support, parent leader support, funding (including redirecting funds from strategies that are not evidence-based), community infrastructure, and staff 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 locations, 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), 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 CAN include but are not limited to:

Nurse-Family Partnership (NFP)

http://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. For other evidence-based home visiting programs see:
http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2015.pdf

Early Head Start

https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs

Early Head Start is a child development and parenting education program 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 three years of age and offers family advocacy, resources, and referrals to other community services.

Adults and Children Together Against Violence: Parents Raising Safe Kids (ACT Raising Safe Kids)

http://www.apa.org/act/

The ACT Raising Safe Kids program is a parent training program that discusses knowledge and beliefs around child development and the importance of healthy parent-child relationships for children. Parents also learn positive parenting skills that create safe, stable, healthy and nurturing environments and relationships that prevent children's exposure to abuse and adversities.

Primary Care Services (Safe Environment for Every Kid; SEEK)

https://www.seekwellbeing.org/

Using a self-administered questionnaire, parents of young children are screened for parental depression, substance abuse, financial and parenting stress, use of harsh punishment, and partner violence, all of which are factors that increase risk for CAN. Primary care providers are trained to discuss positive screens with the parents, along with potential strategies for addressing them. A social worker

follows-up with additional strategies to address the problems and/or provide referrals to community resources. Parents also receive handouts that include information on problems addressed with the social worker, as well as local resources for any issues that might arise.

Multi-component Programs (Child-Parent Centers)

http://cps.edu/Schools/EarlyChildhood/Pages/Childparentcenter.aspx

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.

Parent-Child Interaction Therapy (PCIT)

http://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 physical abuse and neglect outcomes, this program has shown improvements in parenting behavior and child behavior problems.

Some programs do not have evidence of changing CAN outcomes but do demonstrate improvements in parenting behavior and child behavior problems and other violence outcomes. For example:

Incredible Years

http://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 zero 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.

For additional information on characteristics of effective parenting programs, see page 26. For additional information on determining the types of programs that will work best for the caregivers in your community, see page 27.

Goal 3 Summary

It is important to remember that parenting does not occur in a vacuum. Creating a community context that supports effective parenting is critical to ensuring children experience safe, stable, nurturing relationships and environments. In general, parents benefit from feeling consistent support from their work, family, friends, and the broader community.

Characteristics of Effective Programs to Provide Safe, Stable, Nurturing Relationships and Environments for Children

A number of programs have been shown, through rigorous studies, to be effective in decreasing CAN. Some programs have shown promise of achieving desired results for CAN but need more rigorous evaluation. Other programs, although not evaluated for reducing CAN, 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.[15] This is in contrast with classes that just talk to caregivers about parenting. Having parents practice the skills with their own children during program sessions is particularly effective.
- 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.
- Teach parents the correct use of time out, an effective alternative to physical discipline.

Videos and tip sheets for effective positive parenting strategies are available in English and Spanish at: https://www.cdc.gov/parents/essentials/index.html

Considerations for Implementing Programs to Promote Safe, Stable, Nurturing Relationships and Environments 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.** Children at different developmental stages (e.g., toddlers vs adolescents) 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 may 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

The promotion of safe, stable, nurturing relationships and environments and the prevention of CAN and other ACEs is not a simple process. It includes building commitment, using data to inform actions, and supporting parents and caregivers in the community. The policies in place in communities also may help ensure children in the community lead healthy and safe lives.

Like other activities for supporting safe, stable, nurturing relationships and environments for children, collaboration and partnerships are necessary to help decision-makers have the information they need to make informed decisions on the conditions that support all children and families. Implementing policies that support safe, stable, nurturing relationships and environments for children and caregivers requires effort from organizations in both the public and private sectors, governmental and non-governmental organizations—e.g., from state and local health departments, the media, businesses, schools, and faith-based and community-based 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.[16] 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 safe, stable, nurturing relationships and environments 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 the policies outlined in CDC's technical package, which are based on the best available evidence and have demonstrated effects in reducing CAN (https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf). Some cities and counties have passed ordinances to enact these policies. There are other examples of opportunities to positively impact the lives of children and families. Although the examples that follow have not been rigorously evaluated to establish their potential impact on CAN or safe, stable, nurturing relationships and environments, 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

- Parental stress is an important risk factor for CAN.[17] In addition to strengthening household security and family-friendly work policies (as referenced in CDC's technical package), government agencies might reduce parental stress by helping parents who are already dealing with economic stress or unemployment to overcome complicated rules and application procedures that leave eligible children and families without access to supports such as Medicaid, Children's Health Insurance Programs, food stamps, tax credits, and other types of support for families at risk.[18-20] For example, government agencies could decide to couple income supports with other supports (e.g., child care). There is evidence that income supports together with child care and affordable health insurance can improve parenting behaviors,[22] suggesting these efforts might reduce CAN as well.
- Primary health care organizations can make it their policy to deliver evidence-based programs, such as Safe Environment for Every Kid (see page 24) as their standard of care. More specifically, community health centers or private pediatric practices can screen pregnant women and parents of young children for substance abuse, depression, partner violence, and financial and parenting stress and link parents to appropriate services, as needed, as part of their standard protocol during prenatal and well-baby visits.[23] They can also coordinate with other, more specialized services to provide intensive approaches to address problems with parenting and child behavior.
- One area where there has been dramatic positive change has been in the reduction of child sexual abuse, which has declined by almost 50% over the past two decades. Youth-serving organizations, 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

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.

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 beneficial.[24-25]

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.[26] 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).[27] Some cities, counties, or states have addressed this issue by introducing regulations to reduce interest rates for loans or eliminating payday loans for vulnerable families.[28]

Examples of legislative policies

- Low income is associated with CAN, albeit more strongly with child neglect.[29] Almost one in five children in the U.S. lives in poverty[30] and an additional 22% of the U.S. population is considered "near poor."[31] 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 CAN. Researchers have found a 10% reduction in CAN with every dollar increase in minimum wage.[31] 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.[29] 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 safe, stable, nurturing relationships and environments. Programs such as Early Head Start are able to serve 2.3% of those eligible.[33] Quality of child care is also highly variable, with economically disadvantaged children receiving lower-quality child care than other children.[34] If you find long waiting lists for Early Head Start or Head Start in your data gathering efforts, perhaps your city, county, or state can decide to increase funding for these programs or facilitate access to private child care through their expansion of eligibility standards.
- Unintended pregnancy is a risk factor for child abuse and neglect.[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 CAN and other adverse child outcomes. However, one out of five (20.3%) adults with a mental illness report they are not able to get the treatment they need due to financial and other barriers.[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. Since 2014, mental health and substance use disorder services are part of an essential benefits package, meaning that they are 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 non-completion 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] Legal bans on corporal punishment are associated with decreases in support of and use of physical punishment as a child discipline technique.[41, 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 and policies to promote safe, stable, nurturing relationships and environments are based on reliable data and sound evidence of effectiveness. Decision-makers might be more supportive of evidence-based

programs and policies once they are well-informed of the benefits of having scientific evidence. This might lead decision-makers to:

- Require that strategies selected for funding have evidence of effectiveness or at least have demonstrated promising results;
- Require that funded strategies without a strong evidence base be evaluated to determine whether or not the approach is effective.

For example, Massachusetts Essentials for Childhood created an infographic summarizing the evidence around paid family leave's effects on children, parents, and businesses.

Goal 4 Summary

Informing policies to improve the provision of safe, stable, nurturing relationships and environments requires the efforts of many, including state and local health departments, the media, and community organizations. In addition, it may be helpful to ensure that there is awareness of the societal factors that help children thrive and policies that are supportive of healthy child development; 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 Essentials for Childhood Policy Guide: http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide.

Conclusion

While CAN is a significant public health problem, it is also a preventable one. Essentials for Childhood: Creating Safe, Stable, Nurturing Relationships and Environments is designed to assist you in your prevention efforts, by building commitment, using data to inform action, and creating the context for healthy children and families through norms change, programs, and policies. The goals and action steps suggested as part of this framework, along with your commitment to preventing CAN, can help create neighborhoods, communities, and a nation where every child can thrive.

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