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*In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.*

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## Prevention in Child Welfare: On the Threshold of Change

We are on the cusp of a tremendous shift in the field of child welfare. Thanks to the passage of the Family First Prevention Services Act in February 2018, states will eventually be able to use title IV-E funding to provide mental health and substance abuse prevention programs and in-home parent skill-based programs to families before out-of-home placement occurs.

This has huge implications. As Kristin O'Connor, Section Chief of Child Welfare Policy and Programs for the NC Division of Social Services observes, "County DSS agencies will be in a position to be an anchor for prevention efforts in their communities. Family First gives us an opportunity to redesign CPS In-Home Services and bring evidence-based programs and practices to families in ways we never have before."

Yet it will still be some time before this change occurs. That's because to use title IV-E funding for prevention, states must also implement Family First provisions designed to reduce the use of congregate care. Because these provisions require careful coordination and planning, states have the option to delay implementation for up to two years. In November 2018, North Carolina chose to exercise this option and will work diligently to move to full implementation by September 29, 2021.

At *Practice Notes* we are excited by the prospect of expanded prevention funding and look forward to exploring it in a future issue. In the meantime, this issue focuses on innovative things North Carolina agencies and their partners are already doing in the area of child welfare and child maltreatment prevention. ♦

### The Family First Prevention Services Act: Key Provisions Related to Preventing Out-of-Home Placement

Family First allows use of title IV-E funds for prevention services so "candidates for foster care" can stay with parents or relatives.

#### Who is eligible?

- Candidates for foster care (*a child at serious risk of removal as evidenced by the State either pursuing his/her removal from the home or making reasonable efforts to prevent such removal*)
- Pregnant and parenting youth in foster care
- Birth parents, adoptive parents, relative and non-relative guardians of candidates for foster care
- Children and families are eligible regardless of income (i.e., no income test)

#### Reimbursement will be available for:

- Mental health and substance abuse prevention and treatment services (*services must be provided by a qualified clinician*)

- In-home parent skill-based programs (*must include parenting skills, training, parent education, and individual counseling*)



- Kinship navigator programs

#### Additional requirements for services:

- No more than 12 months (*per candidate episode*)
- Must meet evidence-based requirements issued by USDHHS
- Must be trauma-informed
- Must be provided by a qualified clinician

#### More on the Family First Prevention Services Act:

- [NCDHHS FFPSA Kickoff](#)
- US Children's Bureau: [What's New in Laws and Policies](#)
- [The Family First Prevention Services Act](#) (see pages 169-206)

# Triple P: A Multilevel Prevention Intervention Going Statewide in NC

If you have heard of Triple P (Positive Parenting Program), chances are you think of it as one of the better models of parent education available. While this is correct, there's a lot more to this intervention, which explains why North Carolina is making such an effort to spread Triple P across the state.

## What is Triple P?

Triple P is a flexible, five-tiered approach that supports positive parenting for the entire community. As the graphic below shows, Levels 1-2 of Triple P are universal—they are designed for all parents and include awareness and education as well as brief parenting advice. Levels 3-5 are for families that need specific help with parenting. Interventions at Levels 3-5 range from online courses, to group parenting classes, to individual family support (Triple P international, n.d.).

Triple P focuses on the same parenting approach and skills across all five levels. Its overarching principles are:

- A strength-based, self-regulatory framework
- Parents determine the goals
- Practitioners use examples relevant to the family
- A menu of parenting strategies, and
- Practitioners help the parent make informed choices.

The key parenting skills addressed in Triple P are:

- Ensuring a safe, interesting environment,
- Creating a positive learning environment,
- Using assertive discipline,
- Having realistic expectations, and
- Taking care of yourself as a parent.

In addition, Triple P helps to both prevent and address problem behaviors. Triple P prevents problem behaviors by developing positive relationships, encouraging positive behavior, and teaching new skills and behaviors. Triple P addresses problem behaviors through strategies such as establishing ground rules, directed discussion, planned ignoring, clear and calm instructions, and logical consequences. For more on the Triple P approach, see "My Experiences with Triple P" on page 3.

## How is Triple P delivered?

Triple P uses a community's existing resources to deliver all levels of intervention. This means communities have the flexibility to design an approach that supports their specific needs. The goal is to create a Triple P Community Coalition of diverse stakeholders that will assess and design the types of interventions to be implemented.

Triple P's flexibility is also reflected in the agencies and individuals who implement it. Various agencies within a community may provide one

or more levels of Triple P. Triple P practitioners, each of whom must receive intensive training and demonstrate fidelity to the model, can also be based in different agencies within the community.

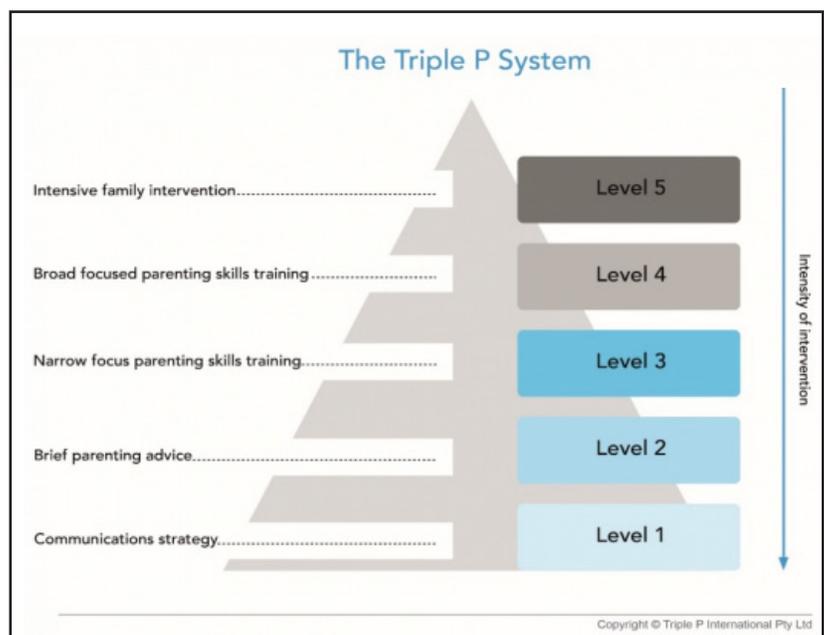
## What does the evidence say?

There is strong evidence of the effectiveness of Triple P, both for individuals and communities. A meta analysis of over 100 studies showed benefits to parents and children regardless of the level or type of Triple P intervention. Children showed improvement in social, emotional, and behavioral outcomes and parents showed improvement in parenting practices, parental relationships, and parental confidence (Sanders, et al., 2014). Recent data from North Carolina supports these findings. For example, a preliminary evaluation of online Triple P classes showed an increase in parent confidence to manage the top ten most concerning child behaviors, such as disobedience, tantrums, and aggression (K. O'Connor, personal communication, December 27, 2018).

Triple P has the biggest impact when it is a community-wide, multilevel intervention. Implemented in this way, Triple P has been shown to lead to improved outcomes across agencies. For example, South Carolina counties that implemented Triple P community-wide saw greater reductions in child maltreatment, out-of-home placement, and child maltreatment injuries than counties that did not (Prinz, 2017). This and other evidence shows that when implemented well, Triple P has the ability to impact outcomes throughout the community at multiple levels.

## What is North Carolina doing with Triple P?

North Carolina is in the midst of one of the *continued next page*



largest Triple P scaling up projects in the country. This work is being supported by the NC Division of Social Services, NC Division of Public Health, Triple P America, Prevent Child Abuse NC, the Impact Center at Frank Porter Graham, and The Duke Endowment. North Carolina's goal is to develop a statewide infrastructure to support the ongoing delivery of Triple P in every county in the state (O'Connor, 2018).

For the purposes of Triple P implementation, North Carolina has been divided into 10 service areas. Each area has a lead implementation agency (LIA) with funding for three full-time positions to support Triple P implementation. Included in the 10 service areas are Wake and Cabarrus, which have a stand-alone, county-level LIA supported with additional funding. For a map of the service areas, click [here](#). For a list of LIAs in service area, click [here](#).

The role of each region's LIA is to support the development of a Triple P Community Coalition that will build local capacity to support agencies to effectively deliver Triple P with fidelity across all levels of intervention. We know from implementation science that without fidelity, interventions not only fail to produce the desired positive outcomes but can actually cause harm. So it is crucial that communities, agencies, and practitioners get the support they need to deliver faithful, sustainable interventions. Part of North Carolina's scaling up efforts includes the Impact Center at Frank Porter Graham's Implementation Capacity for Triple P (ICTP). This website (<https://ictp.fpg.unc.edu/>) provides tools, evidence, and a simulation lab to support communities in the implementation process. Evidence from pilot counties shows that these supports make a difference in both community and agency capacity to deliver Triple P effectively (Aldridge, et al., 2016).

### What is next?

A January 3, 2019 letter from the NC Division of Social Services described the current status of Triple P in North Carolina and specifically addressed what child welfare agencies should be focusing on for the near future. Child welfare leaders are encouraged to reach out to the LIA in their region and participate in local Triple P coalitions. In addition, child welfare staff are asked to consider Triple P online (TPOL) as a possible intervention for families they are working with. This is a free, self-directed, online, Level 4 course for parents of children ages 2 to 12 (see box for website.)

Also, county child welfare agencies received a survey to assess how Triple P is being used and to determine whether additional are needed supports for implementing Triple P in child welfare agencies across the state.

This is an exciting time in North Carolina to focus on prevention through the Triple P Parenting System and to create a lasting impact on communities, families, and children. ♦

## My Experiences with Triple P

by Krista Kindley-Martin, MSW

Twenty years of my career has been as a child welfare professional in a variety of roles. Eight years of my life has been as a parent—and I have voluntarily completed three different parenting skills courses. The child welfare field secretly challenges me as an individual to ask if I desire to repeat the parenting patterns that shaped me as a child. My answer continues to be “no”!



I am attracted to Triple P (Positive Parenting Program) because I desire to evolve my skills as a positive parent. I participated in the free online version because a parenting group is not available in my community. I was drawn to the connectivity of a parenting group where I could exchange ideas and share encouragement.

Triple P online is a great, effective alternative to an organized, in-person group. The modules are covered through videos, with minimal reading. Within each module, Triple P intentionally guides the caregiver to:

- Set goals,
- Identify specific parenting challenges or strategies they want to learn,
- Become aware of their current parenting behaviors, and
- Learn basic child development norms.

Each module provides simple, printable tools to aid the caregiver in transferring the individualized content into home application.

Triple P online is highly interactive and gives homework assignments for practice. The Triple P process makes it easier to change my behavior, which creates the opportunity to become proactive in modifying and managing my child's behavior. The resources in Triple P are an opportunity for child welfare agencies to customize the materials in a group or one-on-one setting with families. Triple P is proven to be effective with children with special abilities. These short modules could be incorporated into home visits or possibly integrated within clinical practice. Triple P provides helpful strategies for me and my evolving child. I'm convinced they could be beneficial for other caregivers as well!



TRIPLE P ONLINE IS  
FREE IN NORTH CAROLINA

THE ONLINE  
PARENTING PROGRAM  
THAT REALLY DOES  
WORK!

[https://www.triplep-parenting.com/  
nc-en/find-help/triple-p-online/](https://www.triplep-parenting.com/nc-en/find-help/triple-p-online/)



## Introducing North Carolina's Family Leadership Model

When people think of **prevention** within the child welfare community, they tend to think of our work with families **prior** to issues arising or when children are at risk for foster care. In fact, prevention applies to **all** aspects of the child welfare system, including CPS assessment, CPS in-home services, permanency planning services, guardianship, adoption, post adoption, and 18 to 21 services.

At the core of prevention services and good social work practice is "meeting families where they are." This is a key component of being family-centered. North Carolina has long embraced family-centered programming. Workers build stronger families through family-driven and youth-guided Child and Family Team meetings (CFTs), embrace families as experts in their own lives, and help families develop family-driven case plans. However, rarely have CPS-involved families been "at the table" when developing policies and programs. Policies have historically been created after consulting the best knowledge available from national experts, research, and child welfare workers' knowledge and experiences. Only sporadically have recipients of services been asked to contribute to policy discussions. But North Carolina is changing that paradigm. To achieve the desired outcomes in child welfare, staff **must** hear directly from individuals receiving or impacted by those services.

To that end, the North Carolina Division of Social Services (DSS) has developed a state-level Child Welfare Family Advisory Council (CWFAC). This 12-member body is comprised of 6 parents who have received child protective services, 1 foster parent, 1 adoptive parent, 2 kinship caregivers, and 2 youth who were served by the North Carolina foster care program. Through the CWFAC, DSS is able to hear from all individuals impacted by child welfare services.

The CWFAC Family Partners meet with DSS every month to offer insight and guidance on policy and programs. Since its inception in April 2018, the CWFAC has reviewed, revised, or provided input on:

- NC FAST forms
- Family Services Agreement
- Handbook (*given to parents when their child is removed*)
- Monthly visitation documentation
- Modified Child Welfare Policy Manual
- NC's Early Childhood Action Plan
- NC's Adoption Website
- Guardian Assistance Program marketing materials
- Annual Progress and Services Report (APSR)
- Intensive Family Preservation Services (IFPS)
- Community Response Program

### What has North Carolina learned from engaging Family Partners in system-level work?

The perspective of the Family Partner is invaluable because it causes a shift in thinking. It fosters a deeper appreciation for the words we use, creates a safe space where power differentials are suspended, and allows people to see each other as caring human beings. It creates better policies and more realistic programs. Having Family Partners engaged in system-level work reminds everyone that, at the end of every policy or program, there is a family trying to do its best for children (just as there is a child welfare worker trying to do the best to help families). DSS quickly realized working with families in this way is shifting the agency culture. All these factors will lead to better outcomes for children and families.

CWFAC members are also participating in state-level committees to help lend the parent voice to various issues, including the Driver's License Pilot Committee, the Community Child Protection Team (CCPT) Advisory

**A Family Partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services and who has firsthand experience with the child welfare system. Therefore, when we refer to Family Partners, we are speaking of both youth and adults.**

Board, the FosteringNC.org Oversight Committee, and the Health Oversight and Coordination Plan Revision Committee. Members have also helped the statewide parent association (Foster Family Alliance NC) conduct focus groups across the state.

DSS recognized the child welfare system could be strengthened by including the family perspective at the county level in addition to the state level. To better understand how this might be implemented, three counties (Durham, Forsyth, and Richmond) agreed to pilot Family Engagement Committees (FEC). A FEC is a group of individuals at the county level who meet to discuss, implement, and support strategies to improve family engagement and permanency for children. Each FEC is comprised of parents who have been involved in the child welfare system, as well as other families and community stakeholders committed to improving services for children, youth, and families. FECs help ensure ongoing consultation from families so the county can respond to feedback and strengthen programming as needed. Members of the CWFAC have been able to provide technical assistance to three county departments of social services.

The work of the CWFAC and FECs is part of a Family Leadership Model developed by a dedicated team of stakeholders in North Carolina. This group, which began in continued next page

## NC's Family Leadership

continued from previous page

2016, included parents, youth, members of the prevention and public health community, university partners, state and county staff, and consultants from the Capacity Building Center for States (a Technical Assistance agency funded by the Children's Bureau). Together, the group created a tiered system of family leadership opportunities based on the principle that family involvement evolves over time.

The tiered model builds upon quality family engagement by child welfare workers at the case level. Families begin their journey to system-level work through participation in activities such as parenting classes, focus groups, and training events (Tier 1). Then, families may become involved in speaking engagements and provide direct feedback on specific topics (Tier 2) before moving up to state-level policy and program work (Tier 3). Each tier builds leadership skills through engagement opportunities and helps ensure the child welfare system has ongoing consultation with consumers about the goals of child welfare (a CFSR Systemic Factor).

### **What are the benefits to social workers, supervisors, and agencies?**

When policies and programs reflect the realities of the families we serve, better tools can be developed for workers to meet families where they are. This is a win for everyone, including the agency. Preliminary studies have shown social worker job satisfaction and retention are linked to quality family engagement! So, if agencies can prioritize quality family engagement and collaboration, they may experience less staff turnover. Also, when agencies prioritize involving families at the system level, families will more readily see DSS as a supportive partner.

### **What are the benefits to the Family Partners involved?**

"I never felt successful until I was able to help other families," said a birth mother whose parental rights were

**When we talk about collaboration, we mean the process of agencies and families joining together for the purpose of interdependent problem solving that focuses on improving services to children and families.**

terminated. This is a common sentiment among Family Partners. Giving back and contributing to improving the system is what drives them every day. Seeing how their experiences help inform system change is often extremely rewarding. One Family Partner said, "Everybody listened, truly listened to what we had to say and used the information. Even if they didn't use it all, they used a lot of it. I was welcome to come and share my thoughts. I thought DSS made everyone feel that way." Family Partners are "wowed" when they see their feedback being used. "Being able to look back...and knowing that our personal voices and experiences made a difference" is one of the most rewarding aspects of this work. CWFAC Family Partners have said they feel encouraged and excited for the work ahead.

### **How will we know if we are making a difference?**

DSS has engaged the Center for Family and Community Engagement (CFFACE) at North Carolina State University to conduct a multi-layer evaluation of the North Carolina Child Welfare Family Leadership Model. CFFACE is collecting data on family-centered practice, family leadership development, and agency capacity to integrate family leaders as a part of their agency. Additionally, a minimal cost evaluation will be completed. Family-centered practice and collaboration are measured by collecting data on the family's perspective of the services received and staff/family perspectives of meetings and events. Family leadership is measured

by Family Partners assessing their leadership development via a self-assessment.

### **What is next for state and county programming?**

DSS is learning from Durham, Forsyth, and Richmond counties and is determining how best to include family leadership efforts in the North Carolina 2020-2024 Child and Family Services Plan (CFSP).

In the meantime, county staff can begin soliciting family input today. For example, ask one or more families:

- To give feedback on the layout and the words used on a new flyer.
- What would have made their initial interaction with the agency better?
- What are some of the things the worker did that helped them the most?
- What would have made their visits with their worker better?

After hearing from families, teams can review what was heard in a team meeting or discuss family feedback with their supervisor. Families can help improve the system every day.

Systemically including family voice in programming and policies illuminates the crucial interdependencies that exist in child welfare services. Working together with families from a position of equal responsibility and commitment eliminates common barriers to positive outcomes and embeds prevention activities throughout the child welfare service array. This, in turn, leads to the development of a shared vision, leadership, and ownership of the outcomes achieved.

Watch for a Dear County Director Letter (DCDL) from the NC Division of Social Services for updates and for ways you can refer one of your families for CWFAC membership as openings become available. ♦

## Prevention via the Plan of Safe Care

Each year in the U.S., approximately 585,000 babies are born having been exposed to alcohol or drugs during pregnancy (Gardner, 2014). The impact on the infant varies based on the substance used, the extent and timing of the mother's use, and other factors (Behnke & Smith, 2013). While many of these children do well, some face life-long consequences. To improve outcomes for all children, we must focus on early identification and prevention of perinatal substance use.

### A Period of Risk and Opportunity

The perinatal period presents unique risks for those who are substance dependent and their babies. However, it is also a time when there are unique opportunities for positive intervention (Goyer, et al., 2017). Indeed, as the following words from mothers illustrate, pregnancy can be a powerful motivator for recovery:

*"I'm attached to him. I love him. I wanna fix my situation with my family. And yes, I'm always gonna have that desire [to use drugs], but I'm willing to fight it."*

*"I don't want my kids to ever have to go through the suffering that I have; the using, being homeless, being in jail, losing my kids or anything like that. I don't ever want them to feel any of that hurt."*

(Cleveland, et al., 2016)

If we are intentional in how we work with these families, we can decrease the long-term impact of prenatal substance use and prevent future child maltreatment.

### A Plan of Safe Care

To this end, North Carolina develops a Plan of Safe Care (POSC) for these infants and families. In our state, medical providers must notify Child Protective Services (CPS) when they identify a substance affected infant. CPS Intake then develops a POSC and refers the family to Care Coordination for Children (CC4C) for ongoing services. The POSC typically calls for further and ongoing assessment and care

planning to meet the needs and concerns of the child and family. While every plan is individualized, POSCs often include things such as referral for substance use treatment for the mother, meeting concrete needs (e.g., housing, food instability), and screening to determine if the child needs early intervention or other community-based services. If CPS accepts the report for an assessment, child welfare and CC4C work together to support the family. If a CPS assessment is not needed, CC4C implements the plan with the family.

POSCs focus on getting services and supports in place for the mother, child, and family as quickly as possible. Caring for a newborn can be challenging, so we want to do all we can to help make this transition safe and successful, while pushing the mother toward recovery.

### How POSCs Aid Prevention Efforts

**POSCs often involve voluntary services.** Some notifications from medical providers do not meet the criteria for abuse and neglect and are screened out by CPS. For example:

- An infant may experience withdrawal as a result of the mother's appropriate use of a prescribed medication during pregnancy.
- A mother may test positive for a substance during the birth, but there is no demonstrated impact on the infant (e.g., the toxicology screen is negative, the child shows no sign of withdrawal), and the mother exhibits no behaviors that raise concerns about her capacity to parent the child.

By developing a POSC and referring these at-risk families to CC4C, CPS increases chances that services will be put in place to prevent future child welfare involvement.

Families are often more receptive to CC4C's voluntary services than to mandatory child welfare services. In

### Collaborating with CC4C

1. Complete the DSS-1404 (CC4C Referral Form):
  - Include the child's name and any known contact information
  - Include the referral source as DSS
  - Check "CPS Plan of Safe Care"
  - Complete page 2
2. Have a follow up conversation with the CC4C care manager to offer any further information that might help CC4C assess and engage the family

fact, 82% of families with a POSC referred to CC4C agree to participate in services and care management.

**Targeted parent education.** CC4C provides parent education specific to families' needs. When substance use is an issue, CC4C staff teach parents to spot signs of withdrawal or developmental concerns in their child and when to seek medical attention or evaluation. Because rates of unintentional infant death are higher when parents or caregivers use substances, CC4C also educates parents and caregivers about safe sleep practices.

**Ongoing connection with medical providers.** Children exposed prenatally to substance use need ongoing follow up and preventative screenings by their medical provider to ensure they receive early detection and treatment for medical or developmental concerns. Families receiving CC4C services get preventative medical care at rates 10% higher than the average population (CC4C, personal communication, December 12, 2018).

Early identification and intervention is key in working with families and children affected by substance use. Giving these families access to affordable, effective services is a way to ensure the health, safety, and well-being of both the child and mother, while preventing further maltreatment (SAMSHA, 2016).

For more information and resources related to Plans of Safe Care, visit <https://bit.ly/2TCUN1e> ♦



## NC's Local Community-Based Child Abuse Prevention Plans

by Sharon Hirsch, President & CEO, Prevent Child Abuse North Carolina

Given the changes that will be coming from the Family First

Prevention Services Act, is your agency thinking about how to lead your community toward a focus on prevention?

If so, it may want to consider North Carolina's promising CBCAPP model. With funding from the NC Division of Social Services and the Essentials for Childhood initiative through the NC Division of Public Health and other unrestricted sources, Prevent Child Abuse NC (PCANC) is able to provide technical assistance, training, and support to create local CBCAPPs. With this funding, PCANC helps communities and local agencies improve system alignment, introduce and evaluate new child maltreatment prevention programming, and build community capacity to support prevention programs and services across the faith, nonprofit, and public sectors.

### The CBCAPP Model

The Community-Based Child Abuse Prevention Plan (CBCAPP) model brings the goals and strategies of the Centers for Disease Control and Prevention's "Essentials for Childhood" (E4C) initiative and the NC Institute of Medicine's E4C Task Force's recommendations to life at the [local](#) level.

The CBCAPP model, which is built on the Protective Factors Framework outlined in the box at right, seeks to educate, empower, and support communities on effective prevention strategies so every child grows up in a safe, stable, nurturing environment. In support of this goal, the CBCAPP process engages community partners and parents to assess community needs and create an action plan to implement evidence-based programs, policies, and strategies.

Once a community's action plan is created, a local team is formed to implement it and measure progress. CBCAPP measures of success are identified through the lens of the Pathways to Grade Level Reading initiative

(<https://bit.ly/2Fz91gB>) and child welfare outcomes measured by the local county DSS agency.

### Cumberland County's CBCAPP

PCANC works with communities across the state to ensure all children in every county grow up in a safe, stable, and nurturing community where families thrive. PCANC provides services and support to strengthen planning, assess readiness, and build model fidelity for implementation of prevention strategies at the local level. CBCAPPs are part of this work.

In 2016, PCANC partnered with Cumberland County to develop the first CBCAPP with financial support from the Essentials for Childhood project and the Division of Social Services provided funding for PCANC's technical assis-

tance and training. This plan (available at <https://bit.ly/2T1qy3O>) was created by the SOAR Committee (SOAR = Strengths in Overcoming Adversity thru Resiliency), a cross-sector group of over 40 organizations and individuals that meets monthly to develop strategies to prevent child maltreatment by enhancing Protective Factors. Using a collective impact approach, the group develops strategies to increase knowledge of the impact of Adverse Childhood Experiences (ACEs), with a focus on child maltreatment prevention. The first phase of Cumberland's plan was unanimously approved by the county's Board of Commissioners in 2017.

Due in large part to SOAR's work, Cumberland County was named the lead county for Triple *continued next page*

## The Protective Factors Framework

- 1. PARENTAL RESILIENCE.** No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.
- 2. SOCIAL CONNECTIONS.** Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back," an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.
- 3. CONCRETE SUPPORT IN TIMES OF NEED.** Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.
- 4. KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT.** Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.
- 5. SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN.** A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

*Reprinted from the Center for the Study of Social Policy, 2012*

## Prevention Plans continued from previous page

P implementation in their new Triple P multi-county region. Triple P is one of the most effective evidence-based parenting programs in the world. This expansion, which was made possible through partnerships with the NC Divisions of Public Health and Social Services, will bring this program to Cumberland County in the next phase of the state's expansion of Triple P. (Although evidence-based parenting programs such as Nurturing Parenting existed in Cumberland before the implementation of Triple P, they were not universal and did not go as far upstream as the community wanted.)

Army Community Services at Ft. Bragg has also been a key partner. They brought the facilitator training for the "Be Strong Families Parent Café" model ([www.bestrongfamilies.org](http://www.bestrongfamilies.org)) to Cumberland in 2018, training over 20 people to host parent cafés. Cumberland's Parent Engagement Committee has hosted a number of cafés to date, with many more planned through the end of June 2019. Feedback on the cafés is overwhelmingly positive: people return month after month to connect with fellow parents in a safe and supportive environment to discuss their victories and challenges as parents.

At Ft. Bragg, all parents of children under age three are eligible to receive home visiting services through the Army's New Parent Support Program. However, the wider community does not have access to a universal home visiting program. Because SOAR identified this as a need, Family Connects International is currently assessing Cumberland County's readiness and sustainability for implementing their universal home visiting model throughout Cumberland County.

Grounded in data, Cumberland's CBCAPP is a living document that changes as needs and opportunities present themselves. SOAR is currently evaluating the next steps to bring awareness of child maltreatment prevention strategies to the next level.

### Expanding

Onslow and Transylvania Counties are currently engaged in the CBCAPP process. With funding from the John Rex Endowment, PCANC and SAFEChild are supporting the CBCAPP process for Wake County. Other counties are also being assessed for readiness to lead in a collective impact initiative.

With funding from the NC Division of Social Services, PCANC will support up to four counties in SFY 2018-19 to create local CBCAPPs. Selected counties will be expected to:

- Screen the documentary *Resilience: The Biology of Stress + The Science of Hope*,
- Conduct a readiness assessment,
- Identify a local "backbone" agency to bring the community together for a collective impact project,
- Facilitate Community Cafés with stakeholders (including parents who have had interactions with the child welfare system), and
- Engage in training about the Protective Factors framework.

The Protective Factors training helps participants envision a shift in the way they work with families and provides a guidepost for the types of supports a community wants to build to assure children are in safe, stable, nurturing relationships and environments so that they grow to become healthy and thriving adults. The training is appropriate for child welfare professionals, community partners, and families.

### Interested in Creating a CBCAPP?

Priority for readiness assessment for counties initiating CBCAPPs will be given to communities where the Community Child Protection Team asks to lead the planning process. Priority will also be given to military or tribal communities.

Once a county interested in creating a CBCAPP contacts PCANC, PCANC begins a readiness assessment. There is no formal application process; the communities most ready and able will move forward first. (If a county has

**Counties interested in initiating a CBCAPP should contact Prevent Child Abuse NC.**

additional funding, it may be possible for PCANC to work with more than four communities.)

The CBCAPPs ultimately created by participating counties will include:

- An analysis of existing programs and gaps,
- Goals for strengthening Protective Factors, and
- An evaluation plan with qualitative measures using Pathways to Grade Level Reading indicators plus child abuse substantiation rates and the number of children entering foster care.

Completed plans will be approved by local Boards of County Commissioners and indicators of success will be reported annually to the community in April during Child Abuse Prevention Month for accountability and ongoing commitment to prevention across the government, nonprofit, faith, and business sectors. All plans will be based on the model and theory of change developed by Cumberland County.

PCANC will provide training on the Protective Factors Framework and technical assistance using implementation science. The technical assistance may include support for accessing and using data, identifying local financing options for evidence-based family strengthening programs, or guidance on strategies to engage the community. PCANC will help CBCAPP communities fill the gaps, align resources, and build capacity to sustain evidence-based family strengthening programs to build Protective Factors, reduce child maltreatment, and reduce the number of children entering foster care.

You can learn more about the CBCAPP process at PCANC's *Connections Matter Summit*, which will be held March 5-6, 2019 at the McKimmon Center in Raleigh (<https://bit.ly/2EppfJG>), or by contacting Melea Rose-Waters at [mrosewaters@preventchildabusenc.org](mailto:mrosewaters@preventchildabusenc.org). ♦

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