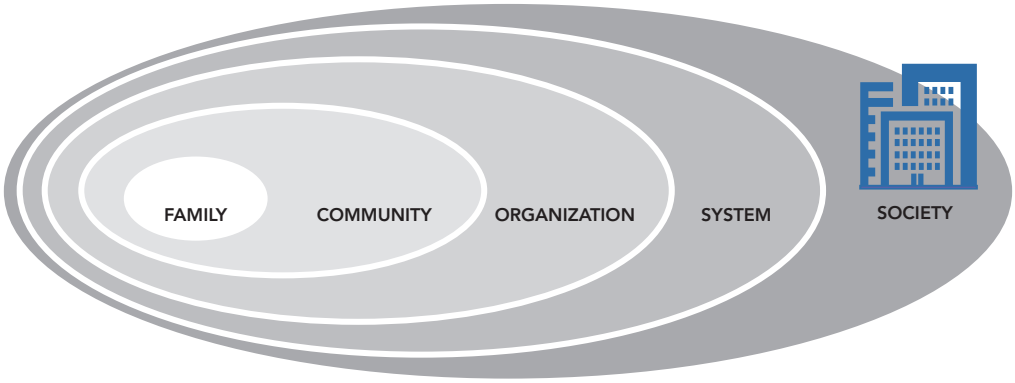
CHAPTER TWO

Creating a More Supportive Society for All Families



The societal level of the social-ecological model provides the context for all other layers. It describes the climate within which systems, organizations, communities, and individual families operate and live their lives. When that climate is supportive of parents and children, it is easier for all families to thrive. Three societal factors play a significant role in how we can effectively support all families and prevent child abuse and neglect: (1) social and cultural norms; (2) Federal, State, and local policies; and (3) equal access to resources and opportunities.

IN THIS CHAPTER:

- Federal Focus: CDC Essentials for Childhood
- Promoting Norms That Support Positive Parenting
- Seeking Family-Supportive Policies and Systems Change
- Increasing Equity in Family Support Systems

Social and cultural norms are (often unspoken) rules or expectations for how we behave that are based on shared beliefs within a specific cultural or social group. The study of social norms has shown that our individual choices—including health-related behaviors such as smoking or binge drinking—are highly influenced by what we believe about the choices others make. In other words, if we believe that (for example) wearing seat belts is a common practice in our social group, we are more likely to engage in it whether or not others actually do.

The power of social and cultural norms can be harnessed to strengthen protective factors within families by promoting **norms that encourage positive parenting practices.** Over time, this strategy can increase those positive practices within a social or cultural group and help to protect children from maltreatment.

Likewise, **family-supportive policies** at the Federal, State, and local levels help families succeed and thrive. Two critical policy areas to consider are those that support household financial security and family-friendly workplaces. When parents are financially secure and have a healthy work-life balance, it is easier for them to provide for their children's basic needs, offer safe and nurturing care, and experience good physical and mental health themselves. Community-based agencies can encourage greater well-being by helping families access resources—such as employment support, low-income tax credits, nutrition assistance, stable housing, family-friendly work policies and benefits, and affordable high-quality child care—and advocating for these opportunities where they do not exist.

Equity is an important consideration when looking at the societal context within which the families we serve live their lives. We know that the policies and outcomes of our current systems can be unequal and unjust. Meaningful change will require an awareness of, and a commitment to dismantle, the policies, practices, and attitudes that perpetuate inequality and interfere with families' ability to care for their children. This means changing how we engage and work with families—including how we respond when they experience progress and set-backs—as well as working to level the larger societal inequities that systems across the continuum are grappling with. We introduce equity in more detail later in this chapter, and you will find it revisited in examples and questions to consider throughout the remaining chapters as well.

FEDERAL FOCUS: CDC ESSENTIALS FOR CHILDHOOD

The Centers for Disease Control and Prevention (CDC) has long been a leader in Federal efforts to support families and prevent child abuse and neglect at the societal level. CDC's Essentials for Childhood framework outlines strategies to help create a society in which every child can thrive.

Changing norms and policies are two parts of the Essentials for Childhood framework. The full framework has four goals and suggests evidence-based strategies to achieve each goal:

Goal 1: Raise awareness and commitment to promote safe, stable, and 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.

For example, the **North Carolina** Task Force on Essentials for Childhood is working toward goal 4 by funding grants to support several partners in encouraging family-friendly workplace policies. One of the grantees, Family Forward NC, is an employer-led initiative to increase access to research-based, family-friendly practices—big and small—that support children's healthy development. It offers resources

for employees, including information about family-supportive Federal and State laws and a directory of family-friendly workplaces and the benefits they offer. Family Forward also offers an extensive online guide that can be used to develop (or advocate for) family-friendly workplace policies.

For more information about other Essentials for Childhood projects and resources on norms and policy change, see the CDC's Essentials for Childhood: Creating Safe, Stable, Nurturing Relationships and Environments webpage.

PROMOTING NORMS THAT SUPPORT POSITIVE PARENTING

The Positive Community Norms (PCN) approach is a model for improving health-related behaviors through the promotion of positive social and cultural norms. PCN has been demonstrated to be effective in creating social change around issues such as traffic safety and underage drinking, as well as child maltreatment.[2] In the same way that protective factors focus on building family strengths, PCN focuses on growing healthy, normative attitudes and behaviors rather than focusing solely on negative behaviors we want to avoid. Examples of using positive community norms to support families could include promoting messages such as "We all share responsibility for the well-being of children" and "All parents need support sometimes. It's okay to ask for help."

Understanding existing social and cultural norms is often critical to the success of efforts to support families. Different groups within the same community may have very different norms around parenting practices or seeking and receiving help. For example, caregivers in some communities may be reluctant to participate in parenting programs because they think they should be able to care for their children on their own or because they worry that their participation indicates they are a "bad" parent or caregiver. To counter this, program messages might emphasize that learning effective parenting skills is a process, all parents and caregivers need help at times, and it's okay to ask for help. Caregivers who do attend parenting programs may need extra support in using new skills at home if what they learn is different from what is practiced by other family or community members.

From 2014 to 2015, Prevent Child Abuse America partnered with the Montana Institute to conduct a nationwide telephone poll of social and cultural norms regarding child maltreatment prevention. Many of their findings were hopeful. For example, they discovered that people accurately perceived that abuse and neglect are serious problems and that they generally believed that prevention is possible. The survey also revealed that people who believe that *other people* would take action when they suspect child abuse or neglect are themselves twice as likely to take action (compared to those who underestimate others' willingness to do so).

This survey demonstrates how what we believe about what is "normal" (true or not) affects our behavior. It has implications for child maltreatment prevention because parents are more likely to nurture, protect, and discipline their children in ways they see as common in their community and culture. Any strategies we can employ to surround parents and caregivers with positive images of loving and nurturing parent-child relationships helps to counter possible misconceptions.

Other research tells us that what we believe about the attitudes of certain people affects our behavior more than others. In the case of parenting practices, those who have the strongest influence include not just

[2] Linkinbach, J. W. (2017). *An introduction to positive community norms*. The Montana Institute.

friends and family members but certain professionals, such as pediatricians, mental health professionals, and faith leaders. This provides an opportunity: Targeting people in these professions with messages and tools to support them in promoting positive parenting practices may be an effective strategy to change community norms and prevent child maltreatment.

Other parents can also be effective influencers of parenting norms because parents typically view their peers as people they can trust. Employing parents from the community as mentors for at-risk families can help support more positive parenting.

The CDC offers seven steps for promoting positive community norms that could be adopted to better support families and promote child maltreatment prevention:

- Planning, engaging, and educating a diverse coalition of stakeholders
- Assessing norms through surveys, focus groups, and existing data sources
- Establishing a common understanding and prioritizing opportunities based on the data collected
- Developing a portfolio of strategies aimed at different levels of the social ecology
- Pilot testing, selecting, and refining strategies and messages
- Implementing the portfolio of strategies all at once or in phases
- Assessing effectiveness and future needs through ongoing evaluation

For more information, see the CDC publication *Promoting Positive Community Norms*.

STATE CBCAP EXAMPLE

Hawaii Department of Health

The **Hawaii Department of Health**, the State's CBCAP lead agency, is taking an integrated approach to improving the well-being of Hawaii's young children and their families through public awareness and education efforts on multiple forms of family violence. Baseline data, presented in an ACEs and resilience dashboard, will help the team determine whether reframing and integrating several distinct violence prevention campaigns promotes more positive community norms and results in improved outcomes.

Recently, Hawaii's CBCAP funds have been blended with funds from the State Department of Human Services to develop an innovative communications campaign that aims to prevent all forms of family violence. One outcome of this effort has been Nurture Daily, a year-round media campaign that includes several 30-second public service announcements framed around "serve and return" interactions that help support healthy brain development in young children. Messages encourage and normalize daily actions such as playing together, eating meals together, and sharing thoughtful words with a partner.

Nurture Daily infographics that target early child care providers and other pre-K community providers will soon be available in digital and printed formats.

"In primary prevention, we are asking, 'What can I do to prevent abuse from ever happening?' To answer that, we have to look at the norms around hitting children for discipline."

—Catherine Taylor, Ph.D., professor, Boston College School of Social Work

Pediatricians Can Effectively Promote Positive Norms Around Discipline

There is a growing body of evidence that shows clear communication of expectations, proactive guidance, and positive reinforcement are effective discipline techniques. However, a significant number of parents in the United States are still using corporal punishment. Corporal punishment puts children at risk for poor mental, physical, and social/behavioral health outcomes, similar to the risks of substantiated abuse. It also has been shown to be ineffective for changing behavior in a lasting way. We know from tracking beliefs about the practice that, while support for hitting children has decreased over time, many parents still believe it is necessary for good discipline.

There is some good news: research indicates that parents' attitudes about corporal punishment are highly influenced by the advice of credible professionals, such as pediatricians, religious leaders, and mental health professionals. Changing the minds of these professionals—encouraging them to offer positive and effective discipline alternatives—can make a difference.

More than 90 percent of parents bring their children to a well-child visit, even when they lack primary care themselves. This makes pediatricians' offices an excellent place to promote positive parenting practices. In 2018, the American Academy of Pediatrics issued an updated policy statement about the harm caused by corporal punishment and the need to promote more effective means of discipline. HealthySteps, a program of ZERO TO THREE, is one evidence-based, team-based pediatric primary care program that has been shown to promote positive discipline among parents of infants and toddlers, with an emphasis on families living in low-income communities.

In participating pediatric practices, children ages birth to 3 and their families receive a set of screenings and follow-up visits (as needed) for a wide range of issues, including autism, maternal depression, and social determinants of health. The entire practice works together to implement the model. HealthySteps specialists (child development professionals integrated into the primary care team) connect with and guide families during and between well-child visits.

Evaluations of the program found that participants demonstrated better understanding of infant development and were less likely to use harsh or severe discipline. HealthySteps currently supports more than 275,000 young children in more than 170 pediatric primary care practices nationwide.

SEEKING FAMILY-SUPPORTIVE POLICIES AND SYSTEMS CHANGE

It is important for community-based family support agencies and other family supports to be aware of the impact of Federal, State, and local policies that affect the lives of children, youth, and families. For staff working directly with families, this might simply mean being aware of the programs and benefits to which families may be entitled and understanding the requirements and procedures for accessing them. Doing so will promote access to concrete support and may increase parental resilience. Frontline staff can also help agency leaders understand the barriers that families encounter and what systems changes might be needed.

Agency leaders and community coalitions may be in a position to educate legislators and inform positive policy and systems changes that improve the environments within which families are raising their children. The CDC Essentials for Childhood framework outlines two steps to inform policies.

Step 1: Identify and assess which policies may positively impact the lives of children and families in your community.

There are three levels of policy to consider:

- **Legislative:** Laws or ordinances passed by local, State, or Federal governing bodies
- **Regulatory:** Rules, principles, or methods established by government agencies that have regulatory authority for products or services
- **Organizational:** Rules and practices that an organization or agency sets for how it does business, conducts its activities, or interacts with staff and constituents

Step 2: Provide decision-makers with information on the benefits of evidence-based strategies and rigorous evaluation when considering family-supportive policy changes.

Systems change should be backed by evidence of how policies can promote the well-being of children, youth, and families. For example, family-friendly workplace policies, such as flexible schedules, paid family leave, and access to high-quality child care, have been shown to help businesses recruit new employees, retain current staff, increase productivity, reduce sick days, and lower health-care costs. Two sources of information about evidence-based family-supportive policies include the Essentials for Childhood framework (as outlined on page 6) and the Change in Mind Institute (see page 11).

Agencies should not take on systems change alone. Implementing policy change that promotes strong families and communities requires a collective effort from organizations in both the public and private sectors, including State and local health departments, the media, businesses, schools, and faith- and community-based organizations. The next chapter, Building Protective Systems: A Public Health Approach to Preventing Child Maltreatment, explores strategies for strengthening community collaborations.

Change in Mind Institute: Infusing Brain Science in Systems and Policy Change

The past two decades have seen tremendous advances in our understanding of how the brain develops and is affected by toxic stress. This new body of knowledge has great potential to improve the effectiveness of services for children and families and the ways that family-serving organizations successfully engage and support their workforce. The Change in Mind Institute at the Alliance for Strong Families and Communities supports organizations in infusing the latest behavioral and social science research into policy, programs, and practice.

The Change in Mind Institute is built on the findings of a "learning laboratory" approach. In 2015, a cohort of 10 U.S. and 5 Canadian community-based organizations demonstrated the impact of intentionally infusing brain science into programs and organizations and generated new insights into the longer-term challenges of facilitating and accelerating change at the systems and policy levels.

Cohort members used two approaches to facilitate changes in policies that supported healthy child development, increased resilience, and ensured community well-being. First, they **built their communities' knowledge, networks, and skills to work effectively on neuroscience-aligned systems and policy change** using the following strategies:

- Educating their communities about advances in neuroscience
- Working with networks of collaborators and strategic allies on systems and policy change
- Creating or adopting shared messages to unify advocacy efforts
- Strengthening local workforce capacity through training and technical assistance
- Aligning funding and other resources at multiple levels to support systems and policy change
- Conducting research and evaluation activities to inform change.

Once they built community capacity in these ways, the sites **worked with key partners and collaborators to call for systems change within and across social services**, including the child welfare, early childhood development, K–12 education, housing services, and juvenile justice systems.

"The science is very clear around brain development, ACEs, and trauma. The Change in Mind Institute looks to provide knowledge, expertise, and recommendations for transforming our practices, policies, and systems based on what the science is telling us."

—Jennifer Jones, director, Change in Mind Institute, Alliance for Strong Families and Communities

INCREASING EQUITY IN FAMILY SUPPORT SERVICES

The impact of societal inequality can be readily seen in child and family services, including child welfare. Significant research has documented the overrepresentation of certain racial and ethnic populations—particularly Black or African-American and American Indian/Alaska Native families—in child welfare systems when compared with their representation in the general population. In addition, studies have shown that racial disparities occur at various decision points in the child welfare continuum. These disparities are not fully explained by differences in rates of maltreatment or poverty. Children and youth with diverse sexual orientations and gender identities and expressions are also significantly overrepresented in the child welfare system. As a group, they experience more placements and lower rates of reunification with family than their heterosexual and cisgender peers.

If we want to improve outcomes for all children and families, it is imperative that we commit to equity, as both a process and a goal. As a process, equity requires that those negatively impacted by inequality be meaningfully involved in the creation, implementation, modification, and elimination of policies and practices that affect their lives. As a goal, we achieve equity when all children and families experience similar outcomes, regardless of race, ethnicity, marital status, sexual orientation, gender expression, income, or creed.[3]

There has been increased attention in recent years to the need for antiracist efforts, particularly anti-Black racism. According to the Center for the Study of Social Policy (CSSP), "antiracism is the active process of identifying and challenging racism, by changing systems, organizational structures, policies and practices, and attitudes to redistribute power in an equitable manner."

CSSP has 15 years of experience working to become an antiracist organization. Its publication *Moving Forward Together* notes several requirements of this work:

- **"Brutal candor,"** including a transparent process to honestly identify and differentiate between management issues and racial equity issues
- **Agreement at all levels,** beginning with a commitment to antiracism at the highest levels of leadership and active engagement of a cross-section of staff (or, ideally, the entire organization)
- **Commitment to examining and improving both internal and external efforts,** including ongoing reflection and accountability measures to ensure that diverse staff are recruited and retained, policies and practices are continually reexamined, and progress is sustained
- **Continuous commitment and constant attention** as partners leave a coalition or staff members leave an organization and new ones join
- **Efforts to measure impact,** both internally and for children and families
- **Evolving leadership,** including—but certainly not limited to—both institutional leaders and champions (staff, board members, key partners) who spearhead the system's or organization's core commitment to becoming antiracist

[3] Adapted from Center for Social Inclusion. What Is Racial Equity?

A More Perfect Union Parent Cafés: Helping Caregivers Connect for Racial Justice

Be Strong Families (BSF) has adapted the Parent Café model to offer a way for parents and caregivers to connect, learn, and get support from each other on racial justice issues. Parent Cafés are one approach to structured peer-to-peer conversations (see page 4).

A More Perfect Union Parent Cafés began in 2016 because BSF wanted to respond to how many African-American parents were feeling about the racism they were experiencing in their day-to-day lives. Leadership realized that what the organization does best—develop transformative conversations—could allow people to experience the emotional safety needed to share their feelings, gain support from each other, and brainstorm strategies and solutions to keep their families safe.

What emerged was a realization and a tool: When people have a safe space to connect across differences, they develop compassion for and understanding of other peoples' realities, disrupt stereotypes, and create stronger ties to each other. A More Perfect Union Parent Cafés, organized around the protective factors, honor the broader context for parenting in a complex and often unjust world and help parents and caregivers positively and proactively navigate this landscape.

Movement-Building Organizations Supporting Equity and Family Integrity

The recently established **upEND Movement**, an emerging collaborative launched by CSSP and the University of Houston, argues that racism is deeply rooted in child welfare systems' history, policies, and practices. It proposes to dismantle (rather than reform) the current system and create new, antiracist structures and practices that address family poverty and strengthen families while keeping children safe and protected in their homes.

Through its **UnSystem Innovation Cohort**, Alia committed to guiding a set of 10 public child welfare agency leaders representing five jurisdictions through a whole-system transformation process. Each jurisdiction works with one professional and one lived-experience guide toward the common aspiration of "family connections are always preserved and strengthened." After the first year of practice, which involved shifts in agency mindset with no additional funding, participating jurisdictions saw a 12-percent reduction in the number of youth in foster care and a 37-percent reduction of the number of youth in congregate care.

The **Movement for Family Power** works to end the foster care system and create a world where the dignity and integrity of all families is valued and supported. It does so by building community with and among people working to shrink the foster care system, raising social consciousness around the harms of the foster care system in order to reclaim and reimagine safe and healthy families, and disrupting and curtailing foster care system pipelines to reduce the harm inflicted by family separation.

STATE CBCAP EXAMPLE

South Carolina Children's Trust

Minnesota Children and Family Services Administration

South Carolina's CBCAP lead agency, Children's Trust, is a member of the State's Race Equity and Inclusion (REI) Partnership. The partnership has identified three overarching goals: to deepen relationships among its members; to infuse REI into ongoing events of its members and provide support to REI events; and to develop a resource to help partnership members, learning collaborative members, and others advance REI into organizational practices and policies. In support of the last goal, they recently developed and produced two workplace guides, one for leadership and one for practitioners, that highlight practice and policy recommendations to facilitate greater racial equity and inclusion. Partnership members also supported the 2019 Equity Summit, a space for those actively engaged in race equity and inclusion efforts across the southeastern United States to lean on and learn from each other.

Minnesota's Children and Family Services Administration, the State CBCAP lead agency, recently updated its vision statement as follows: "An equitable Minnesota where all communities thrive and children, families, and adults live with dignity." The vision is supported by four goals that represent a commitment to equity through engagement and collaboration with communities, families, and children throughout the child welfare system to prevent involvement with child protection. The following goals were designed to help Minnesota provide a continuum of care for children and families:

1. Improve engagement and collaboration with children, parents, relatives/kin, and resource families
2. Reduce disparities for African-American and American Indian children throughout the child welfare system
3. Improve access to and utilization of services that meet the needs of children and families
4. Improve safety, permanency, and well-being outcomes for children and families through utilization of a statewide continuous quality improvement system

Questions to Consider

SUMMARY OF CHAPTER 2

The following are questions to consider about social and cultural norms that encourage positive parenting practices, family-supportive systems change, and racial equity in your community:

For Staff Working Directly With Families:

- Have I asked the families I work with what being a "good parent" means to them? Who do they listen to about parenting, or whose opinions matter to them the most?
- What agency policies or practices support parents' ability to care for their children? What policies or practices serve as barriers for families to thrive? What role can I play in addressing those barriers?
- How might my personal biases affect the way that I serve some families? How could I learn more about implicit bias?

For Agency Leaders and Community Collaboratives:

- How could we assess the **social and cultural norms** around parenting, positive discipline, and actions to support children and families in our community as a whole and within various subcommunities?
  - How might these norms affect how parenting programs and offers of support are accessed and received?
  - How could we identify the key influencers in our community that affect individuals' attitudes and behaviors? How can relationships with these influencers be forged and strengthened?

- Which **evidence-based policies** identified by the Essentials for Childhood framework are currently in place within our jurisdiction?
  - What do our data tell us about which policies are working well for children and families? Which policies might need to change to enable all families to thrive?
  - Who might be willing to partner with us to develop shared messages in support of positive parenting and systems change for families?

- Do we have a shared understanding or agreement about **racial equity** within our community coalition or organization today?
  - What is our understanding of the history of race and racism in our community? How does that continue to affect children, youth, and families today?
  - What do the data show about the outcomes that different races and ethnicities experience from systems, policies, and programs? If disparities are present, which policies or practices contribute most to those differences?
  - Do our staff look like the families and communities they serve?
  - What policies and/or practices are currently in place to address systemic inequality in our community? Is diversity (e.g., race, ethnicity, gender, language, geography) represented in leadership positions guiding the development and implementation of policies that impact children and families?
  - How has our community coalition or organization committed to dismantling systemic inequities?