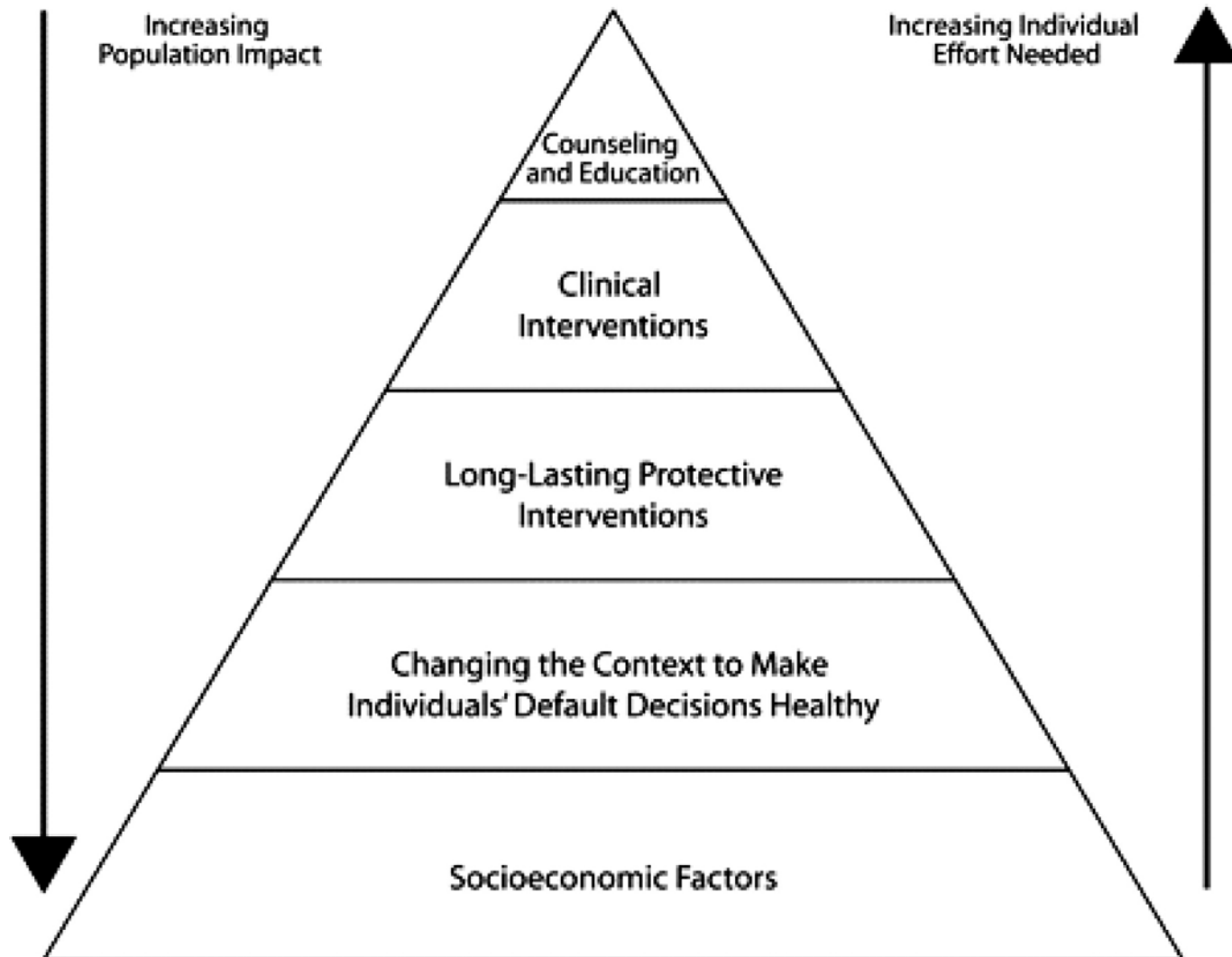


California Essentials for Childhood Initiative Orientation on Policy Initiatives

1. Introduction
2. Social Determinants of Health Framework
3. Child Maltreatment Risk and Protective Factors
4. Public and Private Policy: definitions
5. Roles of Essentials for Childhood Partners
6. Examples of Existing Policy Initiatives
7. Essentials for Childhood Policy Change Workgroup
8. Questions and comments

The Health Impact Pyramid



Social Determinants of Health

World Health Organization (WHO)

- **The conditions in which people are born, grow, live, work, and age**
- Shaped by economics, social policies, and politics
- Mostly responsible for health inequities

WHO social determinants of health

- The social gradient
- Stress
- Early life
- Social exclusion
- Work
- Unemployment
- Social support
- Addiction
- Food
- Transport

Examples of other social determinants

- Income and income distribution
- Education
- Housing
- Gender
- Race and ethnicity
- Disability

CDC's Child Maltreatment Risk Factors

Individual Risk Factors for Victimization

- Children younger than 4 years of age
- Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illness)

Individual Risk Factors for Perpetration

- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Nonbiological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

Family Risk Factors for Perpetration

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions

Community Risk Factors for Perpetration

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

CDC's Child Maltreatment Protective Factors

Family Protective Factors

- Supportive family environment and social networks

Potential Family Protective Factors*

- Nurturing parenting skills
- Stable family relationships
- Household rules and child monitoring
- Parental employment
- Adequate housing
- Access to health care and social services
- Caring adults outside the family who can serve as role models or mentors

Potential Community Protective Factors*

- Communities that support parents and take responsibility for preventing abuse

*subject to ongoing research



California Essentials for Childhood Initiative Common Agenda

VISION

All California children, youth, and their families thrive in safe, stable, nurturing relationships and environments

PROPOSED MISSION

To develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies and funding so that all California children, youth, and their families have safe, stable, nurturing relationships and environments

PROPOSED GUIDING PRINCIPLES

1. Ensuring all children and families have Safe, Stable, Nurturing Relationships and Environments will strengthen families, prevent and reduce child maltreatment, promote healthy child growth and well-being, and allow children to reach their full potential as happy, self-sufficient, socially engaged and productive citizens

2. Solving large scale, complex social problems requires a highly effective level of sustained collaboration across multiple sectors aligned to a broad common agenda and conducting strategic and mutually reinforcing activities (e.g., “collective impact” approach)

3. Accomplishing Safe, Stable, Nurturing Relationships and Environments requires changes in multiple systems with a focus on broad social and economic determinants, social norms, and governmental and institutional policies, as well as individual and family level change

4. Service systems and programs should be based on the best available evidence (i.e., research, experiential and contextual), and should strive for continuous quality improvement

5. Service systems and programs should be culturally and linguistically appropriate for their audiences

6. Efforts to make improvements in overall child health and well-being should include specific actions to address and reduce inequalities/disparities which are avoidable, unjust and preventable

STRATEGIC DIRECTION

Strengthen Families’ and Communities’ Capacities to Create Safe, Stable and Nurturing Relationships and Environments for Children

GOALS

Identify, align and enhance the California Essentials for Childhood Initiative partners’ and their stakeholders’ efforts to:

1. Build upon families’ assets to strengthen their knowledge, skills, to provide safe, stable and nurturing relationships and environments for their children

2. Achieve the highest level of well-being for families and children, with special attention to those who have experienced socioeconomic disadvantage and historical injustice, including vulnerable communities and culturally, linguistically, and geographically isolated communities

3. Prevent child maltreatment and other childhood traumas and implement trauma informed policies and practices throughout public and private organizations and systems

4. Improve the quality of and expand the accessibility to programs and services supporting families and children

5. Enhance the integration of systems and networks that support families and children to improve communication, services, accountability and outcomes

6. Engage communities and strengthen their capacity to act and take leadership roles in creating safe and stable environments that support families and children

7. Build public support and commitment (or “public commitment and political will”) for policies and programs that promote safe, stable and nurturing relationships and environments for families and children

8. Embed and incorporate families and children as priorities in public policies

9. Increase the number and scope of private sector policies and practices that support families and children

10. Improve and enhance data management systems that use common measurements to increase accountability for shared indicators and outcomes for families and children

WORK GROUPS

Programs and Systems Integration

Community Engagement and Public Awareness

Public and Private Sector Policy

Shared Data and Outcomes



California Essentials for Childhood Initiative Common Agenda

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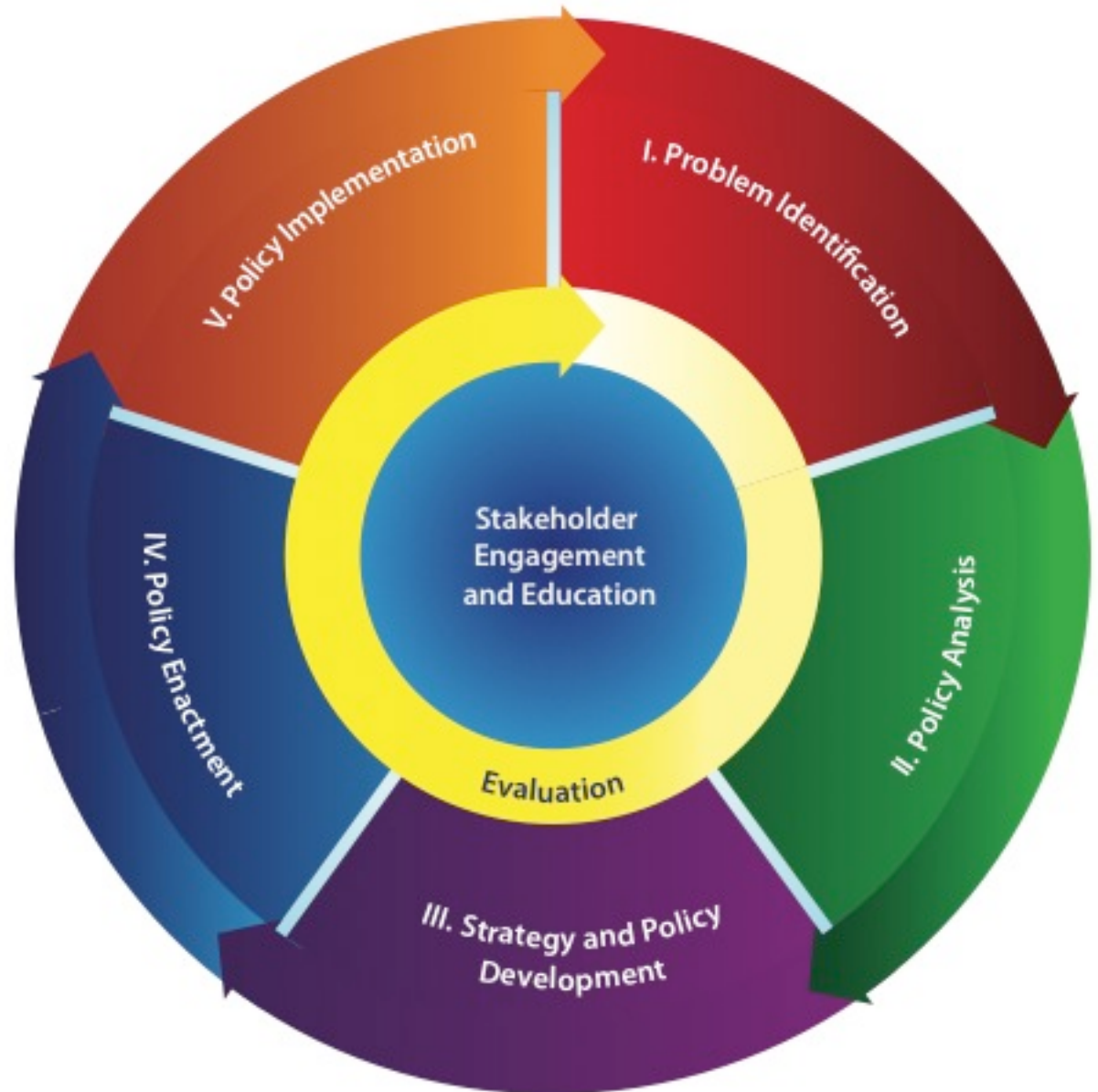
Community Engagement and Public Awareness

Public and Private Sector Policy

Shared Data and Outcomes

CDC's Policy Process

Policy is defined as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and institutions



Role of Essentials for Childhood partners

State agencies / backbone organizations:

Dept. of Public Health (DPH) & Dept. of Social Services (DSS)

Lobbying restrictions

Tax-exempt nonprofit (a.k.a. 501(c)(3)) organizations:

Lobbying restrictions

Other organizations

No lobbying restrictions

Areas of potential policy work

System-specific policy initiatives

Child welfare

Early childhood

Health

Education

Public safety & justice

Social services

Cross-cutting policy initiatives

Equity

Promoting leadership

Infrastructure/coordination

Poverty/economics

Neighborhoods

Trauma-informed practices

System-specific policy initiatives



Voluntary home visiting
Early child care and education quality

**Early
Childhood**

**Health
Care**

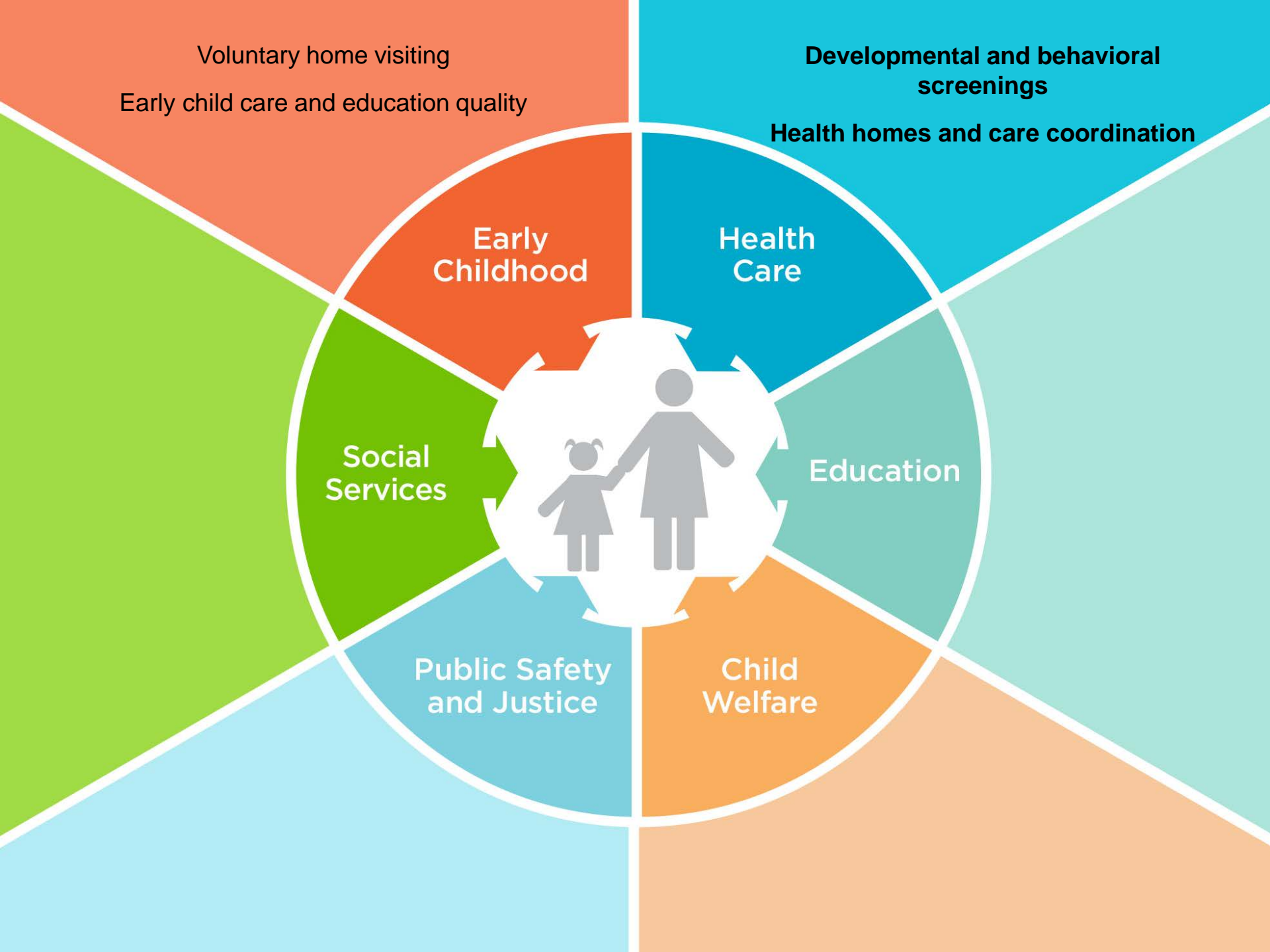
**Social
Services**

Education

**Public Safety
and Justice**

**Child
Welfare**





Voluntary home visiting

Early child care and education quality

**Developmental and behavioral
screenings**

Health homes and care coordination

**Early
Childhood**

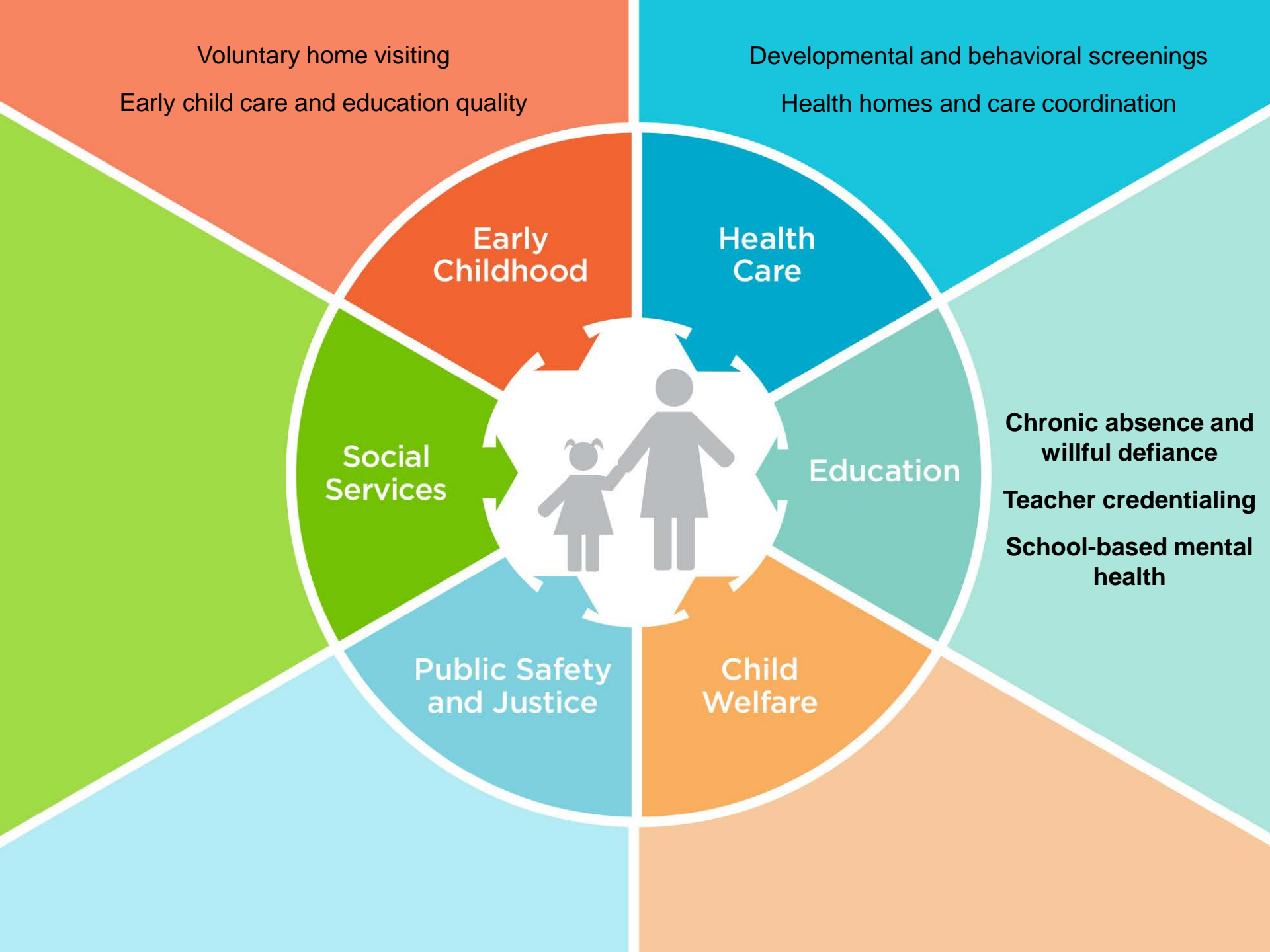
**Health
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**Social
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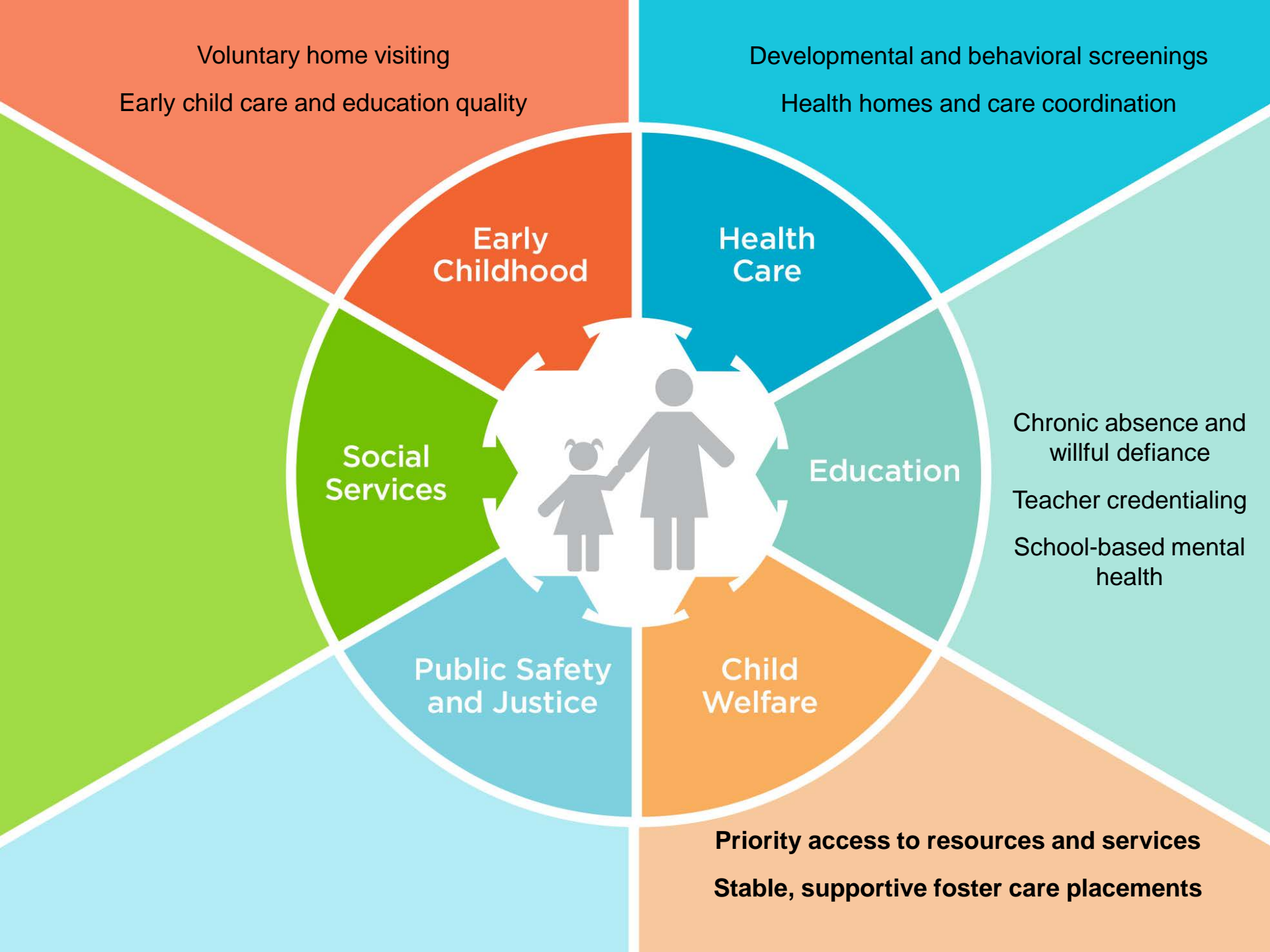
Public Safety
and Justice

Child
Welfare

**Chronic absence and
willful defiance**

Teacher credentialing

**School-based mental
health**



Voluntary home visiting

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Developmental and behavioral screenings

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Health
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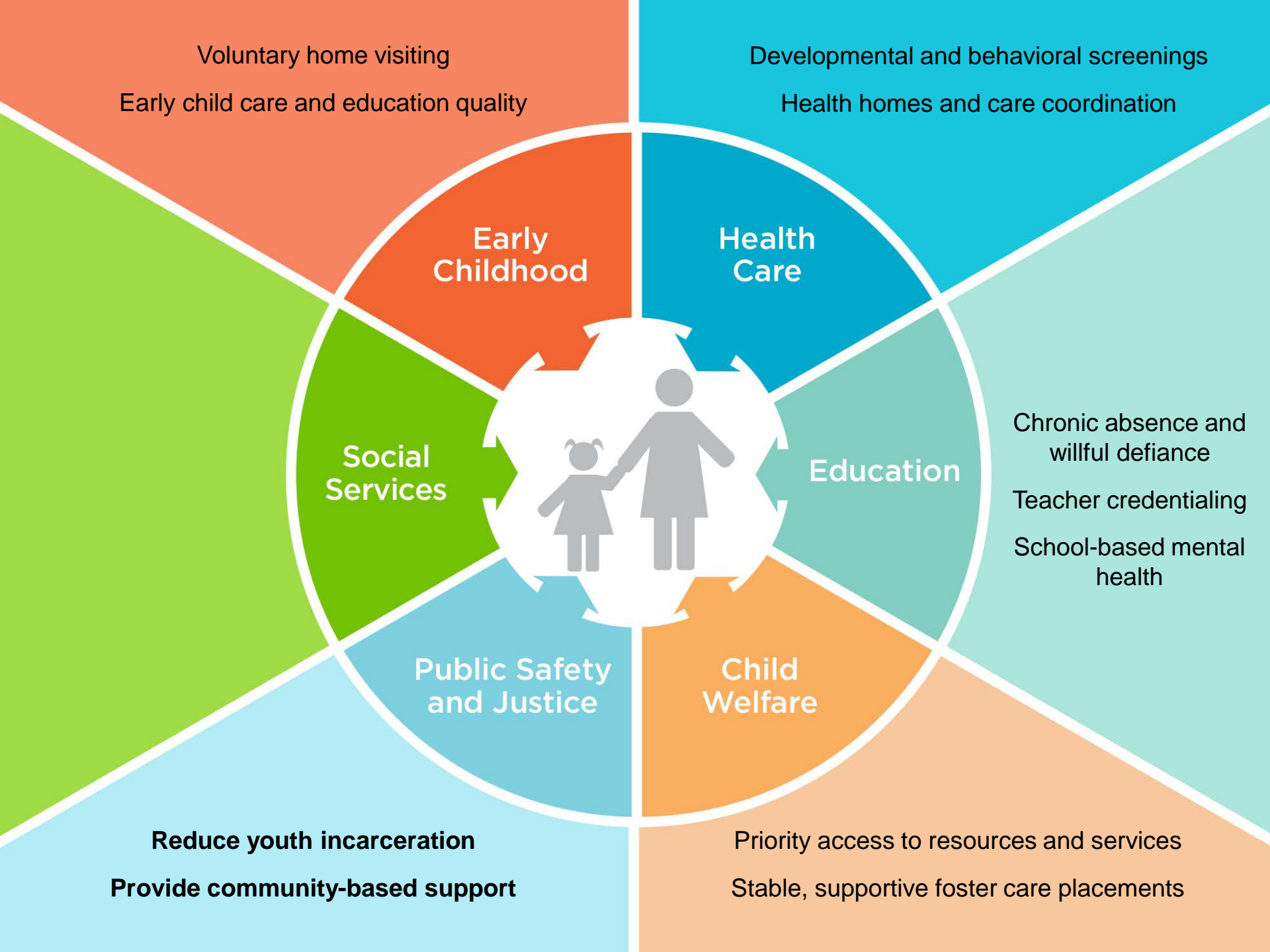
School-based mental
health

Public Safety
and Justice

Child
Welfare

Priority access to resources and services

Stable, supportive foster care placements



Voluntary home visiting
Early child care and education quality

Developmental and behavioral screenings
Health homes and care coordination

Early
Childhood

Health
Care

Social
Services

Education

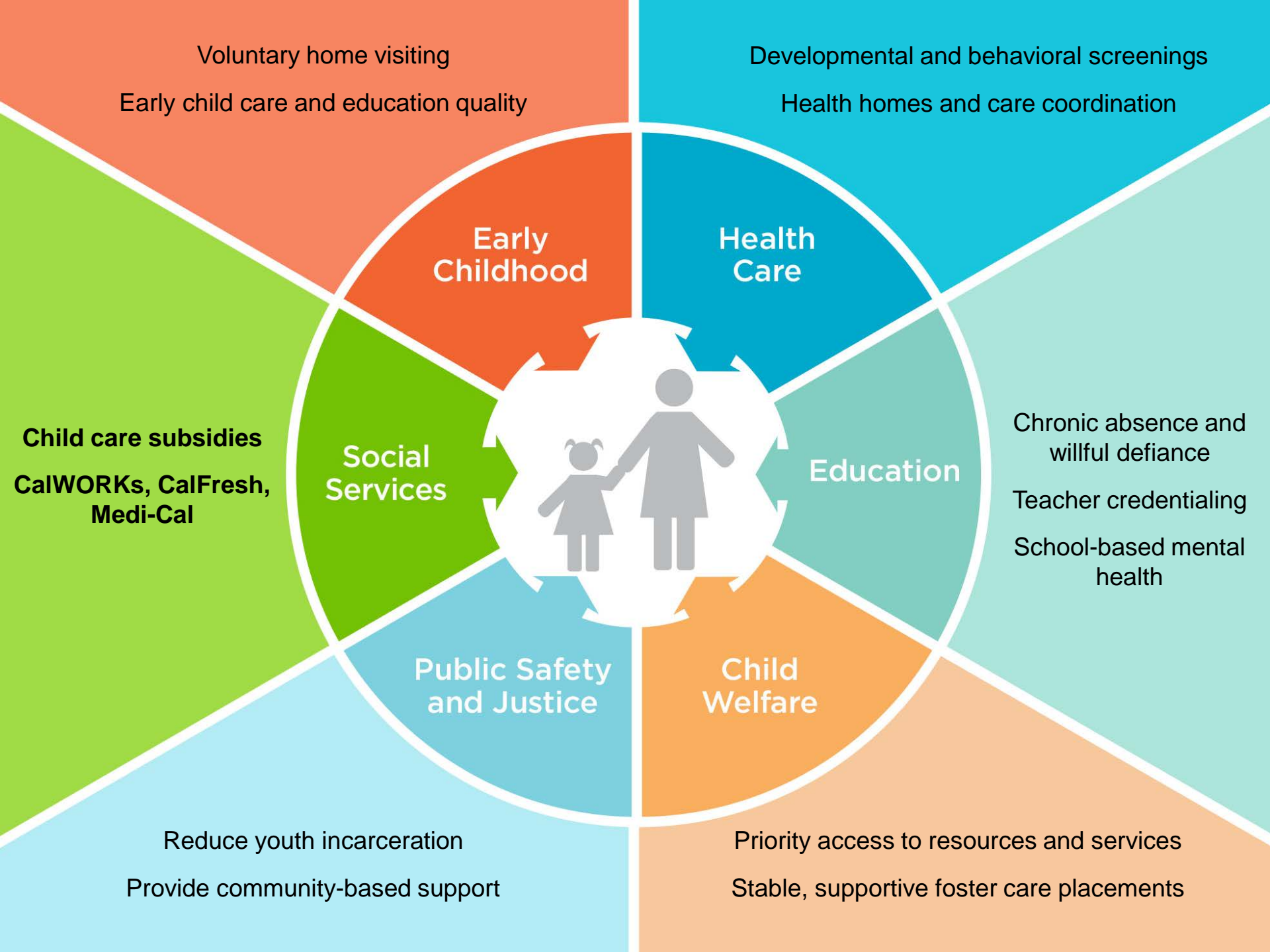
Chronic absence and
willful defiance
Teacher credentialing
School-based mental
health

Public Safety
and Justice

Child
Welfare

Reduce youth incarceration
Provide community-based support

Priority access to resources and services
Stable, supportive foster care placements



Voluntary home visiting

Early child care and education quality

Developmental and behavioral screenings

Health homes and care coordination

**Early
Childhood**

**Health
Care**

**Social
Services**

Education

Chronic absence and willful defiance

Teacher credentialing

School-based mental health

**Public Safety
and Justice**

**Child
Welfare**

Reduce youth incarceration

Provide community-based support

Priority access to resources and services

Stable, supportive foster care placements

**Child care subsidies
CalWORKs, CalFresh,
Medi-Cal**

California Essentials for Childhood Initiative's Public and private sector policy workgroup

Identify potential policy initiatives

Assess status

- Existing efforts and gaps

- Opportunities

- Feasibility

Prioritize based on chosen criteria

- Mutually reinforcing activities to align and enhance efforts

Develop action plans

Implement activities

Possible criteria and questions

CRITERIA	QUESTIONS
<p>Public health impact:</p> <p>Potential for the policy to impact risk factors, quality of life, disparities, morbidity, and mortality</p>	<ul style="list-style-type: none"> • How does the policy address the problem or issue (e.g., increase access, protect from exposure)? • What are the magnitude, reach, and distribution of benefit and burden (including impact on risk factor, quality of life, morbidity and mortality)? <ul style="list-style-type: none"> • What population will benefit? How much? When? • What population will be negatively impacted? How much? When? • Will the policy impact health disparities / health equity? How? • Are there gaps in the data/evidence-base?
<p>Feasibility*:</p> <p>Likelihood that the policy can be successfully adopted and implemented</p>	<p><i>Political</i></p> <ul style="list-style-type: none"> • What are the current political forces, including political history, environment, and policy debate? • Who are the stakeholders, including supporters and opponents? What are their interests and values? • What are the potential social, educational, and cultural perspectives associated with the policy option (e.g., lack of knowledge, fear of change, force of habit)? • What are the potential impacts of the policy on other sectors and high priority issues (e.g., sustainability, economic impact)? <p><i>Operational</i></p> <ul style="list-style-type: none"> • What are the resource, capacity, and technical needs developing, enacting, and implementing the policy? • How much time is needed for the policy to be enacted, implemented, and enforced? • How scalable, flexible, and transferable is the policy?
<p>Economic and budgetary impacts:</p> <p>Comparison of the costs to enact, implement, and enforce the policy with the value of the benefits</p>	<p><i>Budget</i></p> <ul style="list-style-type: none"> • What are the costs and benefits associated with the policy, from a budgetary perspective? <ul style="list-style-type: none"> • e.g., for public (federal, state, local) and private entities to enact, implement, and enforce the policy? <p><i>Economic</i></p> <ul style="list-style-type: none"> • How do costs compare to benefits (e.g., cost-savings, costs averted, return on investments, cost-effectiveness, cost-benefit analysis, etc.)? • How are costs and benefits distributed (e.g., for individuals, businesses, government)? • What is the timeline for costs and benefits? • Where are there gaps in the data/evidence-base?

*In assessing feasibility, identifying critical barriers that will prevent the policy from being developed or adopted at the current time is important. For such policies, it may not be worthwhile to spend much time analyzing other factors (e.g., fiscal and economic impact). However, by identifying these critical barriers, you can be more readily able to identify when they shift and how to act quickly when there is a window of opportunity.

California Essentials for Childhood Initiative

Policy change workgroup

Identify potential policy initiatives

Assess status

- Existing efforts and gaps

- Opportunities

- Feasibility

Prioritize based on chosen criteria

- Mutually reinforcing activities to align and enhance

Develop action plans

Implement activities