

## CHAPTER 10

# Conclusion

**I**n North Carolina, a child is mistreated every fifteen minutes by a parent or caretaker. Every two weeks a child dies from abuse. Campaigns against child maltreatment have been successful in informing the general population about recognizing and reporting child maltreatment. Unfortunately, many people continue to view the issue as one that does not affect them and one that they cannot prevent. However, child maltreatment has broad societal consequences for the entire population, both human and financial.

Financially, child maltreatment costs taxpayers in North Carolina an estimated \$3 billion each year. These estimates include increases in expenditures for healthcare, child welfare, education and special education, law enforcement, the judicial system, and juvenile detention and incarceration. Maltreatment can also cause long-term consequences for the child, including negative changes in neurobiological development, adverse impacts on a child's cognitive abilities and emotional well-being, difficulty or inability to form positive relationships with other people, higher rates of juvenile delinquency, higher rates of criminal behavior, and transmission of intergenerational child maltreatment.

Historically, North Carolina has concentrated on reporting and substantiating cases of child maltreatment, rather than on prevention. Prevention efforts that do exist in North Carolina are fragmented across multiple state and local agencies. To date, there has been no state leadership to help coordinate prevention activities across systems, or to target resources towards programs and activities that have been demonstrated to be effective in strengthening families, reducing risk factors, or otherwise preventing child maltreatment. The Task Force on Child Abuse Prevention recommends a new statewide framework so that agencies, organizations, and individuals understand their roles in a unified prevention effort. The new system will help protect children and strengthen families and communities by creating a culture based on the following features:

- > Every child is nurtured, supported, and protected within a safe and stable home and community environment.
- > Families recognize the rewards and responsibilities of raising children and have access to support within their own communities for meeting those responsibilities.
- > Families are able to ask for and receive timely assistance, without fear of being punished or blamed.
- > Communities are supported in their efforts to meet the diverse needs of families in raising their children.

At the core of these recommendations is the development of a Child Maltreatment Prevention Legislative Oversight Council, a Child Maltreatment Prevention Leadership Team, and a statewide child maltreatment monitoring system. The Child Maltreatment Prevention Legislative Oversight Council will be responsible for implementing the Task Force on Child Abuse Prevention plan and drawing statewide attention to the issues of child maltreatment prevention. The Child Maltreatment Prevention Leadership Team will provide expertise and assistance to support the work of the Child Maltreatment Prevention Legislative Oversight Council by coordinating prevention efforts, developing funding strategies for maltreatment prevention programs, and promoting evidence-based practices throughout the state. Finally, to measure achievements in reducing the incidence of child maltreatment in the state, the NC Department of Public Health - Injury and Violence Prevention Branch will guide the development of a statewide monitoring system.

The new child maltreatment prevention system will be based on evidence-based child maltreatment prevention efforts and other promising practices so that limited resources can be targeted to those programs and activities that have the greatest potential of strengthening families and reducing risks that can lead to maltreatment. By increasing the use of evidence-based and promising programs in child maltreatment prevention, the state can help assure that program interventions will produce the desired impact with children and families, and that resources are being well used.

Preventing child maltreatment is an issue that affects agencies and organizations serving children and families at all levels across the state. This strategic plan outlines a collaborative, systematic approach to the issue that will benefit the state by saving costs over the long-term and strengthening families and communities.

The Task Force on Child Abuse Prevention spent nine months examining child abuse prevention and developed thirty-seven recommendations that are the foundation of a strategic plan outlining a collaborative, systematic approach to this issue. These recommendations call for legislative action by the NC General Assembly, policy changes within the NC Department of Health and Human Services, collaboration and action from maltreatment prevention organizations and state agencies, and targeted grant-making and evaluation by funders. Thirteen of the thirty-seven recommendations are considered top priority and, if implemented, would have a significant impact on the prevention of child maltreatment throughout the state. These recommendations are summarized below. The priority recommendations are highlighted in the following table.

## Recommendations

*Priority recommendations are highlighted in blue.*

### Chapter 4: Leadership

Rec. 4.1 The General Assembly should establish a standing Child Maltreatment Prevention Legislative Oversight Council that has a diverse membership representation and strong leadership from state and local agencies and community providers.

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Rec. 4.2 The NC Department of Health and Human Services - NC Division of Public Health should develop a Child Maltreatment Prevention Leadership Team to assist in supporting the work of the Child Maltreatment Prevention Legislative Oversight Council.

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Domestic Violence Agencies; Other Appropriate Agencies

### Chapter 5: Monitoring Child Maltreatment Prevention

Rec. 5.1 The NC Division of Public Health's Injury and Violence Prevention Branch should work with a Technical Advisory Committee to develop a North Carolina data collection system for monitoring child abuse prevention.

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✓

Law enforcement, Center for Health Statistics

### Chapter 6: Social Norms and Policies that Promote Effective Parenting and Community Responsibility for Child Well-Being

Rec. 6.1 PCA North Carolina, in partnership with the NC Division of Public Health, should take the lead in developing a public education and marketing campaign aimed at encouraging community members to support parents by promoting positive parenting behaviors and increasing public support for programs and resources aimed at strengthening positive family interaction.

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✓

Rec. 6.2 PCA North Carolina, in collaboration with the NC Division of Public Health, the NC Division of Social Services, the NC Coalition Against Domestic Violence, the NC Domestic Violence Commission, the NC Partnership for Children, the NC Department of Public Instruction, and the NC Department of Juvenile Justice and Delinquency Prevention, should work with and support ongoing grassroots efforts to establish community norms that support families and healthy child development, and reduce social acceptance of violence as an appropriate response to interpersonal conflict.

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✓

NC Department of Juvenile Justice and Juvenile Delinquency Prevention; Domestic Violence Agencies

General Assembly

DHHS

DPI/NC Children's Trust Fund

PCA North Carolina

Other

General Assembly	DHHS	DPI/NC Children's Trust Fund	PCA North Carolina	Other
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## Recommendations

### Chapter 7: Evidence-Based and Promising Programs to Prevent Child Maltreatment

Rec. 7.1 PCA North Carolina, through its involvement with the Child Maltreatment Prevention Leadership Team, should convene an Expert Work Group on Evidence-Based Practice to identify, support, and disseminate information about evidence-based and promising programs in the field of child maltreatment prevention and family strengthening.				✓	
Rec. 7.2 Public and private funders should place priority on funding evidence-based and promising child maltreatment prevention and family strengthening programs. When those programs are not available for a specific population, public and private funders should give funding priority to those programs that are theory-based and incorporate elements identified in the research literature as critical elements of effective programs.					✓ Public and private funders
Rec. 7.3 PCA North Carolina should work with the NC Division of Medical Assistance, the NC Division of Public Health, and Community Care of North Carolina to implement the Nurse Family Partnership Program in two to three additional sites in North Carolina.		✓		✓	✓ Community Care of North Carolina
Rec. 7.4 PCA North Carolina and the NC Division of Public Health should work with the Education Begins at Home Alliance to develop a model of home visitation for families at high risk of maltreatment, based on the most current research of perinatal and early childhood home visitation programs, and from an assessment of the current resources and infrastructure for home visiting programs in North Carolina.		✓		✓	✓ Education Begins at Home Alliance
Rec. 7.5 The Child Maltreatment Prevention Leadership Team should work to pilot or replicate promising child maltreatment prevention programs such as Parent-Child Interaction Therapy, the Strengthening Families Program, and the Chicago Child-Parent Centers and to evaluate their effectiveness with a North Carolina population.					✓ Child Maltreatment Prevention Leadership Team to designate collaborators

## Recommendations

	General Assembly	DHHS	DPI/NC Children's Trust Fund	PCA North Carolina	Other
<p>Rec. 7.6 The Child Maltreatment Prevention Team should work to ensure community-based family resource centers offer or link to evidence-based and promising prevention programs; require use of social support and parent education programs that have been evaluated and show evidence/promise in preventing maltreatment; re-target funding for school-based child sexual abuse prevention programs to promising models; and develop an evaluation process for family support and child maltreatment prevention programs using a shared set of research-based intermediate indicators for child maltreatment, nurturing parent-child interaction, and healthy child development.</p>		✓	✓	✓	✓ NC Partnership for Children; Expert Workgroup; Other CSA Programming Funders; Other Agencies
<p>Rec. 7.7 The Child Maltreatment Prevention Leadership Team should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and other agencies and private providers providing oversight or treatment for children who have experienced abuse or neglect to encourage the use evidence-based models identified by the Kaufmann Best Practice Initiative, Substance Abuse Mental Health Services Administration, and the Centers of Excellence.</p>		✓			✓ Agencies/ Providers of Mental Health Treatment
<p><b>Chapter 8: Systems Changes to Strengthen Families and Prevent Child Maltreatment</b></p>					
<p>Rec. 8.1 The Child Maltreatment Prevention Leadership Team should work closely with the Early Childhood Comprehensive System Initiative in the development of an integrated and comprehensive early childhood system that promotes the health and well-being of young children birth through age five. Specifically, stakeholders from both initiatives should identify common outcomes and common areas of focus, and integrate efforts whenever possible to maximize resources and prevent duplication.</p>		✓		✓	✓ Stakeholders from Child Maltreatment Prevention Leadership Team; ECCS
<p>Rec. 8.2 The NC Division of Medical Assistance, the NC Division of Public Health's Women's and Children's Health Section, PCA North Carolina, and other appropriate partners should work with the Education Begins at Home Alliance to ensure a coordinated and effective system of prenatal and early childhood home visitation programs across North Carolina, which are voluntary and appropriately match services to families' risk and needs.</p>		✓		✓	✓ Other Appropriate Partners
<p>Rec. 8.3 The NC Division of Public Health and the NC Division of Medical Assistance should strengthen the Maternity Care Coordination and Child Service Coordination programs with regard to child maltreatment prevention by requesting that prevention is included as a major goal of the programs, strengthening intervention models, and increasing training on the issue.</p>		✓			

General Assembly	DHHS	DPI/NC Children's Trust Fund	PCA North Carolina	Other
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## Recommendations

Rec. 8.4 The NC Division of Public Health and the NC Division of Medical Assistance should support the Children's Developmental Services Agencies to serve families who are maltreating and who are at high risk of maltreating their children continue to be served.		✓			
Rec. 8.5 The NC Division of Medical Assistance, the NC Office of Research, Demonstrations, and Rural Health Development, and the NC Division of Public Health should work together to explore ways to enhance the role of primary care providers in child maltreatment prevention through the NC Medical Home Initiative and the Assuring Better Child Health and Development Project.		✓			
Rec. 8.6 The Child Maltreatment Prevention Leadership Team and the Early Childhood Comprehensive System Initiative should work together in identifying the needs of families and other caregivers in promoting young children's social/emotional health, identifying effective strategies to meet these needs, and enhancing the capacity of multiple provider systems to coordinate and deliver services to those caregivers and children.		✓	✓	✓	✓ ECCS; Child Maltreatment Prevention Leadership Team
Rec. 8.7 The NC Division of Child Development, the NC Department of Public Instruction, and the NC Partnership for Children should work with the Early Childhood Professional Development Institute to develop a plan for increasing the training of childcare providers to better understand and to assist parents in understanding stages of child development and age appropriate child behavior, and to promote infant/child mental health and social/emotional development.		✓	✓	✓	✓ Early Childhood Professional Development Institute
Rec. 8.8 PCA North Carolina should work with family support organizations to increase the availability of respite care, parent support groups, , and parent support strategies, and to ensure that families in need of support are able to access services within their communities.				✓	✓ Family Support Network; Cooperative Ext; Others
Rec. 8.9 The NC Department of Health and Human Services should ensure that a strengthening parenting component is included across state programs that serve families, including culturally appropriate programmatic strategies that will support and strengthen parent-child relationships, especially during pregnancy and the first two years of the child's life.		✓			

## Recommendations

	General Assembly	DHHS	DPI/NC Children's Trust Fund	PCA North Carolina	Other
Rec. 8.10 The North Carolina State Board of Education and the NC Department of Public Instruction should identify strategies to increase support for children at risk of maltreatment and their families to ensure that children are able to fulfill their academic potential in traditional schools, alternative schools, or other educational settings.			✓		✓ State Board of Education
Rec. 8.11 The NC Division of Social Services, the NC Association of County Directors of Social Services, and the Children's Services Advisory Committee, in conjunction with community providers, should explore ways to strengthen universal/selective child maltreatment prevention efforts by expanding prevention services through the Multiple Response System for all children and developing family strengthening/child maltreatment prevention strategies for the Work First population.		✓			✓ NCACDSS
Rec. 8.12 The NC Division of Public Health and the NC Division of Medical Assistance should pursue a more rapid rollout of the federal Medicaid family planning waiver.		✓			
Rec. 8.13 The NC General Assembly should appropriate additional stable funding to the NC Division of Public Health to expand the Teen Pregnancy Prevention Initiative and revise G.S. 115C-81 (e3-8) to ensure that students are receiving medically accurate information and that schools are using evidence-based approaches to prevent unwanted pregnancies and the transmission of STD/HIV.	✓				
Rec. 8.14 The NC Division of Public Health should assess the potential costs and benefits to the state of providing some level of service to all pregnant adolescents and adolescent parents by reviewing evaluation data from programs serving these populations across the country.		✓			
Rec. 8.15 The Child Maltreatment Prevention Leadership Team should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and other substance abuse treatment organizations to increase the number of substance abuse treatment programs with a particular focus on gender specific programs for pregnant women and women with children, and increase outreach to identify women in need of these services.		✓			✓ Child Maltreatment Prevention Leadership Team; Other Nonprofits

## Recommendations

	General Assembly	DHHS	DPI/NC Children's Trust Fund	PCA North Carolina	Other
<p>Rec. 8.16 The NC Division of Public Health should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the NC Division of Social Services, the NC Division of Medical Assistance, professional associations, and appropriate health professional training schools to jointly develop a strategy to assess the prevalence of maternal and postpartum depression for North Carolina women, and examine the issues regarding screening for, access to, and availability of services for this condition.</p>		✓			<p>✓</p> <p>NC Pediatric Society; NC Academy of Family Physicians; NC College of OB/GYN; AHEC; Others</p>
<p>Rec. 8.17 The Child Maltreatment Prevention Leadership Team should work with the NC Coalition Against Domestic Violence and other domestic violence advocates, PCA North Carolina, the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and the NC Division of Public Health's Injury and Violence Prevention Branch to identify and pilot evidence-based or primary prevention strategies for domestic violence and child maltreatment.</p>		✓		✓	<p>✓</p> <p>Domestic Violence Agencies</p>
<p>Rec. 8.18 The NC Office of Education Services should work with PCA North Carolina to strengthen early intervention services with regard to parent-child interaction and child maltreatment prevention for families of children with special needs enrolled in their services.</p>				✓	<p>✓</p> <p>Office of Education Services</p>
<p>Rec. 8.19 The Child Maltreatment Prevention Leadership Team should work with the Early Childhood Comprehensive System Initiative, the NC Partnership for Children, the NC Division of Child Development, and other appropriate organizations to identify strategies to increase the availability of affordable, quality childcare and request that the NC General Assembly increase funding for childcare subsidies to county departments of social services offices to ensure that 1% of additional families needing childcare subsidies are served each year until at least 50% of eligible families are being served.</p>		✓	✓		<p>✓</p> <p>ECCS; Other Organizations</p>
<p>Rec. 8.20 The Child Maltreatment Prevention Leadership Team should work with the State Emergency Management Team and other NC disaster response professionals and rapid response professionals to increase awareness of increased risk for child maltreatment in young children, particularly inflicted traumatic brain injury, occurring immediately after and up to six months following a natural disaster, and to ensure that appropriate parent support services are in place for those families at highest risk.</p>		✓			<p>✓</p> <p>Child Maltreatment Prevention Leadership Team</p>

## Recommendations

	General Assembly	DHHS	DPI/NC Children's Trust Fund	PCA North Carolina	Other
Rec. 8.21 The Child Maltreatment Prevention Leadership Team should work with state and local nonprofit organizations to increase the capacity of local communities to identify and implement research-based strategies focused on the primary prevention of child maltreatment among military families and communities.					✓ Child Maltreatment Prevention Leadership Team
Rec. 8.22 The Child Maltreatment Prevention Leadership Team should work with the NC Department of Corrections to examine whether incarcerated parents have a higher risk of future child maltreatment, and if so, develop recommendations to address this issue.					✓ Child Maltreatment Prevention Leadership Team; NC Department of Corrections
<b>Chapter 9: Funding for Child Maltreatment Prevention Efforts</b>					
Rec. 9.1 The NC Department of Public Instruction should ensure that funds from the NC Children's Trust Fund are used to support a full-time administrator for the NC Children's Trust Fund whose responsibilities are solely dedicated to child maltreatment prevention efforts.			✓		
Rec. 9.2 The NC General Assembly should make necessary funds available to implement the recommendations of the Task Force on Child Abuse Prevention through the implementation of an additional fee on birth certificates, marriage licenses, and divorce decrees, or through a check-off on income taxes for the NC Children's Trust Fund, and to appropriate funds to replicate specific programs identified as evidence-based or promising in preventing child maltreatment or strengthening families.	✓				
Rec. 9.3 The Child Maltreatment Prevention Leadership Team should work to increase funds available to implement the recommendations of Task Force on Child Abuse Prevention with a specific focus on the support of evidence-based and promising child maltreatment prevention programs.		✓	✓		✓ Child Maltreatment Prevention Leadership Team