

Welcome to

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...

**PROTECTIVE FACTORS AND
ADVERSE CHILDHOOD
EXPERIENCES (ACEs): MEETING
FAMILIES WITH HOPE AND HEALING**



Icebreaker Question (answer in the chat)

What are you reading this summer?



Survey & Certificate of Completion

Available at the end of the training.

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Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to provide training to FRCs and CAPCs
- We support child abuse prevention in California through professional development and extended learning.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops



06/21 | Child, Family, & Community Well-Being Learning Series: Building the Community Pathway



07/11 | Overview of the Protective Factors



07/12 | Measuring Success: Program Evaluation Basics



07/21 | Diversity, Equity, & Inclusion through the Lens of Culture



07/25 | Introduction to Motivational Interviewing



08/10 | Strengths-Based Leadership

Before We Begin...

DURING



Access the note taking slides now! The link can be found in the chat.



This presentation is being recorded.

DURING



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

- Chat
- Q&A

AFTER



Complete the survey at the end of tomorrow's session to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.



Protective Factors and Adverse Childhood Experiences (ACEs): Meeting Families with Hope and Healing

Presenters:

Katie Albright, JD

Malcolm Gaines, PsyD



Speakers SPOTLIGHT



Katie Albright, JD
Senior Advisor
Safe & Sound



Malcolm Gaines, PsyD
Senior Clinical Project
Director
Safe & Sound



Protective Factors and ACEs: Meeting Families with Hope and Healing

Katie Albright, Chief Executive Officer
Dr. Malcolm Gaines, Sr. Clinical Projects Director

June 20, 2023

Goals for Today

- Understand the emerging paradigm shift from Mandated Reporting to Community Supporting
- Develop shared language and understanding of family- and community-level Protective Factors
- Develop an understanding of the proposed relationship between the Protective Factors and Adverse Childhood Experiences frameworks
- Consider how the Protective Factors framework can be adapted for use in family support settings and communities, and in settings where ACEs screening is being done

Agenda for Today

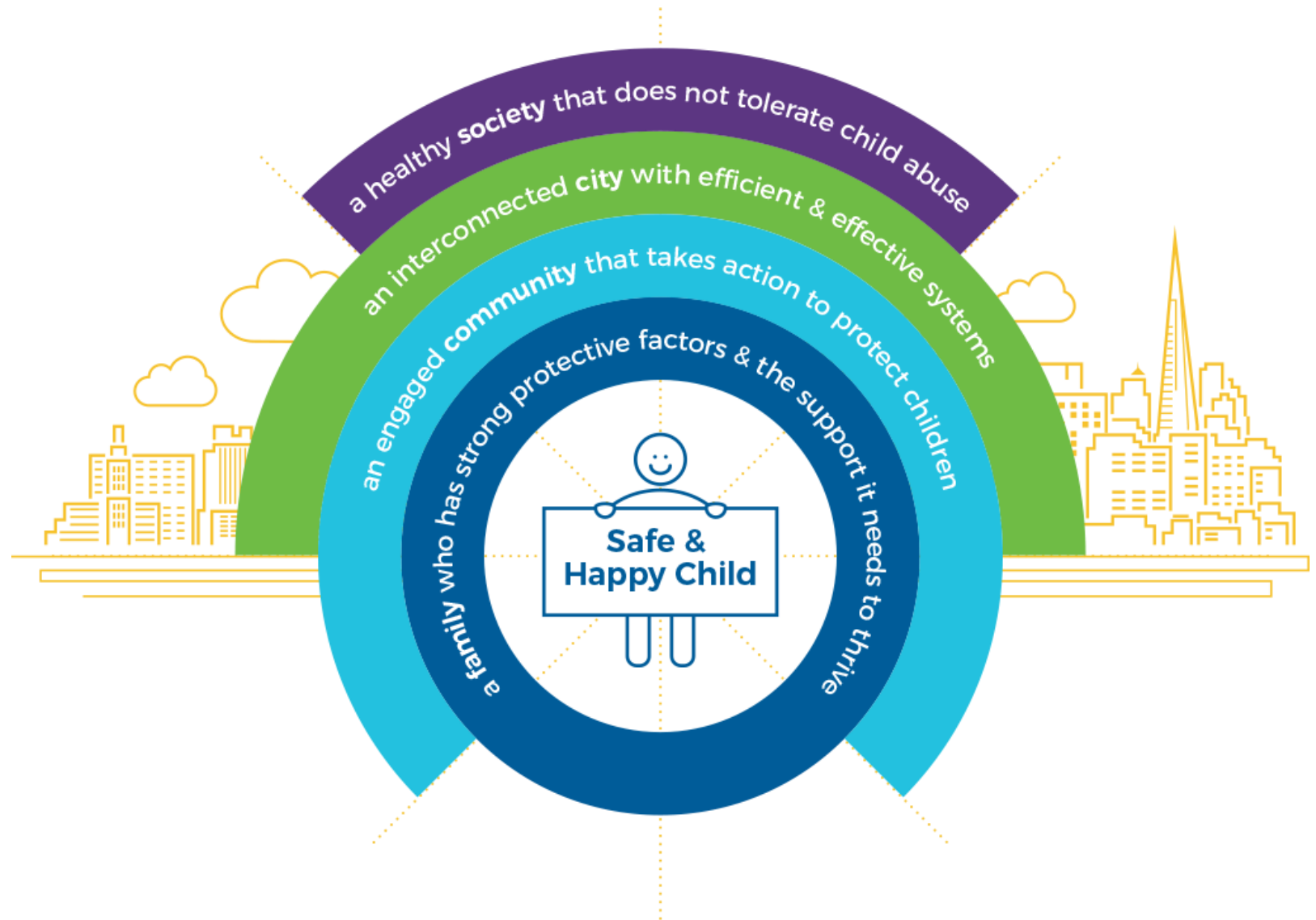
- Introductions
- Context: Ecological Model of Primary Prevention
- Impact of Child Maltreatment in California
- Creating a Child & Family Wellbeing System: From Mandated Reporting to Community Supporting
- Building a Pathway to Hope & Healing
 - Context of Trauma-Informed Care and Trauma Recovery
 - ACEs Overview
 - Five Protective Factors Overview
 - Assessing/Measuring Protective Factors and ACEs
 - Integration of ACEs and Protective Factors frameworks

Acknowledgements

- UCAAN/ACEs Aware
- California Child Welfare Indicators Project
- The California Department of Social Services, Office of Child Abuse Prevention
- Casey Family Programs
- Center for the Study of Social Policy
- Chapin Hall, University of Chicago
- Haas School of Business, UC Berkeley
- Doris Duke Community Foundation


Ecological Model of Primary Prevention

Context





CHILD MALTREATMENT: **IN CALIFORNIA**

- 
- 1. Neglect*
 - 2. Physical Abuse*
 - 3. Emotional Abuse*
 - 4. Sexual Abuse*

THE FOUR TYPES OF **CHILD MALTREATMENT**

IN 2022
IN CALIFORNIA

451,101

Reported Survivors Of Child Abuse

(that's approximately 1 child reported every 2 minutes)

IN 2022
IN CALIFORNIA

51,805

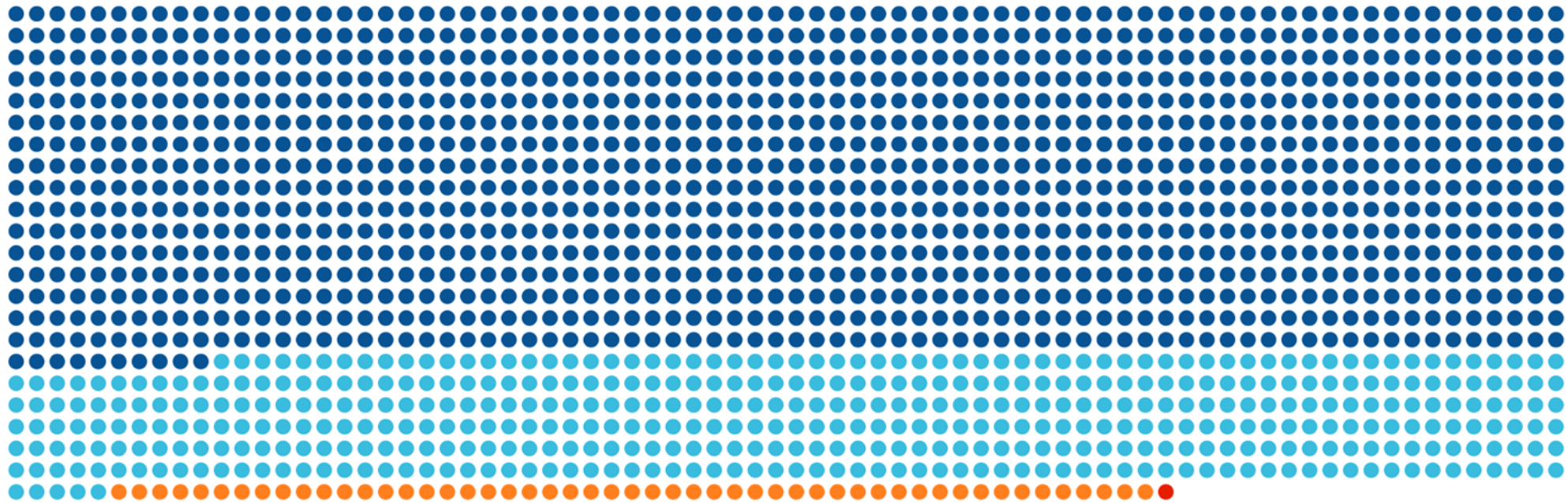
Substantiated Survivors Of Child Maltreatment
(Including 108+ child fatalities)

SOURCE: California Child Welfare Indicators Project

FREQUENCY OF OUTCOMES

Child Maltreatment in California (2022)

One Dot = 1000 Children



1,226,857

Estimated Survivors, based on national estimates of child abuse prevalence.

451,101

Reported Survivors, or 0.9 every minute.

51,747

Substantiated Survivors, or 141 children each day.

108

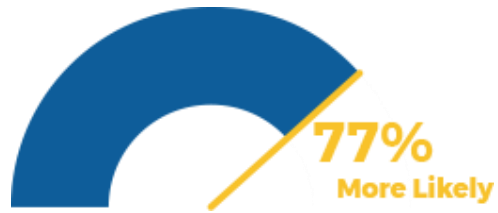
Fatalities from child maltreatment.



IMPACTS

On the **child**, the **family**,
and the **community**

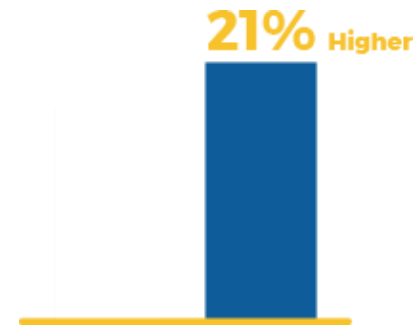
THE IMPACT ON A **CHILD** IS **SEVERE & LASTS A LIFETIME**



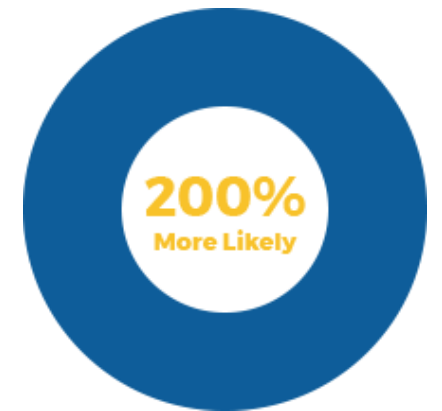
To Have
Educational
Challenges



To Be Arrested
As A Kid

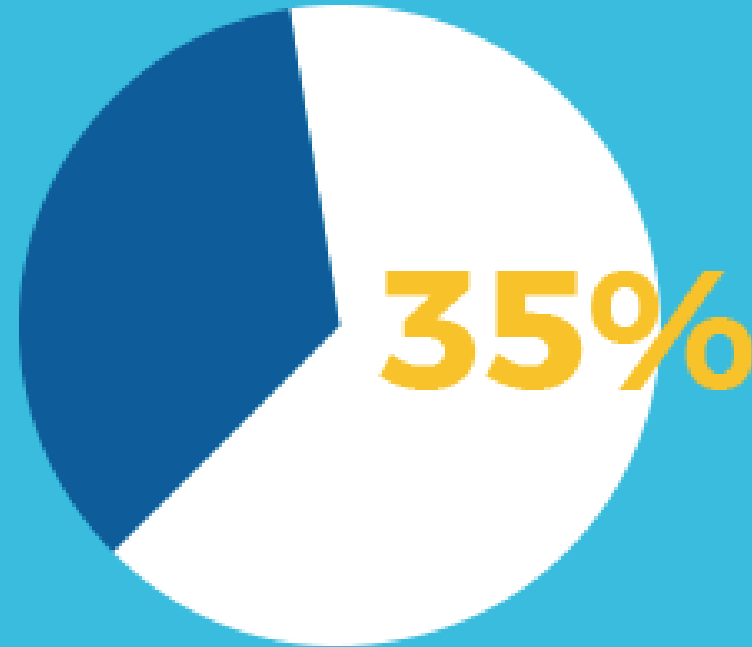


Healthcare
Costs



To Be
Unemployed

THE IMPACT ON **FAMILY GENERATIONAL CYCLES**



Parents who have experienced child abuse **are more likely to abuse their own children.**

THE IMPACT ON A COMMUNITY: MAJOR SOCIAL ISSUES



Homelessness



Drug & Alcohol
Addiction



Incarceration



Workforce
Vitality



Community &
Government
Resources

We all pay the price of child abuse.

USA

\$124B

CALIFORNIA

\$24.4B

(12% of the USA population)

BAY AREA

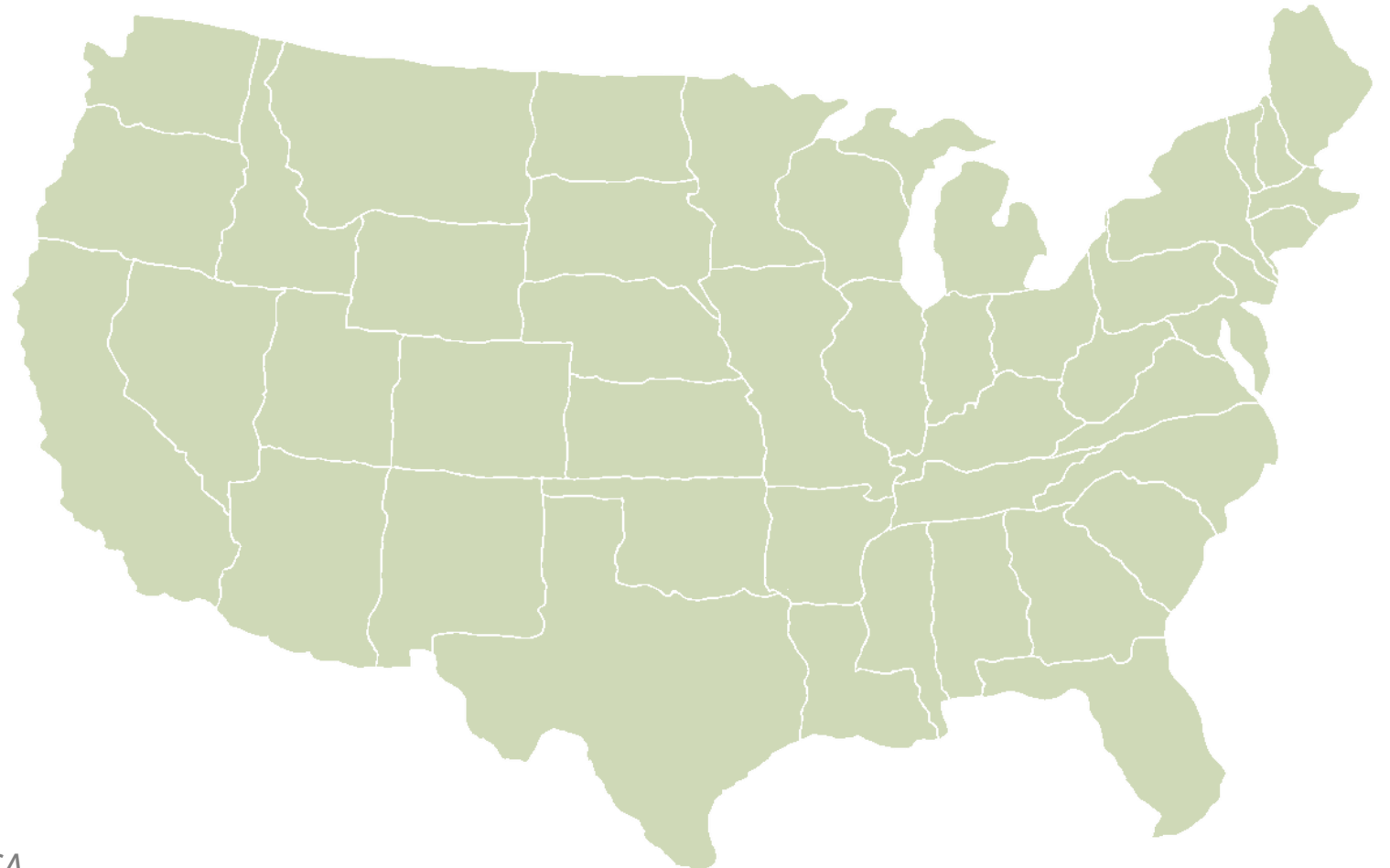
\$1.87B

(19% of CA population)

SAN FRANCISCO

\$0.36 B

(11% of Bay Area population)



For victims in 2008 for US and 2022 for CA

THAT SAME \$ COULD...



211,000+

Pay for 211K students
4-year college



1,900,000+

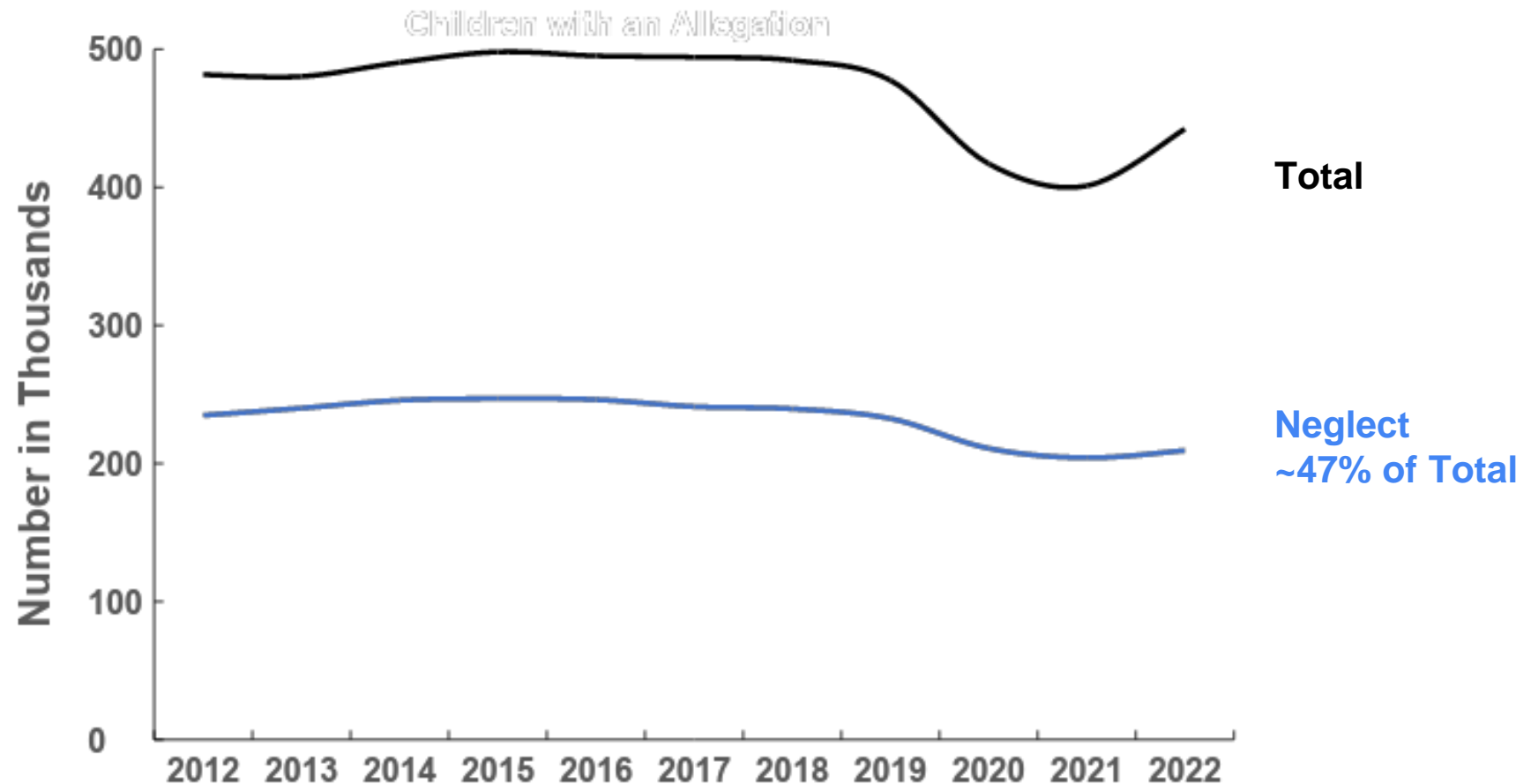
Send 1.9 kids to preschool
for a year



12%

Fund 12% of the State's
operating budget

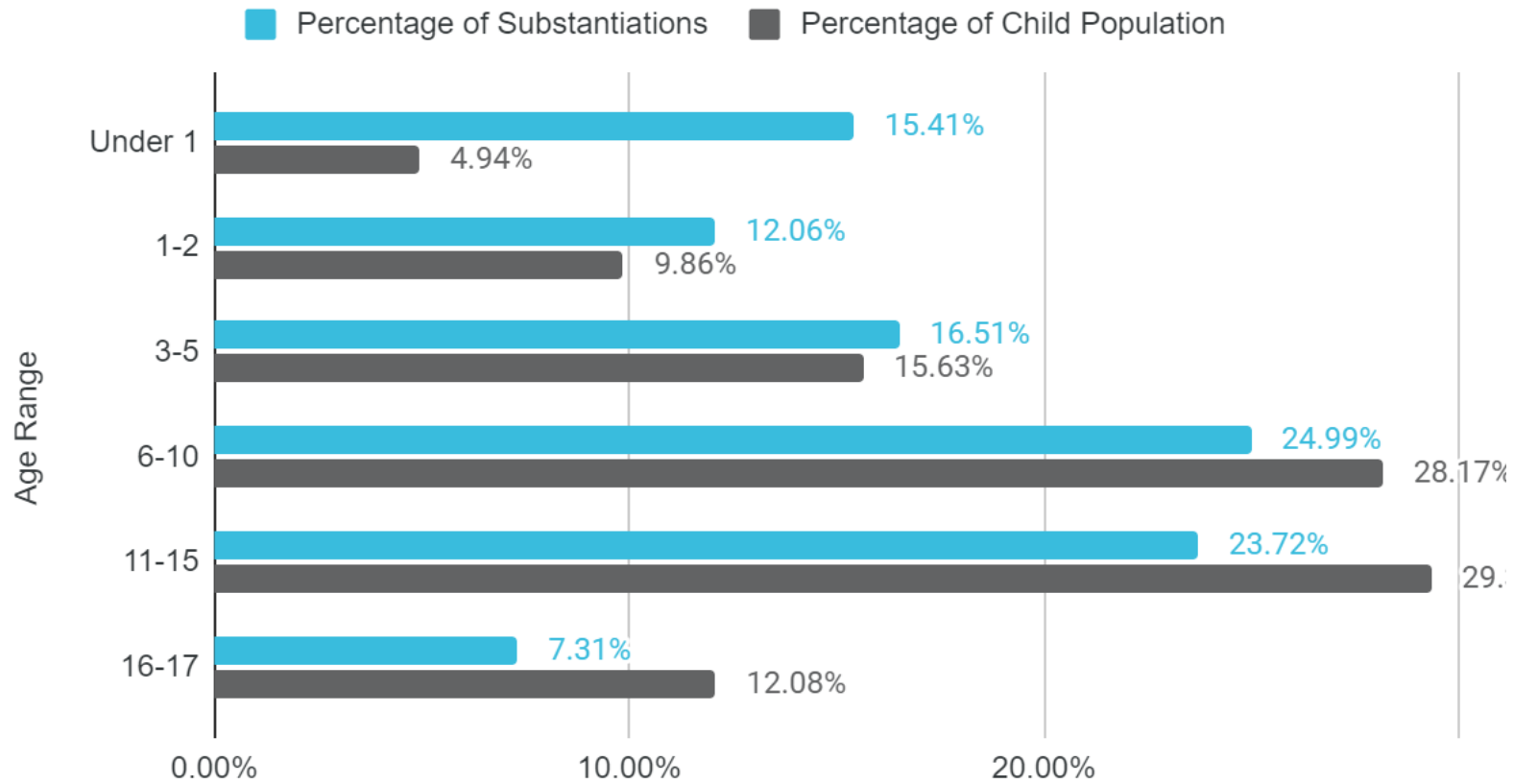
CHILDREN WITH AN ALLEGATION OF ABUSE OR NEGLECT



Source: [Children with an Allegation of Abuse or Neglect, California Child Welfare Indicators Project \(CCWIP\), CDSS / U.C. Berkeley](#)

IMPACTS OF AGE

Substantiated Abuse Survivors in California (2022)



**Source: California Child Welfare Indicators Project*

IMPACTS OF RACE & ETHNICITY



Almost **25% of White children** in the California birth cohort were investigated by CPS by age 18

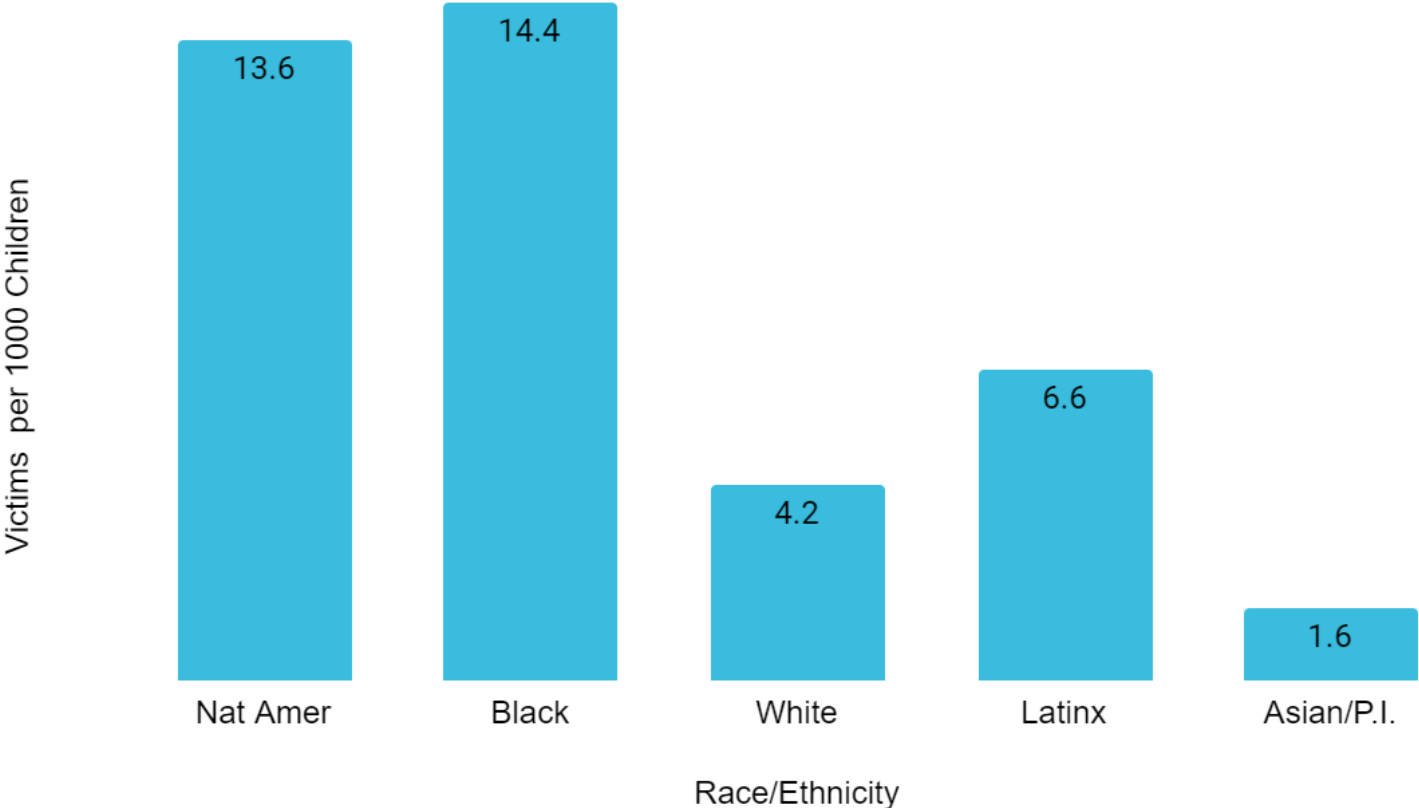


This compares to roughly **50% of Black and Native American children**

Source: <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2021.306214>

IMPACTS OF RACE & ETHNICITY

Child Abuse Victimization per 1000 Children (2022)



**Source: California Child Welfare Indicators Project*

CREATING A CHILD & FAMILY WELL-BEING SYSTEM: A PARADIGM SHIFT



Creating a Child & Family Well-Being System:
A Paradigm Shift from Mandated Reporting
to Community Supporting

WHY THIS MATTERS



“My daughter was born medically fragile. I had no support from my family. I didn’t know where to go for help. I didn’t know how to ask for help because I didn’t know what I needed. The domestic violence in our home got worse because of the stress of being parents of a child with significant needs. When the police called CPS, I had no idea that my child could be removed because I was a victim of domestic violence. How could they take her away? I believe my experience—and my daughter’s life—would have been different if we had support, if someone had explained the “failure to protect” laws. Even though my daughter was in foster care for less than a year, she continues to suffer from the experience.”

— Shelley Lopez, Survivor, Parent and Advocate

PERSPECTIVES ON PARADIGM SHIFT



“The shift from mandated reporter to a community of supporters can’t happen without complete transparency. Transparency about how our own implicit biases lead to harm. Transparency about who is harmed, and how. Transparency about what happens to a family once they are reported. The shift is possible, but the system has been insular for so long, it must open up to the community so we can all heal and co-create a solution.”

— Jada Curry, Community Organizer, Member of the BIPOC Family Justice Summit Organizing Committee and Author of 2021 BIPOC Family Justice Summit Report

“...policymakers and advocacy groups that are singularly focused on increasing surveillance in the name of safety do not see the collateral damage it causes to real people that care about their children and children themselves. Damage includes unnecessary separation, trauma, the inclusion of names on registry lists that will forever limit employment opportunities and economic mobility, and countless other indignities and ongoing threats to the well-being of children and parents.”

— Jerry Milner and David Kelly, Family Integrity & Justice Works

PERSPECTIVES ON PARADIGM SHIFT



“When we discuss the data, people are shocked. Black and Native American children and families are touched by the child welfare system at significantly higher rates than other groups. Understanding this disproportionality helps us examine our own biases and start to think about how we can be part of the change instead of part of the problem.”

— Jessica Mateu-Newsome, Program Director, Family and Children’s Services, San Francisco Human Services Agency

“This is the only mandated reporter training I have taken that talks about disproportionality within the Child Welfare system. . . . I appreciated the inclusion of cultural considerations for each type of abuse and the discussion we had about how to mitigate bias in reporting.”

– Training Survey Feedback, San Francisco Mandated Reporter

FEAR MOTIVATED REPORTING



“The child welfare system has historically been rooted in fear: fear of the rare tragic cases of severe abuse that are missed, and the consequences to the children and professionals involved. We must resolve the dilemma of keeping children safe and supported without magnifying the feeling of threat, fear, and surveillance often associated with mandated reporting.”

— Kimberly Giardina, DSW, MSW, Director Child Welfare Services, County of San Diego Health & Human Services Agency

“We want educators, clinicians, and case managers to have more room to offer support and collaborate with families to build strengths rather than send them into a fear-based system of surveillance that may not result in greater safety for the child. When the risk of imminent danger to a child is low, we must be able to engage in offering sincere support with integrity, and without the shadow of fear that accompanies the obligation to report.”

— Dr. Malcolm Gaines, Senior Clinical Projects Director, Safe & Sound

MANDATED REPORTERS WANT TO SUPPORT



“Making a CPS report as a health care provider is like a black box where no communication comes back out from the system. This is a missed opportunity for collaboration between child welfare and health care providers. We are written out of the equation once a report is made, which drives a wedge between the provider and the family.”

— Dr. Claire Gibson, MD, Neonatology Specialist, University of California San Francisco

“Before and after school program staff typically live in, and are from, the same communities as the families who benefit from these programs. Their relationship with the families is not transactional, which is what most families experience from the systems that are meant to support them. Doing the work to see, know, and support kids and families takes time and intentionality. This is the hard work that these families need and deserve. We call it ‘leading with love.’”

— Michael Funk, Director, Expanded Learning Division, California Department of Education

MANDATED REPORTERS ENDORSE A COMMUNITY PATHWAY



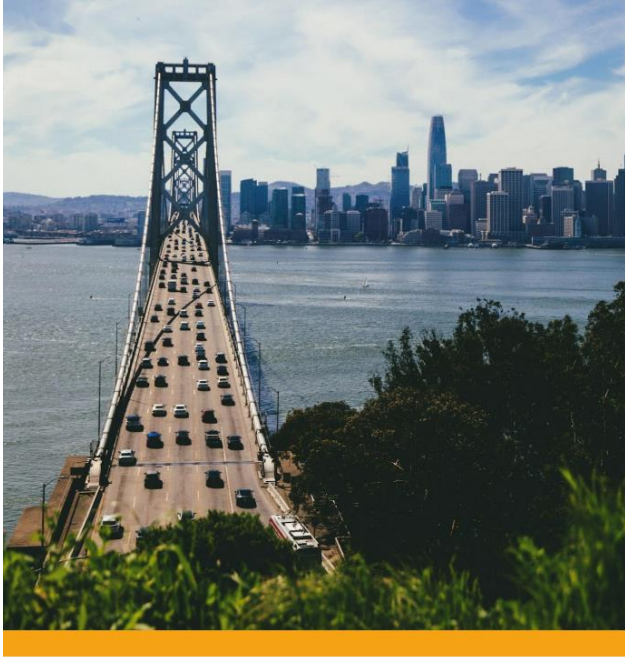
“Current laws and policies on mandated reporting, together with a lack of access to community-based supports for all families, may inhibit teachers, health care professionals, and other mandated reporters from engaging in creative problem-solving and helping to build family strengths and protective factors.”

— The Honorable Judge Martha Matthews, California Superior Court, Los Angeles County

“I care deeply about my students. If a child is falling asleep in class or going to extreme measures to get more food at school, I try to talk to them to see how I can help. Sometimes I’m just not sure how to get them enough support without involving child protective services because I don’t have connections to the resources that these children and their families need.”

— Kimberly Brown, Teacher, Dr. Charles R. Drew College Preparatory Academy

CALIFORNIA CITIZEN REVIEW PANEL CALLS FOR TASK FORCE



There are promising practices that provide opportunities to reduce the number of families who are reported to Child Welfare.

This Year's Recommendations for CDSS Action:

- *Lead a coordinated statewide effort to review and reform the mandated reporting system in California.*
- *Sponsor one or more “Mandated Supporter” pilot program(s) in local jurisdiction(s).*

— *California Citizen Review Panel 2021-2022, [Annual Report to the California Department of Social Services](#) (September 2022).*

California Citizen Review Panel
2021-2022 Annual Report



RECOMMENDATIONS FOR REFORMING MANDATED REPORTING TO COMMUNITY SUPPORTING

Embrace a New Frame: In a reframing that prioritizes the best outcomes for a child, we first ask whether there is truly a substantial risk of harm. If not, then ask questions about the caregiving system:

“Does this family have the resources to provide the care and protection they want to provide?”

“What strengths exist within this caregiving system?”

“What are this family’s priorities for their child, and how can we support them in a culturally appropriate and humble way?”

RECOMMENDATIONS FOR REFORMING MANDATED REPORTING TO COMMUNITY SUPPORTING

Build a Community Pathway and increase access to supports and services

- A. Create trauma-informed linkages and a Community Pathway - Family Helplines and Family Navigators are key to developing an integrated system of care that centers on family experience and incorporates a family's strengths. Close linkages between different family-serving entities (e.g., pediatric clinics and FRCs) can be effective pathways for families to seek support, even if they are not FFPSA-eligible.
- B. Invest in basic supports - for example researchers found that for every \$1 increase in the minimum wage, there was a nearly 10% reduction in neglect reports.

RECOMMENDATIONS FOR REFORMING MANDATED REPORTING TO COMMUNITY SUPPORTING

Advance legal and legislative reforms

- A. Narrow the legal definition of neglect, (AB 2085 & SB 1085) - Remove poverty-based neglect.
- B. Develop guidance on reportable neglect
- C. Revise current liability for failure to report - including numerous categories of reporters
- D. Raise the legal threshold for reporting and family separation - *i.e.*, mandating a report when there is a substantial or imminent risk of harm, particularly related to neglect
- E. Require greater information and disaggregation of data related to neglect
- F. Utilize comprehensive prevention planning as outlined by AB153, supported by the State Block grant as well as FFPSA
- G. State and local funding for entities supporting families, *i.e.*, FRCs, FQHCs, School-Based Health Centers

FAMILY RESOURCE CENTERS ROLE IN A COMMUNITY PATHWAY

FRCs are effective:

- **45% reduction in cases** of child abuse and neglect, and significantly lower rates of child maltreatment investigations. (National Data/Casey Family Programs)
- Direct child welfare savings of \$3.65 for every \$1.00 spent on prevention services through the FRC. (September 2021 Study at the Westminster Family Resource Center in **Orange County, California**)
- Families demonstrated statistically significant increases in parent hope, affect, and flourishing, and approximately 90% of parents made progress towards their identified goals and reported high levels of hope. (A 2020/2021 study of FRC supports to families at Pathways to Hope for Children in **Shasta County**)
- Comprehensive home visiting services provided through a network of FRCs reduced the risk of substantiated child abuse and neglect complaints in participating families. (An external evaluation of the **Sacramento's** Birth and Beyond Program)

RECOMMENDATIONS FOR REFORMING MANDATED REPORTING TO COMMUNITY SUPPORTING

Implement policy and practice reforms

- A. Incorporate group decision making models in organizations to reduce bias and risk - examples are Plan of Safe Care and CPS Time-Out
- B. Use peer advocates and partners to build relationships that increase the likelihood that parents in emerging crises safely get support without unnecessary state intervention
- C. Invest in technology solutions - especially those that allow for “closed loop” referrals for services and support

RECOMMENDATIONS FOR REFORMING MANDATED REPORTING TO COMMUNITY SUPPORTING

Mandated Reporter Training Recommendations:

- A. Augment mandated reporter training to include strategies to build a system that supports families first.
- B. Include a list of local family support organizations in mandated reporter trainings.
- C. Include local and State disproportionality statistics, cultural considerations for each form of abuse, information about implicit bias in reporting and how to mitigate bias in reporting in all mandated reporter trainings.

RECOMMENDATIONS FOR REFORMING MANDATED REPORTING TO COMMUNITY SUPPORTING

Engage communities, tribes, and other stakeholders to guide reform

- A. Ensure that planning is informed by those with lived expertise - Broad representation of stakeholders, including tribes, educators, pediatricians, public health and family and parent advocates drawn from community members who have experienced the consequences of involvement with the child welfare system

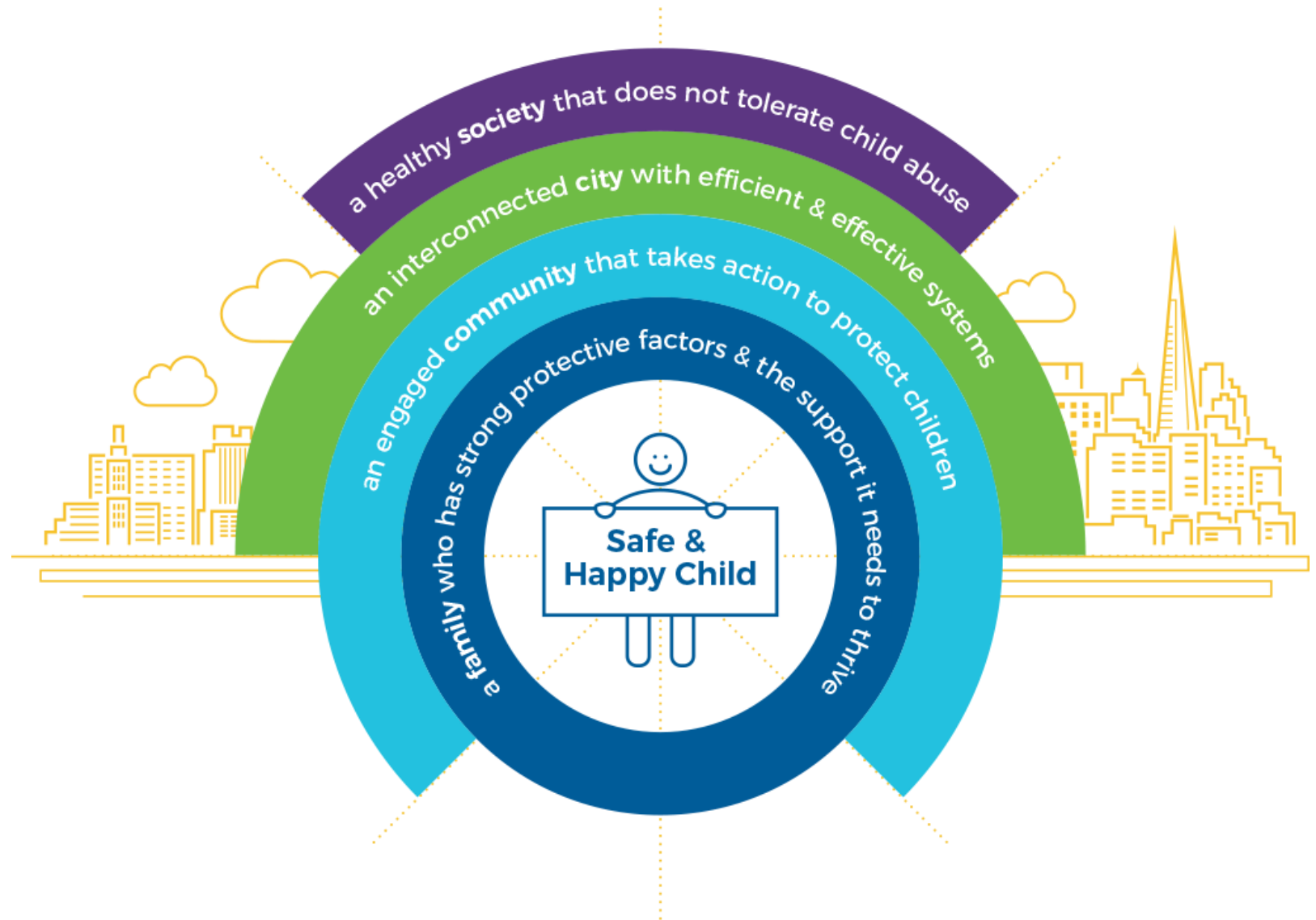
NEXT STEPS:

THE MOMENTUM BUILDS

- *Child Welfare Council. Approved Prevention & Early Intervention Committee's Recommendation to Create Task Force (March 2023)*
- *CDSS Response to Citizen Review Panels (April 2023)*
 - *Collaborating with Task Force*
 - *Updating Mandated Reporter Training*
 - *Cross-Department Conversations*
 - *Researching US & CA Best Practices*
 - *Disaggregating Data*
- County and local jurisdictions are looking at reforms to mandated reporting as a lever to address racial disproportionality
 - Humboldt, Los Angeles, Sacramento, San Diego, San Francisco, Ventura.

Ecological Model of Primary Prevention

Context



Context

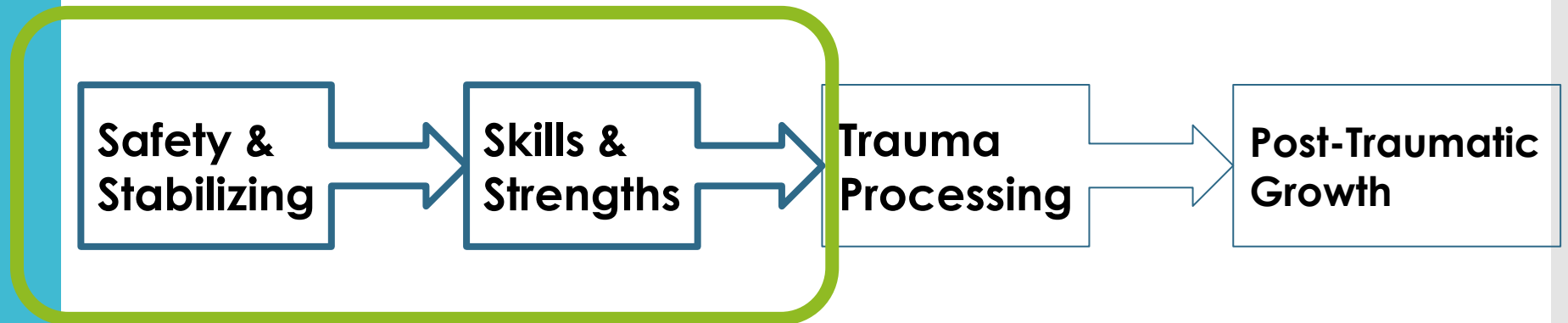
Trauma-Informed Care Principles

- Establish the physical and emotional safety of patients and staff
- Build trust between providers and patients
- Recognize the signs and symptoms of trauma exposure on physical and mental health
- Promote patient-centered, evidence-based care
- Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
- Provide care that is sensitive to the patient's racial, ethnic, and cultural background, and gender identity

Phases of Trauma Recovery

Integrating the Five Protective Factors framework with ACEs screening directly supports families in the early phases of trauma recovery

Context



ACEs Overview

Adverse Childhood Experiences

ACEs Overview

What are Adverse Childhood Experiences (ACEs)?

- Stressful or traumatic experiences people have by age 18 that were identified in the landmark 1998 study by the Centers for Disease Control and Prevention and Kaiser Permanente
- The original study identified 10 categories of individual-level ACEs in three domains: abuse, neglect, and/or household dysfunction
- Subsequent research has identified more individual and community-level experiences that can intensify the effects of the original 10 ACEs

10 Original Categories of Adverse Childhood Experiences

ACEs Overview

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

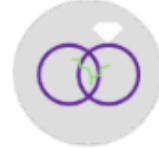
HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



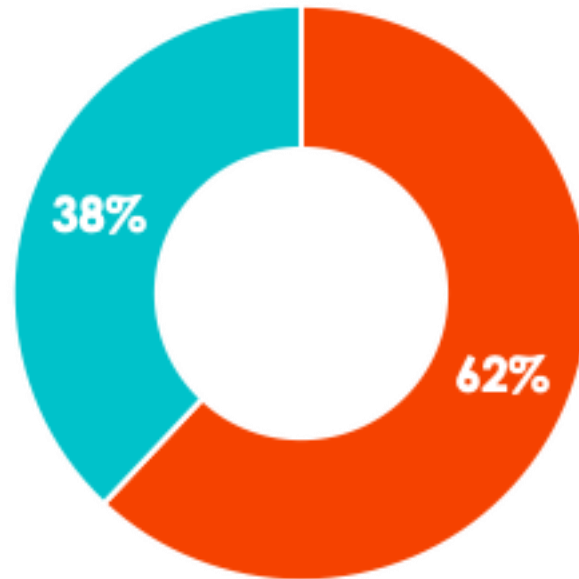
Substance Abuse

Prevalence of ACEs in California

ACEs Overview

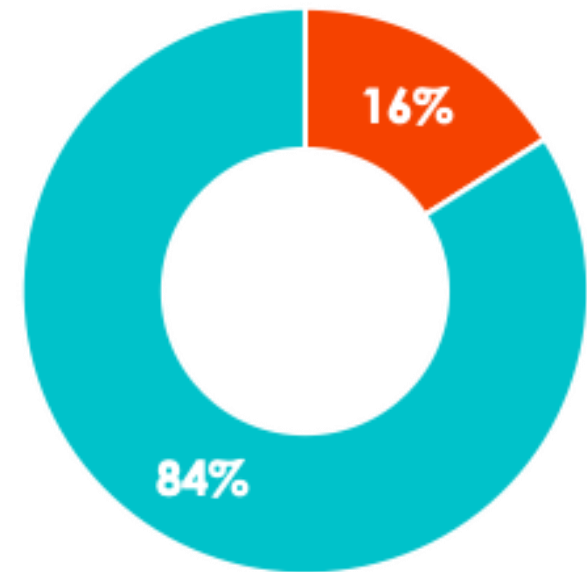
Californians who have experienced at least 1 ACE

■ Have experienced at least 1 ACE



Californians who have experienced 4 or more ACEs

■ Have experienced 4 or more ACEs



Sources: California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017.

ACEs Dramatically Increase Risk for at least 9 of the 10 Leading Causes of Death in U.S.

ACEs Overview

Leading Causes of Death in the U.S., 2017		Odds Ratios for ≥ 4 ACEs (relative to no ACEs)
1	Heart disease	2.1
2	Cancer	2.3
3	Accidents (unintentional injuries)	2.6
4	Chronic lower respiratory disease	3.1
5	Stroke	2.0
6	Alzheimer's or dementia	11.2
7	Diabetes	1.4
8	Influenza and pneumonia	Risk Unknown
9	Kidney disease	1.7
10	Suicide (attempts)	37.5

**Five
Protective
Factors
Overview**

The Five Protective Factors

Five Protective Factors Overview

The Five Protective Factors Framework

- **Research**

- Center for the Study of Social Policy, 2001
- Strengthening Families Framework
- Researched in Early Childhood Education setting
- Low rates of child abuse in populations where 5PF are high

- **4 Basic Ideas**

- Focus on building strengths vs. eliminating risks
- A research-informed approach, not a prescriptive model
- Changed relationship with parents
- Alignment with developmental science

Five Protective Factors Overview

The Five Protective Factors and Cultural Humility/Equity

- Protective factors **relevant across cultures**
- Designed to allow **diversity in implementation** in different service settings & with different populations
- Engaging with families in a culturally humble way--**not prescriptive**
- Focus is on strengths of individual families, but **structural factors (e.g., structural racism, community violence, poverty) mustn't be ignored**

**Five
Protective
Factors
Overview**

Defining Protective Factors

Five Protective Factors Overview

Parental Resilience

Resilience can be thought of as the process of managing stress and functioning well in a particular context when faced with adversity. Resilience is learned through exposure to challenging life events *facilitated by supportive relationships and environments*. The outcome of resilience is positive change and growth.

Five Protective Factors Overview

Social Connections

Healthy, sustained relationships with people, institutions, the community, or a force greater than oneself that promote a sense of trust, belonging, and that one matters.

Five Protective Factors Overview

Knowledge of Parenting and Child Development

All parents can benefit from increasing their knowledge and understanding of infant and child development in order to apply this knowledge in day-to-day interactions with young children. *Effective parenting is contextual*, particularly with respect to culture and circumstances.

Five Protective Factors Overview

Concrete Support in Times of Need

Accessing concrete support in times of need focuses on three components: parents' positive *help-seeking behavior*, the availability and accessibility of *resources and services*, and *high-quality service delivery*.

Social and Emotional Competence of Children

Five Protective Factors Overview

The developing capacity of the child to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn—all *in the context of family, community, and culture*.

Five Protective Factors Overview

How to remember the 5 PROTECTIVE FACTORS that make your family strong.

Use your Thumb to remember Social & Emotional Competence of Children
because a "thumbs up" is one of the first ways we learn to communicate our emotions.

Your Pinky Finger signifies Concrete Support in Times of Need!
because it is the smallest finger and reminds us that we all need help sometimes.

Your Index Finger represents Knowledge of Parenting and Child Development
because you are your child's 1st teacher!

Your Ring Finger stands for Parental Resilience
because your first commitment must be to yourself in order to be strong for others.

Your Middle Finger can help you remember Social Connections
because it should never stand alone! We all need a positive social network.

GREAT START COLLABORATIVE
Charlevoix, Emmet Northern-Antrim Counties

strengthening families

**Integration of
ACEs and
Protective
Factors
Frameworks**

**What is your personal experience of the
Five Protective Factors?**

Parental Resilience

Social Connections

Knowledge of Parenting and Child
Development

Concrete Support in Times of Need

Social & Emotional Competence of
Children

Integration of ACEs and Protective Factors Frameworks

The Five Protective Factors and ACEs/Risk Factors

- Adverse Childhood Experiences (ACEs) science clearly connects early experiences with later negative health outcomes, effects of ACEs are cumulative
- Protective Factors provide a framework for how to proceed when ACEs are present in a family's history
 - Protective Factors model aimed at **preventing intergenerational transmission** of ACEs
 - Protective Factors may also be cumulative
 - Protective Factors and risk factors/ACEs aren't just two ends of a single continuum. They coexist.

Screening & Assessing Protective Factors and ACEs

Screening/Assessment Tools

- **Protective Factors Survey (PFS & PFS-2)**
 - FRIENDS National Center for Community-Based Child Abuse Prevention
 - Self-report, 20 items or 19 items
 - Included in California Clearinghouse on Evidence-Based Practices
 - <https://friendsnrc.org/evaluation/protective-factors-survey/>
- **Parents' Assessment of Protective Factors (PAPF)**
 - 2014, Center for the Study of Social Policy (CSSP)
 - Self-report, 36 items
 - Scores 4 Protective Factors
 - Aligned with CSSP research
 - <https://cssp.org/resource/papf-user-guide/>

Pediatric ACEs and Related Life Events Screener

Screening & Assessing Protective Factors and ACEs

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

- Has your child ever lived with a parent/caregiver who went to jail/prison?
- Do you think your child ever felt unsupported, unloved and/or unprotected?
- Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
- Has a parent/caregiver ever insulted, humiliated, or put down your child?
- Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
- Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
- Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
OR has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
- Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
OR has any adult in the household ever hit your child so hard that your child had marks or was injured?
OR has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
- Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
- Have there ever been significant changes in the relationship status of the child's caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

Add up the "yes" answers for this first section:

Please continue to the other side for the rest of questionnaire →

This tool was created in partnership with UCSF School of Medicine.

Child (Parent/Caregiver Report) - Declassified

PART 2:

Please check "Yes" where apply.

- Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
- Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
- Has your child ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
- Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
- Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
- Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
- Has your child ever lived with a parent or caregiver who died?

Add up the "yes" answers for the second section:



This tool was created in partnership with UCSF School of Medicine.

Child (Parent/Caregiver Report) - Identified

Integration of ACEs and Protective Factors Frameworks

Vignette Activity

**Integration of
ACEs and
Protective
Factors
Frameworks**

Vignette: Barbara Morgan

Integration of ACEs and Protective Factors Frameworks

Noticing Protective Factors and ACEs/Risk Factors

- What are some risk factors and/or ACEs, for both mother and child?
- What are some clues pointing to potential presence of Protective Factors?
- How might you begin to engage this parent in a Protective Factors-based conversation?

Integration of ACEs and Protective Factors Frameworks

Noticing Clues about Family Strengths and Protective Factors

- Barbara works full time as a cashier at a grocery store. **Concrete Support**
- Barbara has prioritized her children's safety, and her own, by leaving a violent situation. **Parental Resilience, Knowledge of Parenting**
- Barbara and the kids have Medi-Cal and she takes them to all of their annual checkups. **Concrete Support, Knowledge of Parenting**
- On Barbara's days off, they try and do things as a family like go to the park, the beach, or the library. **Knowledge of Parenting**

Integration of ACEs and Protective Factors Frameworks

Noticing Clues About Family Strengths and Protective Factors

- The children were excited to show off their books and toys. **Social/Emotional Competence**
- Barbara and her children live in a room at her sister's house. **Social Connections, Concrete Support**
- Max approached Barbara with one of his toy cars so she can play with him. **Social/Emotional Competence (Nurturing and Attachment)**
- Barbara mentions that it's hard to be patient with the kids and engage with them when she's getting a headache. **Knowledge of Parenting**

Integration of ACEs and Protective Factors Frameworks

Protective Factors Prompts

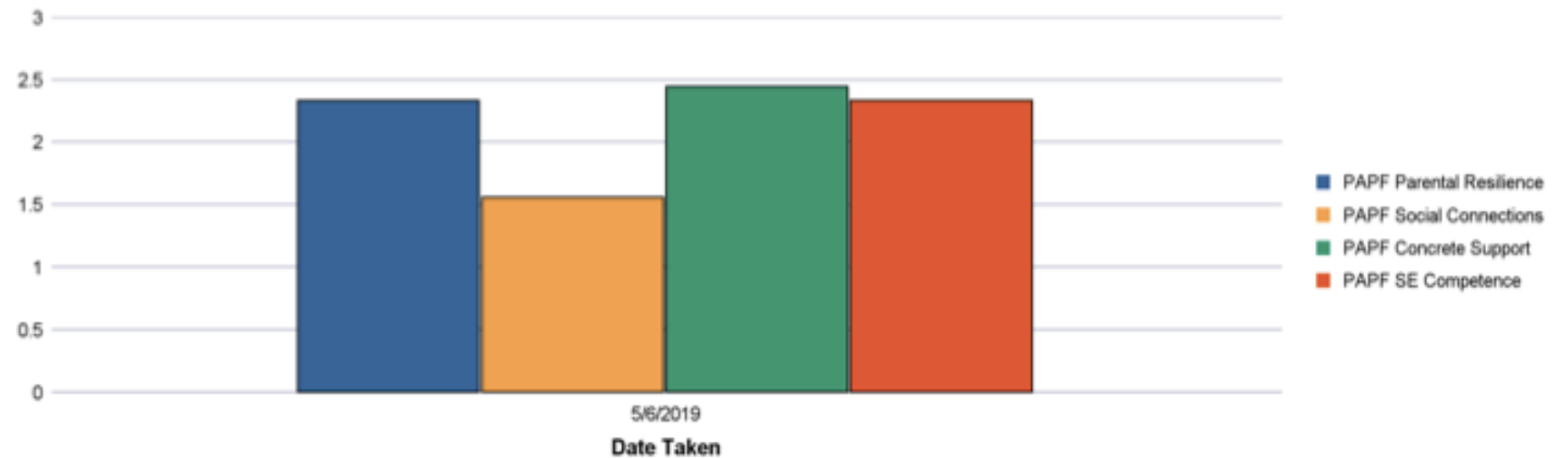
- Start with what you already know about the family
- Give referrals based on what family wants to work on--what is **their** priority?
- Possible questions:
 - What has helped you get through these difficulties?
 - Whom do you go to for support?
 - What does your family do for fun?
 - What do you enjoy most about your child?
 - What do you consider to be your personal strengths as a parent?
 - What are the three most important changes you'd like to see in your family?

Protective Factors Assessment

Protective Factor Scores

Parents Assessment of Protective Factors
Assessment Data for Barbara Morgan LeFaux Family as of 5/6/19

Morgan LeFaux, Barbara



Date Taken	5/6/19
Family Functioning/Resiliency	2.33
Social Support	1.56
Concrete Needs	2.44
Social and Emotional Competence	2.33
Protective Factors Index	2.17

Sample Service Plan

Using the Protective Factors Framework

Service Plan				Client Name: B. Morgan LeFaux			
Goal 1:	Secure safe, permanent housing	Protective Factor:	Concrete Needs	Target Date:		Completion Date:	
	Service 1: Connect B. with housing agency	Person Responsible:	Case Manager	Target Date:		Completion Date:	
	Service 2: Support B. with application process	Person Responsible:	Case Manager	Target Date:		Completion Date:	
	Service 3:	Person Responsible:		Target Date:		Completion Date:	
Goal 2:	Secure medical care for B.	Protective Factor:	Concrete Needs	Target Date:		Completion Date:	
	Service 1: Accompany B. to medical clinic	Person Responsible:	Case Manager	Target Date:		Completion Date:	
	Service 2:	Person Responsible:		Target Date:		Completion Date:	
	Service 3:	Person Responsible:		Target Date:		Completion Date:	
Goal 3:	Attend two family events	Protective Factor:	Social Conn.	Target Date:		Completion Date:	
	Service 1: Sign up for family events	Person Responsible:	Case Manager	Target Date:		Completion Date:	
	Service 2:	Person Responsible:		Target Date:		Completion Date:	
	Service 3:	Person Responsible:		Target Date:		Completion Date:	
Goal 4:	Increase use of positive discipline	Protective Factor:	Knowledge of Par.	Target Date:		Completion Date:	
	Service 1: Attend PPP class	Person Responsible:	Parent Educator	Target Date:		Completion Date:	
	Service 2:	Person Responsible:		Target Date:		Completion Date:	
	Service 3:	Person Responsible:		Target Date:		Completion Date:	
Goal 5:		Protective Factor:		Target Date:		Completion Date:	
	Service 1:	Person Responsible:		Target Date:		Completion Date:	
	Service 2:	Person Responsible:		Target Date:		Completion Date:	
	Service 3:	Person Responsible:		Target Date:		Completion Date:	

Integration of ACEs and Protective Factors Frameworks

Communities of Care

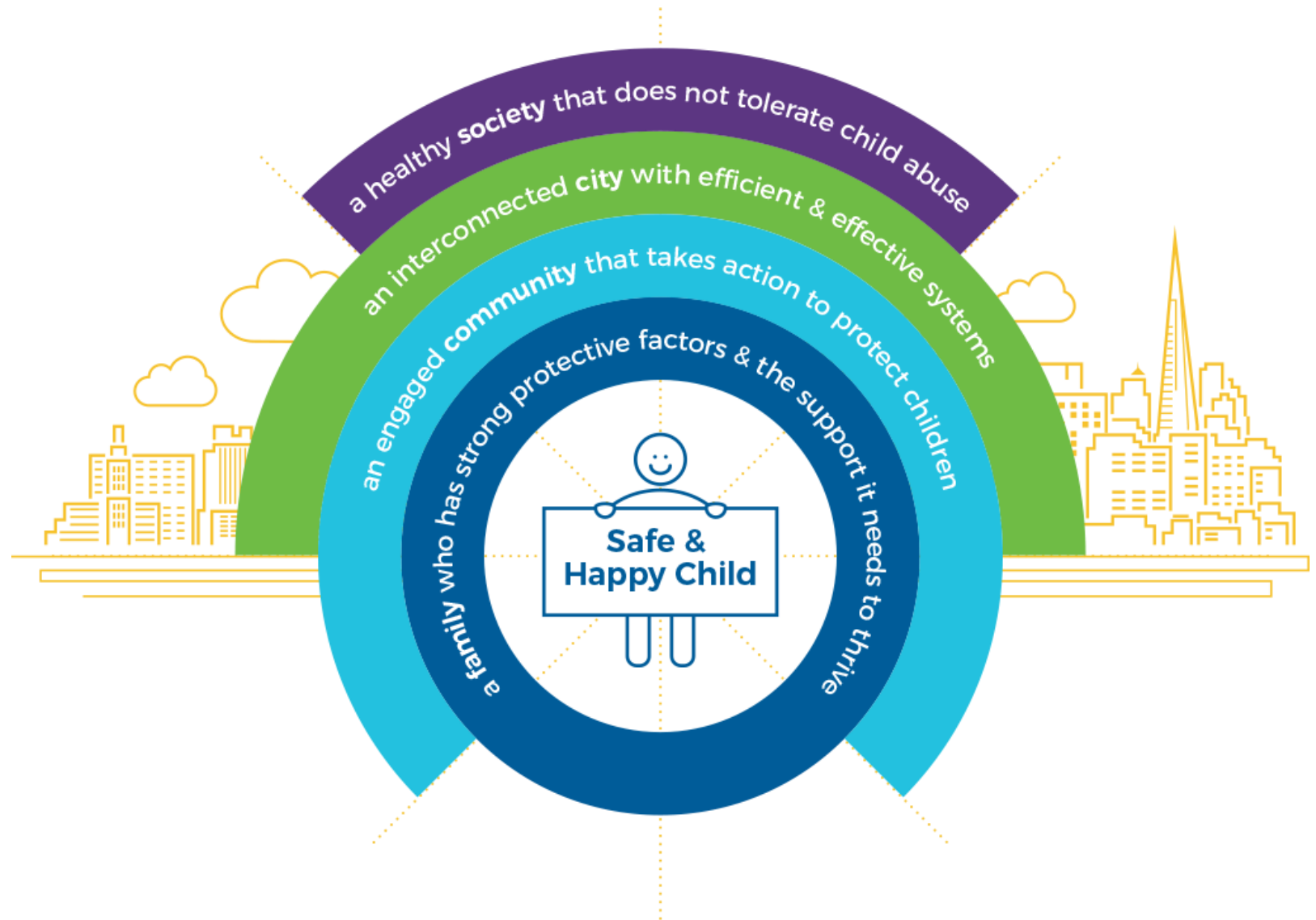
- 4-year project, funded by Doris Duke Community Foundation, to support FRCs in San Francisco to implement the Protective Factors (PF) Framework
- Purpose is to create more common language, outcomes, and practice within the San Francisco FRC network
- Provides foundational PF training, customized coaching for FRC teams, networking and peer learning opportunities for participating agencies
- 8 FRCs so far (in 2 cohorts)

Integration of ACEs and Protective Factors Frameworks

How might an integration of ACEs science and the Five Protective Factors framework be useful in your program, with your population?

Ecological Model of Primary Prevention

Context





Community Risk Factors & Protective Factors





Adverse Community Environments

ADVERSE CHILDHOOD EXPERIENCES

Maternal Depression

Physical & Emotional Neglect

Substance Abuse

Divorce

Domestic Violence

Emotional & Sexual Abuse

Homelessness

Incarceration

Mental Illness

ADVERSE COMMUNITY ENVIRONMENTS

Poverty

Lack of Opportunity,
Economic Mobility &
Social Capital

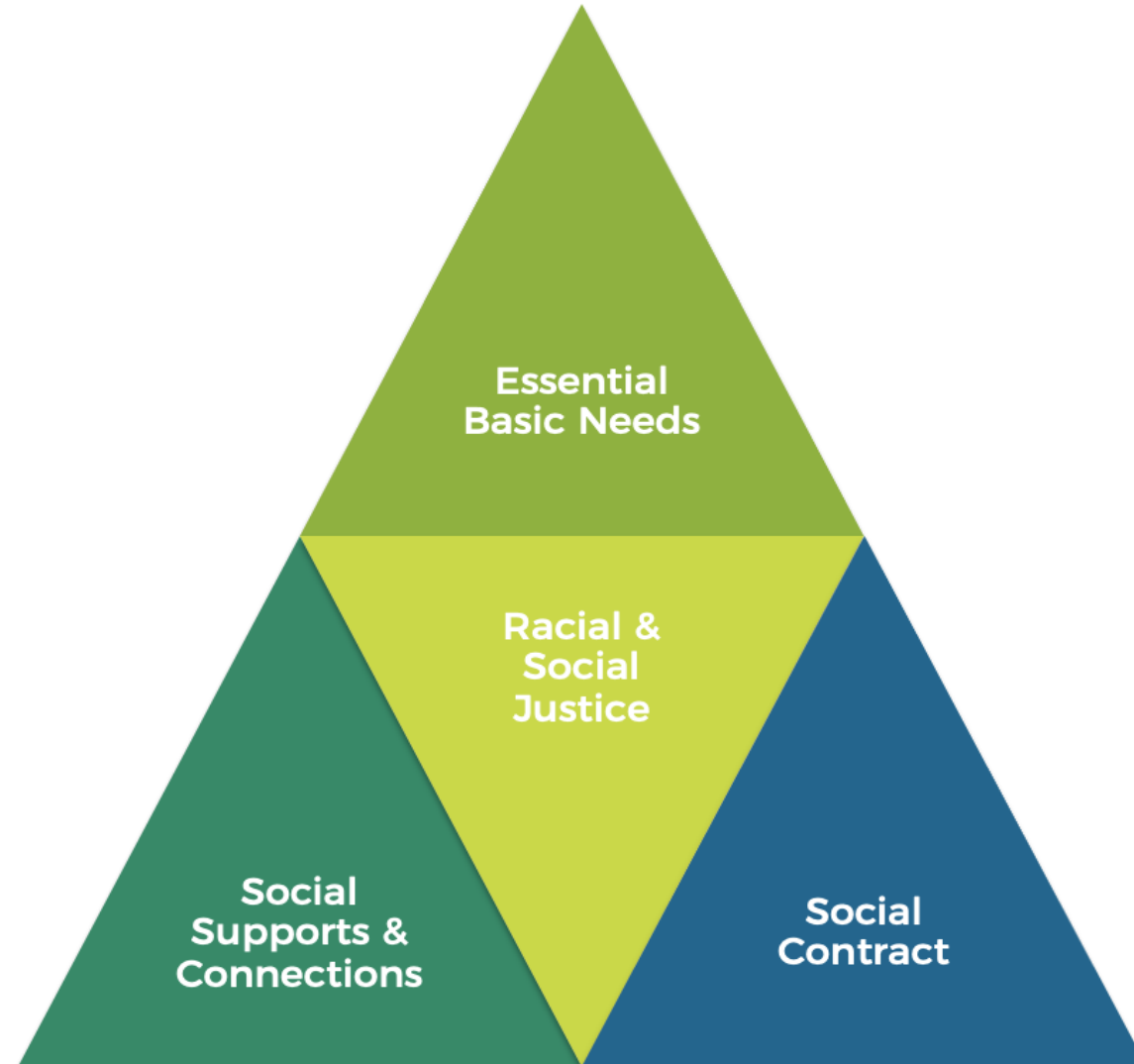
Violence

Discrimination

Poor Housing Quality &
Affordability

Community Disruption

NEEDED COMMUNITY CONDITIONS



Increased Economic Supports Yields Decreased Child Welfare Involvement

Child Welfare Interventions Augmented with Concrete Supports

- Differential Response
- Family Preservation

Concrete Supports

- Medicaid
- Supportive Housing
- Paid Family Leave
- Child Care
- SNAP & WIC
- Legal Supports

Economic Supports

- Minimum Wage Increase
- Employment
- Earned Income Tax Credit (EITC)
- State Welfare Benefits
- Child Support
- Sustained Income Support



Chapin Hall at the University of Chicago, 2021 (citing sources), available at:
<https://www.chapinhall.org/research/economic-supports-child-welfare/>



Decreased Economic Support Yields Increased Child Welfare Involvement

- Reduced TANF benefits
- Reduced employment
- Lack of childcare
- Housing instability
- Increased gas prices

Associated with increased levels of neglect, reports, investigations, substantiation, and entries into foster care.

Chapin Hall at the University of Chicago, 2021 (citing sources), available at: <https://www.chapinhall.org/research/economic-supports-child-welfare/>



- For every \$1 increase in the minimum wage, there was a nearly **10% reduction in neglect reports.**¹
- An increase of \$1,000, or 13%, in annual spending per person in poverty programs by all 50 states and Washington, D.C., potentially yields approximately **181,000 fewer children reported for maltreatment, 28,500 fewer victims, 4,100 fewer children entering foster care and 130 fewer children dying – every year.**²

¹ Raissian, 2017, cited in Chapin Hall at the University of Chicago, 2021 (citing sources), available at: <https://www.chapinhall.org/research/economic-supports-child-welfare/>

² Puis, Pediatrics, 2021, available at <https://publications.aap.org/pediatrics/article/148/5/e2021050685/181348/State-Spending-on-Public-Benefit-Programs-and?autologincheck=redirected>

Child Abuse Costs. Prevention Pays.

Existing research suggests that expanding child abuse prevention programs provides benefits to society and **significant returns on investment.**

- Family Resource Centers: Between \$2.92¹ - \$4.70² for every \$1 spent, depending on jurisdiction
- Home Visiting Programs: \$5.70³ for every \$1 spent
- Parenting Education: \$16.84⁴ for every \$1 spent

Strengthening Children, Families, and Communities

Questions?

**Strengthening
Children,
Families, and
Communities**

Thank you!

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Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate available in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next edition of CalTrin Connect



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