Exploring New Paradigms for Evaluation and Service Delivery:

The National Quality Improvement Center on Early Childhood

FEATURED IN THIS ISSUE:

The National Quality Improvement Center on Early Childhood

Project DULCE: Home Visiting in the Healthcare Setting

Building a Lasting Foundation for Promoting Protective Factors across Children’s Bureau Programs
This Issue and Why It Matters

This issue of Zero to Three focuses on the work of the federally funded National Quality Improvement Center on Early Childhood (QIC-EC) which supported four research and demonstration projects that tested new approaches to preventing child maltreatment of very young children. The authors are from the Children's Bureau, which funded the work; The Center for the Study of Social Policy (CSSP), the lead organization; four research and demonstration projects; and the cross-site evaluation team.

The Adverse Childhood Experience study (ACE; www.cdc.gov/violenceprevention/acestudy/) and other research has raised public awareness of the prevalence of adverse childhood experiences and the negative lifelong impact those experiences can have on physical, emotional, and social well-being. Child maltreatment data www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012 paint a grim picture for our nation's youngest children, revealing that:

- The majority of child abuse and neglect cases involve children less than 3 years old.
- Those less than 1 year old are at greatest risk, and in fact newborns are particularly likely to suffer maltreatment.
- Almost three quarters of child maltreatment fatalities take place among children less than 3 years old.
- Child maltreatment risk may be heightened among young children with special needs, and maltreatment can cause injury and disability.
- Studies show that one third to two thirds of child maltreatment cases involve substance use to some degree (Child Welfare Information Gateway, n.d.).

This has been the bleak story of the maltreatment of very young children for decades. Even as maltreatment reports are currently trending downward, its disproportionate and severe impact on the youngest children remains stubbornly consistent. From this bleak story a more hopeful one is emerging.

It's a story of identifying family strengths and partnering with families in enhancing and building on those strengths. It's a story of hope and possibility for even the most stressed families: those experiencing maternal substance abuse, those living in poverty and in communities with few resources, and those caring for infants and toddlers with chronic illness and developmental delay and disability. It's a story of focusing on flourishing: well-being for infants and toddlers and increased strength and capacity for their families.

Over a 5-year span the QIC-EC shaped a new way of conceptualizing the primary prevention of maltreatment. The CSSP lead the way, together with partners the National Alliance of Children's Trust and Prevention Funds and ZERO TO THREE. Each of the four grantees designed and evaluated a unique approach to primary prevention and is now disseminating lessons learned and recommendations for future work. The project evaluation team used a developmental evaluation approach to capture the project's process and outcomes. We're excited to share this story with you. We look forward to your questions, comments, and continued partnership in striving for the best possible outcomes for infants, toddlers, and their families. Feel free to contact us at the email addresses below.

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ABSTRACT

The National Quality Improvement Center on Early Childhood (QIC-EC) funded four research and demonstration projects that tested child maltreatment prevention approaches. The projects were guided by several key perspectives: the importance of increasing protective factors in addition to decreasing risk factors in child maltreatment prevention efforts, improving adults’ capabilities to increase the likelihood of optimal child development, developing effective collaborative partnerships for the successful provision of integrated services, and addressing multiple domains of the social ecology to effect positive child and family outcomes. Also, the QIC-EC’s work highlighted the importance of focusing on well-being in maltreatment prevention efforts, exploring the relationship between culture and protective factors, and developing strengths-based parent assessment tools.

The National Quality Improvement Center on Early Childhood (QIC-EC) was established to meet the nation’s urgent need to identify and test innovative approaches for reducing the likelihood of abuse and neglect of children from birth to 5 years old. Children in this age group are subject to the highest rates of child maltreatment (U.S. Department of Health and Human Services, 2012) and are at the greatest risk of a variety of immediate and enduring physical, cognitive, language, social–emotional, and psychological problems (Felitti, 2002; Shonkoff & Garner, 2012; Wiggins, Fenichel, & Mann, 2007). Burgeoning research over the last decade in the neurobiological, behavioral, and social sciences has demonstrated the early years of life also offer the greatest opportunity for preventing or mitigating harm from trauma and setting the course for optimal development (Brazelton & Greenspan, 2000; National Research Council & Institute of Medicine, 2000; National Scientific Council on the Developing Child, 2010a; Shonkoff, 2009; Thompson, 2001). These research advances are catalyzing an important paradigm shift in our understanding of health and disease across the lifespan” (Shonkoff & Garner, 2012, p. 232), including an increased focus on a strengths-based approach to prevention work with children and families as an alternative to a deficits-based model (Blundo, 2001; Leadbeater, Schellenbach, Maton, & Dodgen, 2004).

A Prevention–Promotion Framework

The Center for the Study of Social Policy (CSSP) was funded through a cooperative agreement with the Children’s Bureau (2008–2013) to address critical issues about preventing child maltreatment along with two partner organizations—the National Alliance of Children’s Trust and Prevention Funds and ZERO TO THREE: National Center for Infants, Toddlers, and Families. Originally called the “National Quality Improvement Center for Preventing the Abuse and Neglect of Young Children”, changing the name to the National Quality Improvement Center on Early Childhood called attention to “the gradual—and still partial—shift in the field of child maltreatment” (Paxson & Haskins, 2009, p. 4) toward the prevention–promotion framework that guided the work of the QIC-EC. This framework identified that (a) addressing child maltreatment before it occurs (primary prevention) must be placed within the context of increasing parent capabilities that will promote optimal child development and (b) preventing child maltreatment must also incorporate a focus on both increasing protective factors (see Jargon Buster on p. 60) and decreasing risk factors. Stagner and Lansing (2009) supported this idea of strengths-based primary prevention efforts:

Whereas the traditional response aims to prevent a recurrence of maltreatment once it has already taken place…the new framework focuses on strengthening protective factors and building family and social networks to reinforce the ability of parents to care for their children. …Rather than seeking to minimize harm to the child (only), it aims to maximize potential—to strengthen the capacity of parents and communities to care for their children in ways that promote well-being. (p.19)
KNOWLEDGE DEVELOPMENT, DISSEMINATION, AND INTEGRATION

The goals of the QIC-EC were to expand the knowledge base within the child maltreatment prevention field, disseminate relevant information and data, and promote the integration of lessons learned into practice and policy. Knowledge development centered on selecting and funding four research and demonstration projects from among 41 highly competitive proposals (see Table 1). The research and demonstration projects targeted families of young children (birth to 24 months old) with diverse risk factors for child maltreatment. Each innovative project tested and rigorously evaluated a different evidence-based or evidence-informed approach that supported parents in building the protective factors articulated in the Strengthening Families Protective Factors Framework™, plus one additional factor. A systems-oriented cross-site evaluation was conducted to understand similarities and differences in the four sites’ approaches and to identify how norms, infrastructures, policies, and partnerships influenced the implementation and outcomes of their interventions. Both qualitative and quantitative methods were used to build evidence about implementation of a protective factors framework for preventing child maltreatment.

Knowledge development for the field was also supported by funding five advanced-level doctoral student fellows whose dissertation research was focused on primary prevention or promoting child and family well-being in families with young children who are at high risk for abuse, neglect, or abandonment. All fellows successfully completed and defended their dissertations within their 2-year funding period and were awarded doctoral degrees in the fields of child development, social work, or social welfare.

Knowledge dissemination and integration were achieved by facilitating collaborative information-sharing and problem-solving via a number of channels; one of these was a national QIC-EC Learning Network. The QIC-EC Learning Network served as an active mechanism for exchange of information between the QIC-EC and a multidisciplinary group of organizations and individuals who share the commitment to the prevention of child maltreatment and promotion of well-being in young children. More than 100 organizations were represented in the Learning Network. Other dissemination and integration channels included: presentations and facilitated discussions at national conferences; the QIC-EC website; press releases; national prevention partner meetings; Strengthening Families national partner meetings; expert panels that explored relevant topics (e.g., culture and the protective factors); and building consensus among diverse local, state, and national stakeholders in order to foster sustainable, systemic change at multiple levels of the child maltreatment prevention field.

THE QIC-EC NATIONAL ADVISORY COMMITTEE

The overall work of the QIC-EC, as well as the focus of the research and demonstration projects, was informed by discussion and recommendations from a distinguished 16-member National Advisory Committee (NAC). The NAC was comprised of ethnically diverse individuals with extensive knowledge and expertise in multiple disciplines including child development, parent leadership, child welfare, prevention science, and research methodology. The NAC strongly supported the following approaches articulated in the QIC-EC implementation plan: (a) focus on promotion (i.e., increasing protective factors) and prevention (i.e., reducing risk factors); (b) address promotion and prevention in all domains of the social ecology; and (c) require research and demonstration projects to have broad collaborative partnerships, including community-based organizations and parent leaders. The NAC provided three additional recommendations which were fully incorporated into the work of the QIC-EC: (a) integrate scientifically rigorous methodology with professional experience and expertise in the context of families’ culture, characteristics, and values; (b) identify alternative ways of documenting the effectiveness of prevention programs, beyond child abuse reports and substantiated cases; and (c) include “well-being” as a key outcome.

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<tr>
<th>Project and Location</th>
<th>Target Population</th>
<th>Interventions</th>
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<tr>
<td>The Family Networks Project (Columbia, SC)</td>
<td>Families of young children with developmental disabilities Project workforce</td>
<td>▪ Stepping Stones Triple P-Positive Parenting Program ▪ Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care curriculum (Seibel, Britt, Gillespie, &amp; Parlakian, 2006)</td>
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<tr>
<td>Project DULCE: Developmental Understanding &amp; Legal Collaboration for Everyone (Boston, MA)</td>
<td>Families who seek pediatric care at Boston Medical Center</td>
<td>▪ Medical-Legal Partnership</td>
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<tr>
<td>The Strong Start Study (Denver, CO)</td>
<td>Pregnant women in substance use treatment</td>
<td>▪ High Fidelity Wraparound ▪ Early intervention services</td>
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<tr>
<td>Fostering Hope (Salem, OR)</td>
<td>Families who reside in high poverty neighborhoods</td>
<td>▪ Neighborhood Mobilization ▪ Provision of Comprehensive Services (e.g., home visiting with wraparound supports, parenting education)</td>
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TABLE 1. Research and Demonstration Projects Selected by the National Quality Improvement Center on Early Childhood (QIC-EC)
The QIC-EC’s Guiding Perspectives

The work of the QIC-EC was guided by seven foundational ideas: (a) incorporating characteristics of effective maltreatment intervention approaches, (b) addressing all levels of the social ecology, (c) focusing on childhood, (d) forging collaborations in maltreatment prevention, (e) improving adult capabilities, (f) understanding the nature of risk and protective factors, and (g) integrating the Strengthening Families Protective Factors framework in interventions focused on preventing child maltreatment.

CHARACTERISTICS OF EFFECTIVE MALTREATMENT INTERVENTION APPROACHES

Decisions about selecting the QIC-EC research and demonstration projects were guided by lessons learned from the comprehensive literature review conducted during the first year of the QIC-EC. In reviewing evidence-based maltreatment intervention programs for children birth to 5 years old that were rated as “promising” or “proven” by at least one independent review system, Daro, Barringer, and English (2009) identified several common characteristics of effective interventions outlined in Table 2.

A SOCIAL–ECOLOGICAL FRAMEWORK

The CSSP was the QIC-EC’s lead organization. Its theory of change affirms the necessity of working at all levels of the social ecology—individual, family and relational, community, societal, and policy—in order to make a difference in the lives of families and children. This theory of change

Puts families and children in the center of a multifaceted model that includes building protective factors for families, reducing risk factors for children, strengthening local communities, and connecting all of this to systems change and policy—and infusing it with a fierce commitment to equity across lines of race, ethnicity, and culture. (CSSP, 2013b, para. 3)

Using a social–ecological framework (see Jargon Buster on p. 60) to guide the work of the QIC-EC was viewed as necessary to expand the scope and reach of efforts to prevent child maltreatment because risk and protective factors exist in all domains of the social ecology (see Figure 1). Thus, a combination of individual, relational, community, and societal factors must be addressed in order to promote healthy child, adult, and family well-being and to reduce the risk of negative outcomes.

Daro asserted, “the problem [of child abuse and neglect] and its solution are not simply a matter of parents doing a better job but rather creating a context in which ‘doing better’ is easier” (cited in Shaw & Kilburn, 2009, p. 7). The research and demonstration projects were required to implement approaches that addressed the individual domain of the social ecology and the context within at least one other domain.

FOCUS ON EARLY CHILDHOOD

Scientists in the fields of neuroscience, pediatrics, and developmental psychology have provided much evidence about early childhood as the period in which the foundation for intellectual, social, emotional, and moral development is established (Munakata, Michaelson, Barker, & Chevalier, 2013; National Scientific Council on the Developing Child, 2010a, 2010b, 2012; Shonkoff, 2009). The QIC-EC focused on families of young children in recognition of not only the window of opportunity presented during this developmental period but also the disproportionate rate at which the youngest children are maltreated (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, 2012; U.S. Department of Health and Human Services, 2012).

Wulczyn (2008) asserted “More children start their child welfare careers during infancy than any other period within the span of childhood” (p. 2). The research and demonstration projects tested and evaluated approaches for reducing the likelihood of child abuse and neglect in families with young children (birth to 5 years old) who were at high risk for maltreatment yet for whom there was no substantiated child protective services report.

COLLABORATION IN MALTREATMENT PREVENTION

Child maltreatment prevention is much too complex for one organization, agency, or service system to successfully address on its own. Many children and families at high risk for maltreatment have a range of interrelated physical, health, emotional, and educational needs, underscoring the need for multiple, integrated supports. Collaboration among key stakeholders—including community-based organizations and parent leaders—is vital to the effective provision of needed services to children and families, to the success of efforts to prevent child maltreatment efforts, and ultimately to improved outcomes.

<table>
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<th>TABLE 2. Selected Characteristics of Effective Maltreatment Intervention Approaches</th>
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<tr>
<td><strong>Characteristic</strong></td>
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<tr>
<td>Maintain theoretical integrity</td>
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<td>Target the earliest stages</td>
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<tr>
<td>Impact the bi-directional interaction between individuals and their families</td>
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<tr>
<td>Link prevention to the existing local network of social support services</td>
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<tr>
<td>Build relationships</td>
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<td>Offer ongoing support and access to other interventions</td>
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for young children and families (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, 2013) The QIC-EC’s collaboration imperative was guided by Pollard’s (2005) view of collaboration as both structure and process. “Collaboration entails finding the right group of people…ensuring they share commitment to the collaboration task at hand, and providing them with an environment, tools, knowledge, training, process, and facilitation to ensure they work together effectively” (p. 1).

IMPROVING ADULT CAPABILITIES
Central to the prevention of child maltreatment and the promotion of child well-being is the capability of the adults who serve as primary caregivers. “Success in this area requires adults and communities to provide sufficient protection and supports that will help young children develop strong, adaptive capacities…. Interventions that focus on adult capacity-building offer promising opportunities for greater impacts on children” (Shonkoff, 2013, para. 6). Although each QIC-EC research and demonstration project tested a different prevention approach, all approaches were designed to improve a target parent’s knowledge, skills, or sense of competence that contributes to a trajectory of healthy child development and well-being and to the decreased likelihood of poor outcomes.

RISK AND PROTECTIVE FACTORS
Families are often targeted for child abuse and neglect prevention programs on the basis of various risk factors known to be correlated with child maltreatment such as low maternal age, substance abuse in the household, and domestic violence (Thomas, Leicht, Hughes, Madigan, & Dowell, 2003). Focusing primarily on risk factors to identify families seems appropriate if the goal is to provide services to families most in need; but this strategy has several key drawbacks. First, the prediction of which families may maltreat their children on the basis of identified risk factors is relatively unreliable. The notion of “risk” itself implies both an increased likelihood that maltreatment may occur because of various factors and the possibility of variability in reaction to the same factors (Fraser, Kirby, & Smokowski, 2004). This suggests that many families with child, parent, family, or community risk factors do not actually maltreat their children; other factors operate to mitigate these risks (Fraser, 2004).

Second, several of the commonly defined risk factors (e.g., maternal age or premature birth), are not amenable to an intervention’s influence (Ross & Vandivere, 2009). Thus, a prevention program’s approach can have only limited impact on reducing the overall risk for a given family. Third, and potentially most important, targeting families according to risk factors may have the unintended effect of discouraging them from participating; families do not want to be labeled as “high-risk” or potential child abusers. This stigmatization no doubt contributes to the difficulty that many prevention programs experience in recruiting families and keeping them engaged once they are enrolled in the program (Daro et al., 2009; Daro & Donnelly, 2002; Olds & Henderson, 1991). The challenge is to normalize prevention strategies so that needs are assessed and relevant supports are provided to all families served (Daro & Donnelly, 2002).

Finally, while risk factors are important in understanding and assessing family conditions that could lead to maltreatment, an exclusive or primary focus on risk factors may interfere with engaging a broad array of partners in child abuse prevention. The orientation of many child- and family-serving programs is to promote healthy physical, social, emotional, and cognitive development; to enhance children’s early experiences; and to approach families from a strengths-based perspective, rather than a deficits- or risk-based perspective. A strengths-based orientation is conducive to engaging programs around a resilience framework and helping all practitioners to see how their work can be effective in preventing child maltreatment.

Thus, reducing risks is not enough to increase the likelihood that young children in vulnerable families are on a trajectory to optimal development rather than en route to poor outcomes because of neglect or abuse. Investigating and understanding protective factors are equally as important as researching risk factors. In the context of the QIC-EC, protective factors were conceived as conditions or attributes in individuals, families, communities, or the larger society that both decrease the probability of maltreatment and increase the probability of positive and adaptive outcomes.
even in the presence of risk factors (Fraser et al., 2004; National Research Council & Institute of Medicine, 2000; Thomas et al., 2003).

The Strengthening Families Protective Factors Framework

The focus of the QIC-EC was on the five interrelated protective factors articulated in the Strengthening Families Approach: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. Although “nurturing and attachment” is regarded as a key component of the development of social and emotional competence in children, this construct was treated as a sixth independent protective factor in the QIC-EC research and demonstration projects. The purpose was to determine psychometrically whether items in the social and emotional competence and nurturing and attachment subscales of a new protective factors research instrument were measuring two distinct constructs or a single construct. The five Strengthening Families Protective Factors and the additional sixth protective factor of focus are described in Table 3.

The Overarching Research Question and Theory of Change

The QIC-EC research and demonstration projects were designed to impact three common outcomes as well as project-specific outcomes. Given the key perspectives described above, the following common research question guided the conceptualization, delivery, and evaluation of the research and demonstration projects: How and to what extent do collaborative interventions that increase protective factors and decrease risk factors in core areas of the social ecology result in increased likelihood of optimal child development, increased family strengths, and decreased likelihood of child maltreatment within families of young children at high-risk for child maltreatment? Table 4 provides the conceptual definitions of the three common outcomes and Figure 2 depicts the QIC-EC theory of change.

Additional Knowledge Development Activities

As the research and demonstration projects were implemented, the QIC-EC leadership team engaged in additional knowledge development activities that addressed two gaps in the prevention field which became more obvious as the research and demonstration projects began their work: cultural considerations and strengths-based assessment tools.

CONSIDERING CULTURE

Considering the culture of the participants in the design and delivery of a maltreatment prevention strategy is essential. Culture has a major influence on parenting beliefs, values, expectations, and practices (Kim & Hong, 2007; Melendez, 2005; Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000; Spicer, 2010).

Cultural norms and parenting practices play an important role in how children are raised. They influence what values parents teach their children, what behaviors are considered appropriate, and which methods are used to teach these values and behaviors. Cultural norms can influence the acceptance, delivery, and/or effectiveness of healthy parenting programs or interventions. (Lubell, Lofton, & Singer, 2008, p. 3–4)

Integrating cultural considerations into program planning decisions must go beyond the typical “culturally sensitive” practices of “delivering services in a participant’s primary language, matching participants and providers on the basis of

<table>
<thead>
<tr>
<th>Protective Factor</th>
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<tr>
<td>Parental Resilience</td>
<td>Managing stress and functioning well when faced with challenges and adversity</td>
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<tr>
<td>Social Connections</td>
<td>Having a sense of connectedness with constructive, supportive people and institutions</td>
</tr>
<tr>
<td>Knowledge of Parenting and Child Development</td>
<td>Understanding parenting best practices and developmentally appropriate child skills and behaviors</td>
</tr>
<tr>
<td>Concrete Support in Times of Need</td>
<td>Identifying, accessing, and receiving needed adult, child, and family services</td>
</tr>
<tr>
<td>Social and Emotional Competence of Children</td>
<td>Forming secure adult and peer relationships; experiencing, regulating, and expressing emotions</td>
</tr>
<tr>
<td>Nurturing and Attachment</td>
<td>Providing parent–child experiences that lay the foundation for a warm, secure bond</td>
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<tr>
<th>Outcome</th>
<th>Definition</th>
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<tr>
<td>Increased Likelihood of Optimal Child Development</td>
<td>A caregiver’s knowledge, skills, attitudes, and sense of competence that contribute to a trajectory of growth and development that promotes the best possible social, emotional, cognitive, and physical outcomes given the unique characteristics and circumstances of the child and family</td>
</tr>
<tr>
<td>Increased Family Strengths</td>
<td>Competencies and qualities that facilitate the ability of the family to meet the needs of its members and to effectively and nonviolently manage the demands made upon the family system</td>
</tr>
<tr>
<td>Decreased Likelihood of Child Maltreatment</td>
<td>An increase in protective factors and a decrease in risk factors</td>
</tr>
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</table>
race and ethnicity, and incorporating traditional child rearing practices into a program’s curriculum” (Daro et al., 2009, p. 11). Tervalon and Murray-Garcia (1998) asserted that in order for those who serve racially, ethnically, linguistically, and culturally diverse young children and their families to be more effective and respectful, they must also conscientiously practice cultural humility. Cultural humility entails active self-reflection and critical consciousness of one’s own assumptions, beliefs, values, and worldview (California Health Advocates, 2007; Tervalon & Murray-Garcia, 1998; Wear, 2008). Cultural humility shifts the focus of understanding from other people to self-awareness.

Cultural humility is an acknowledgement of one’s own barriers to true intercultural understanding. … Knowing that one’s own perspective is necessarily limited makes it much easier to be reflective and proactive in relation to one’s prejudices and assumptions that may otherwise affect interactions with members of a different culture…. Approaching each encounter with the knowledge that one’s own perspective is full of assumptions and prejudices can help one to keep an open mind and remain respectful of the person seeking care. (Unite for Insight, 2013)

CULTURAL CONSIDERATIONS AND THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

The QIC-EC leadership convened a consultative meeting with a group of 16 racially and ethnically diverse professionals with expertise in cultural studies, psychology, mental health, social work, education, child welfare, and parent leadership. The purposes of the consultative meeting were to (a) lay the foundation for future study regarding the cultural understandings and manifestations of the Strengthening Families protective factors and (b) identify critical questions, methodological strategies, and caution in the conduct of such a study.

The Strengthening Families Protective Factors framework was designed as an approach, not as a model, to allow for diversity in implementation in different service settings as well as different cultural contexts. In addition, the framework was intended to delineate protective factors that are relevant across cultures with respect to describing conditions or attributes that mitigate risk factors—whether mild or severe—and actively enhance well-being in all families. This intent, however, has not been adequately investigated; so questions about the universality vs. cultural specificity of the Strengthening Families protective factors remain.

As advised during the QIC-EC consultative meeting on culture and the protective factors, the first step in addressing this issue is understanding the nature of “culture.” Hall (1976) conceived culture as comprised of both surface structure elements (e.g., a group’s music, traditions, style of dress) and deep structure elements (e.g., a group’s worldview, values, beliefs). Using this perspective, it may be hypothesized that the protective factors are universal, in that they apply to all families, yet may be understood (deep structure) and manifest (surface structure) in culturally specific ways. Testing the assumption about the dual universality and specific cultural understandings and manifestations of the Strengthening Families protective factors is an important next step.

THE NEED FOR A STRENGTHS-BASED ASSESSMENT INSTRUMENT

At the outset of the QIC-EC, the leadership team found that although there were various instruments that included measurement of indicators of some of the Strengthening Families protective factors, there was not a single instrument that was designed to measure the presence, strength, and growth of all five factors. In addition, many parent assessment tools reviewed by the QIC-EC leadership focused on the identification of problems and weaknesses. An emphasis on deficits obscures the
recognition of a parent’s strengths and capabilities that could serve as resources for addressing family challenges and crises. Thus, a new instrument, called the Caregivers’ Assessment of Protective Factors (CAPF), was developed for preliminary use by the research and demonstration projects. The CAPF was designed to measure the extent to which parents acknowledge beliefs, feelings, and behaviors identified through expert consensus as indicators of the six protective factors of focus in the QIC-EC research and demonstration projects.

Using the 673 CAPF pre-test cases from the QIC-EC research and demonstration projects, exploratory factor analyses and reliability analyses were conducted in order to refine definition of the CAPF subscales. A significant finding was that the items in the Social and Emotional Competence of Children and Nurturing and Attachment subscales were measuring a single construct. Thus, it was not necessary to treat “nurturing and attachment” as a separate protective factor subscale because items about parental nurturing to foster a secure parent–child attachment were included in the Social and Emotional Competence of Children subscale.

On the basis of these analyses and in recognition of the fit between building the Strengthening Families protective factors and the nature of strengths-based assessment, initial revisions were made to the CAPF.

Epstein (2004) emphasized the importance of developing interventions and service plans based on individual and family strengths. He defined strengths-based assessment as “the measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships; . . . enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development” (p. 4). The validation and publication of the CAPF as a strengths-based instrument is one of the significant products of the QIC-EC.

A Zeitgeist for the Work of the QIC-EC

The work of the QIC-EC occurred during a 5-year period in which advances in the fields of neuroscience, developmental psychology, prevention science, public policy, and pediatrics burgeoned. These advances have contributed to a paradigm shift in understanding the developmental impacts and pathways of health, trauma, and disease and disorders (Shonkoff & Garner, 2012), including “the recognition of the need to improve well-being as a central focus of child welfare’s work” (Center for the Study of Social Policy, 2013a, para. 1). Understanding more about these advances presented an opportunity for QIC-EC leadership to integrate research on early brain development, trauma, toxic stress, infant mental health, trauma-informed care, and executive functioning into the Strengthening Families Protective Factors framework (Center for the Study of Social Policy, 2013c).

The paradigm shift in understanding health and disease across the lifespan also provides support for the perspectives that guided the work of the QIC-EC: in particular, the importance of understanding the characteristics and processes of protective factors and of promoting the well-being of adults in the family system as a defining pathway to child well-being.

Advances in the biological and behavioral sciences provide tremendous opportunities for policymakers, researchers, practitioners, and philanthropists to transform the way they think about helping vulnerable children and their families. By building the skills and capacities of adult caregivers, creative new interventions could aid children whose developmental needs are not being met (Shonkoff, 2013, para. 11).

It is the hope of the QIC-EC leadership that the overall perspectives and work of the QIC-EC, as well as the project-specific results and the cross-site evaluation results from the four innovative approaches, will contribute to a shift in thinking about the interconnected goals of the prevention of child maltreatment and the promotion of healthy child and family development and well-being.

Acknowledgments

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REFERENCES


Jargon Buster

Given the multidisciplinary nature of our work with infants, toddlers, and families, we often come across words or acronyms that are new or unfamiliar to us. To enhance your reading experience of this issue of The Journal of Zero to Three, we offer a glossary of selected technical words or terms used by the contributing authors in this issue. Please note that these definitions specifically address how these terms are used by the authors in their articles and are not intended to be formal or authoritative definitions.

<table>
<thead>
<tr>
<th>The Preventing Child Abuse and Neglect Curriculum (PCAN)</th>
<th>The PCAN curriculum (Seibel, Britt, Gillespie, &amp; Parlakian, 2006) was developed specifically to prevent child abuse and neglect of infants and toddlers by supporting parent-provider partnerships in child care settings. PCAN focuses on promoting effective parent-child relationships, increasing understanding of the effects of abuse and neglect on young children, and helping both the workforce and supervisors reduce risk for maltreatment through reflective practice. [Find it in Shapiro, p. 20]</th>
</tr>
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<tr>
<td>Protective Factors</td>
<td>Protective factors are conditions or attributes in individuals, families, communities, or the larger society that both decrease the probability of maltreatment and increase the probability of positive and adaptive outcomes—even in the presence of risk factors. [Find it in Harper Browne, p. 2]</td>
</tr>
<tr>
<td>Strengthening Families Approach</td>
<td>Strengthening Families is a research-based, cost-effective strategy to increase family strengths, enhance child development, and reduce child abuse and neglect (Center for the Study of Social Policy, 2014). It focuses on building five protective factors that also promote healthy outcomes. Those five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. [Find it in Sege et al., p. 11; Shapiro, p. 21]</td>
</tr>
<tr>
<td>Social-Ecological Framework</td>
<td>A social-ecological framework posits that a combination of individual, relational, community, and societal factors must be addressed in order to promote healthy child, adult, and family well-being and to reduce the risk of negative outcomes. [Find it in Harper Browne, p. 4]</td>
</tr>
<tr>
<td>Triple P-Positive Parenting Program (Triple P)</td>
<td>Triple P-Positive Parenting Program (Triple P) is a multitiered system of evidence-based education and support for parents and caregivers of children and adolescents. The system works as both an early intervention and prevention model. Triple P may be offered in clinical and nonclinical settings by a multidisciplinary workforce of social service, mental health, health care, and education providers. [Find it in Shapiro, p. 21]</td>
</tr>
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