

FOUNDATIONS TO THRIVE

Plan for mapping assets in Travis County that support children ages 0-5 and their families

A growing body of research has found that prolonged exposure to trauma and Adverse Childhood Experiences (ACE) can alter the brain development of children and lead to poor health and social outcomes later in life. Universal prevention of children’s exposure to trauma should be a top priority in all communities. In addition to this, screening for and addressing trauma that has already occurred (through various multi-level, cross-sector approaches) is critical to the creation of healthy, resilient communities where children and families can thrive. However, effective approaches to preventing and addressing childhood trauma are not widely utilized.

Through this mapping project, we seek to identify the presence or absence of multi-level, cross-sector assets within Travis County that:

- 1) Promote the optimal brain development and overall health & wellbeing of children ages 0-5 and their families; and
- 2) Promote resilience through trauma-informed efforts for children and families who are at risk for, or have experienced, trauma.

Summary of Framework Development

The first step in this process was developing a theoretical framework of what the ideal situation would be to create foundations for children and families to thrive in Travis County. In order to do this, we reviewed literature on assessing for trauma-informed and resilience-informed structure and practice. There are many established and emerging frameworks for community mobilization around trauma-informed policy and practice. Each framework contained different elements that establish an "ideal" framework for optimal development especially for children 0-5 years old. We reviewed the following frameworks in detail as we built a specific framework for this project.

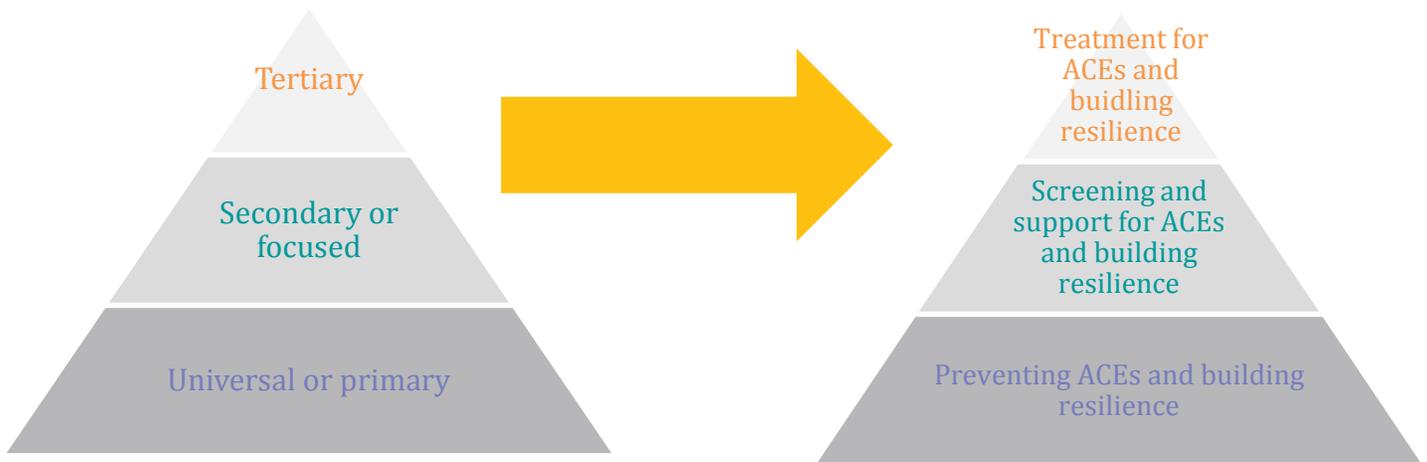
Frameworks reviewed for this project

<u>Protective Factors for Populations Served by the Administration on Children, Youth, and Families: A Literature Review and Theoretical Framework (2013)</u>	<u>CDC - Essentials for Childhood Framework, and Child Abuse and Neglect Prevention Strategies</u>	<u>Zero to Three: Child Maltreatment Prevention as Public Health Priority (and within that, Proactive Versus Reactive Approach to Child Maltreatment)</u>	<u>Strengthening Families Pathway to Improved Outcomes for Children and Families</u>
<u>Basic Epidemiology, World Health Organization (for levels of prevention)</u>	<u>Strong, Prosperous, and Resilient Communities Challenge (SPARCC)</u>	<u>Center for Health Care Strategies Key Ingredients for Successful Trauma-Informed Care Implementation</u>	<u>Mobilizing Action for Resilient Communities (MARC)</u>
<u>Building Community Resilience (including the Pair of ACEs Tree) and their Asset Mapping Tool</u>	<u>Triple P Positive Parenting Program</u>	<u>Ready by 21, Forum for Youth Investment/Central Texas RB21 Coalition</u>	<u>Walla Walla, Washington’s Children’s Resilience Initiative</u>
<u>PURPLE Crying</u>	<u>Nurse Family Partnership</u>	<u>The Sanctuary Model, Dr. Sandra Bloom</u>	<u>Strong Communities</u>

While each approach contributed to the understanding of our framework, we combined and adapted information from two specific models for the development of our guiding framework: 1) the ‘public health model’ from the World Health Organization’s Basic Epidemiology; and 2) Strengthening Families model.

Adapted Public Health Model: Focus on ACES & resilience building

The public health model is generally portrayed as a triangle with three levels of services. Universal or primary services are at the bottom, secondary or focused services are in the middle level and tertiary or targeted services are at the top layer of the pyramid. The idea is that communities should invest the most resources at the primary level to prevent health problems and reserve focused and targeted services for the small numbers of community members that have higher needs. For this framework, we adapted the public health triangle to trauma services utilizing work presented in the MARC shared learnings. We conceptualized the primary level as “preventing ACES and building resilience”; the secondary level as “screening for ACES and building resilience;” and the tertiary level as “treating ACES and building resilience.”



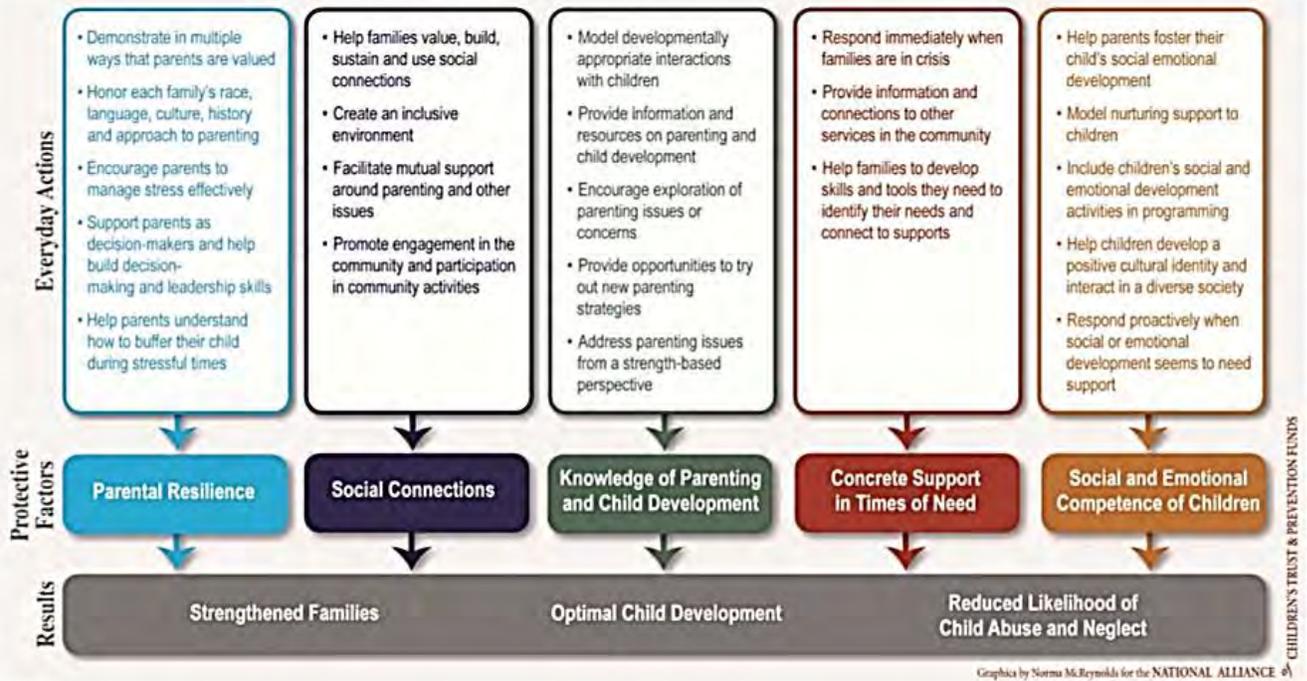
The Strengthening Families Model: Adaptation of everyday actions

The Strengthening Families model, developed by the Center for the Study of Social Policy, provides a framework for understanding the development of protective factors to support young children and their families. It includes a cross sector approach designed to use family strengths to build resilience, support optimal child development and reduce the incidence of child maltreatment. The model supports intervention with families, programs and communities while focusing on five specific protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

The Pathway to Improved Outcomes for Children and Families

Everyday Actions That Help Build Protective Factors

CENTER FOR THE STUDY OF SOCIAL POLICIES
strengthening families
 A NATIONAL ALLIANCE FOR CHILDREN'S WELL-BEING



Public health levels	Strategies adapted from “everyday actions”
Trauma-Preventive	All child care & education is trauma-informed and promotes resilience. There are strong school-community ties. Families are planned and prepared for parenting. There are models for healthy parent-child interactions and self-care. Neighborhoods are comprised of open, connected, safe, supportive people, groups, and networks. Neighborhoods have safe, reliable, and healthy food, transportation, services, streets, and open/green spaces.
Trauma-Informed	Evaluation of risk for school performance is trauma-informed and health-promoting. Evaluation of risk for health/mental health struggles is trauma-informed and health-promoting. Accessible assistance with housing, food, clothing, health care, transit, & employment access. Neighbors have healthy attitudes about ACEs, and resources and support to help each other address them. Neighborhoods have safe, reliable, and healthy food, transportation, services, streets, and open/green spaces.
Trauma-Specific	There are services, program, and therapies available to assist children & families experiencing adversity. There is easy assistance with housing, food, clothing, health care, transit, & employment access. There is safe, supportive, healthy, connected neighborhood response to ACEs. Neighborhoods have safe, reliable, and healthy food, transportation, services, streets, and open/green spaces.

Adapted Public Health Model: Focus on ACEs & resilience building

Finally, we applied the concepts of each model to the specific sectors that impact young children and their families. These sectors include education, **health, mental health, basic needs, neighborhood climate and the built environment**. As we explore each of these sectors, particular attention will be paid to programs, services, norms and approaches that build resilience for children and families prior to their involvement in the formal systems associated with entering kindergarten around age five. Through the application of the adapted public health pyramid, we can examine each of these sectors' strengths and gaps in preventing ACEs, healing trauma, and building resilience for families, communities, organizations and systems.

For each sector, we identified examples of key assets that ideally should be present in order for children ages 0 to 5 and their families to thrive.

- 1. Education:** Quality childcare; universal pre-K/early childhood education; social emotional learning in schools; after-school programs/activities; strong school-community ties; universal trauma screening
- 2. Health/Mental health:** Family planning and contraception; prenatal care; anticipatory parental guidance; child development education; parent education/support in birth hospital; postpartum care services including home visitation; universal trauma screening; modeling and promotion of healthy parent-child interactions; Mental health and substance abuse services; targeted trauma-focused therapies
- 3. Basic Needs:** Assistance with obtaining basic needs such as food, clothing, shelter, transportation, employment, health care
- 4. Neighborhood Climate/Built Environment:** Strong social connections/networks; peer parent support; parent groups; normalization around asking for or receiving help (concrete or emotional); support from faith/spiritual communities; family-focused activities/events; proximity to healthy food, reliable and healthy transportation, health

Foundations to Thrive Framework

The resulting framework is outlined on the table below and the infographic that follows. In this table we have taken components discussed above and consolidated them into one framework. The sectors are broad societal components that we designated to organize the remaining information. The specific strategies are then organized into strategies based on the adapted public health model. Finally, we designated assets under each strategy in order to create items to assess in a needs assessment.

Foundations to Thrive: A framework of ideal conditions to promote thriving children, supported parents and healthy & resilient communities

Sector	Specific strategies			Assets to measure for each sector
	Trauma-Preventive	Trauma-Informed	Trauma-Specific	
Education	All childcare, education & risk evaluation is ACE-informed & promotes resilience. There are strong school-community ties, and families and children have the services, programs and therapies they need when experiencing adversity.			Quality childcare; universal pre-K/early childhood education; social emotional learning in schools; after-school programs/activities; strong school-community ties; universal trauma screening
Health and Mental Health	Families have planned and are prepared for parenting, and there are models for healthy parent-child interaction.	Risk evaluation for health/mental health problems is universal, ACE-informed & promotes health.	There are services, programs and therapies available and are appropriate for children & families experiencing adversity.	Family planning and contraception; prenatal care; anticipatory parental guidance; child development education; parent education/support in birth hospital; postpartum care services including home visitation; universal trauma screening; modeling and promotion of healthy parent-child interactions; Mental health and substance abuse services; targeted trauma-focused therapies
Basic Needs	There is available assistance with housing, food, clothing, health care, transit, & employment access.			Assistance with obtaining basic needs such as food, clothing, shelter, transportation, employment, health care
Neighborhood Climate/Built Environment	Neighborhoods are comprised of open, connected, safe & supportive people, groups & networks. There is safe, supportive, healthy & connected neighborhood response to ACEs.	Community norms support healthy families and child development.	Neighborhoods have safe, reliable and healthy food, transportation, services, streets and open/green spaces.	Strong social connections/networks; peer parent support; parent groups; normalization around asking for or receiving help (concrete or emotional); support from faith/spiritual communities; family-focused activities/events; proximity to healthy food, reliable and healthy transportation, health and social services, safe streets, and accessible green spaces/parks/playgrounds

Foundations To Thrive

A framework of ideal conditions to promote **thriving children, supported parents** and **healthy & resilient communities**.

Trauma-preventive:

Preventing ACEs & Building Resilience



Trauma-informed:

Screening for ACEs & Building Resilience



Trauma-specific:

Treating ACEs & Building Resilience



Methodology

As stated above, the purpose of the asset mapping project is to identify the presence or absence of multi-level, cross-sector assets within Travis County that:

- 1) Promote the optimal brain development and overall health & wellbeing of children ages 0-5 and their families; and
- 2) Promote resilience through trauma-informed efforts for children and families who are at risk for, or have experienced, trauma.

In order to address these questions, the research team will collect information through 1) a review of existing documents; and 2) interviews with key stakeholders across child and family serving sectors. In this process, we will be examining our findings in the context of the framework and making alterations. The table in Appendix A will be filled out throughout the process. We will then consolidate that information into a visual map and report.

Review of existing documents

We will examine existing reports, web-sites and programming materials. In most cases, our team is familiar with existing reports conducted in the community. However, it is essential to compile a comprehensive list and examine contents within the context of the Foundations to Thrive framework.

Data Collection. Our team will compile a list of all prior community reports for Travis County within the last ten years. We will confirm that our list is comprehensive by asking key stakeholders to confirm that no report is missing.

Data Analysis. We will then fill out the document review form in Appendix B for each report. These reports will then be used to fill in table on Appendix A.

Interviews with key stakeholders

Interviews with key stakeholders will allow the research team to learn from cross-sector experts about the services, programs, policies and universal approaches designed to support optimal child development and promote resilient families and communities.

Data Collection. In order to address the research questions, the research team will first develop a list of community experts and stakeholders representing the various sectors impacting children and families in Travis County. Thus, the list will represent a non-random convenience sample. We will also use snowball sampling methods, that is, we will also ask identified stakeholders to recommend others that could provide novel data. We will also seek input from community partners on our interview list to ensure we are reaching a comprehensive understanding of the assets and gaps across sector and programming approaches. The total number of interviews will be determined within the data collection phase and will be dependent on when we reach saturation. We anticipate that each interview will be approximately 30 minutes in length and interviews will be conducted either in person or via phone. Interviewers will follow a semi-structured interview guide and will take notes throughout the interview.

Data analysis. The qualitative data will be analyzed using direct content analysis where responses are coded according to pre-existing categories on the Form in Appendix A.

Appendix A: Data Collection Table

Sector: Education

Asset (Describe Asset and the interviews or reports that identify it)	Quality childcare	Universal pre-K/ early childhood education	Social emotional learning in schools	After-school programs or activities	Strong school – community ties	Universal trauma screening	Trauma-Preventive	Trauma-Informed	Trauma-Specific

Sector: Health & Mental Health

Asset (Describe Asset and the interviews or reports that identify it)	Family planning and contraception	Prenatal care	Anticipatory parental guidance	Child development education	Parent education/ support in birth hospital	Postpartum care services including home visitation	Trauma-Preventive	Trauma-Informed	Trauma-Specific

Sector: Health & Mental Health (cont)

<p>Asset (Describe Asset and the interviews or reports that identify it)</p>	<p>Universal trauma screening</p>	<p>Modeling and promotion of healthy parent-child interaction</p>	<p>Mental health services</p>	<p>Substance abuse services</p>	<p>Targeted trauma-focused therapies</p>		<p>Trauma-Preventive</p>	<p>Trauma-Informed</p>	<p>Trauma-Specific</p>

Sector: Basic needs

<p>Asset (Describe Asset and the interviews or reports that identify it)</p>	<p>Food Assistance</p>	<p>Assistance with obtaining basic needs such as clothing, hygiene, etc.</p>	<p>Housing Assistance</p>	<p>Transportation Assistance</p>	<p>Employment Assistance</p>	<p>Health care Assistance</p>	<p>Trauma-Preventive</p>	<p>Trauma-Informed</p>	<p>Trauma-Specific</p>

Sector: Neighborhood climate built environment

<p>Asset (Describe Asset and the interviews or reports that identify it)</p>	<p>Strong social connections /networks</p>	<p>Peer parent support</p>	<p>Formal parenting support</p>	<p>Normalizati on around asking for or receiving help (concrete or emotional)</p>	<p>Support from faith/ spiritual community</p>	<p>Accessible green spaces/ parks and playground</p>	<p>Trauma-Preventive</p>	<p>Trauma-Informed</p>	<p>Trauma-Specific</p>

Sector: Neighborhood climate built environment

<p>Asset (Describe Asset and the interviews or reports that identify it)</p>	<p>Family-focused activities/ events</p>	<p>Proximity to healthy food</p>	<p>Reliable and healthy transportat -ion</p>	<p>Proximity to health and social services</p>	<p>Safe streets</p>		<p>Trauma-Preventive</p>	<p>Trauma-Informed</p>	<p>Trauma-Specific</p>

Appendix B: Data Collection Table

Document name	
Agencies involved in developing report	
Describe major findings	
List sectors, assets and strategies identified	
Other documents or stakeholders mentioned	
Completed by:	
Reliability check by:	

Appendix C: Stakeholder interview

Stakeholder name	
Agencies / coalitions involved	
Share the framework and ask for feedback.	
Describe activities that you are involved in that you think support optimal development for children and families in Travis County? (Note which are for children 0 to 5)	
In addition to the approaches mentioned above, what other services or polices are you familiar with that support children and families? -at universal prevention level? -at secondary or to support at-risk children and families? -at the targeted level for children and families that have experienced trauma?	

<p>Who do you collaborate with right now? Who do you desire to collaborate with more?</p>	
<p>Where do you see gaps or needs in Travis County?</p> <ul style="list-style-type: none"> - in education? - in health and mental health? - in neighborhood climate or built environment? -in basic needs? 	
<p>Describe any innovative or “out of the box” approaches to support children and families in Travis County.</p>	
<p>Who else is doing significant work in this area that we should talk to?</p>	
<p>Completed by:</p>	
<p>Reliability check by:</p>	