

July 2019
Vol. 6

This Practice Brief is the sixth in a periodic series published by the National Center on Afterschool and Summer Enrichment (NCASE) to build awareness of promising practices in the field of school-age child care.

The goal of NCASE is to ensure that school-age children in families of low income have increased access to quality afterschool and summer learning experiences that contribute to their overall development and academic achievement. For more information, contact us at ncase@ecetta.info.



Responding to Adverse Childhood Experiences: Strategies for the Out-of-School Time Field

Adverse Childhood Experiences, known as ACEs, are experiences that threaten the development and daily functioning of children and adults. Defined as “potentially traumatic events that can have negative, lasting effects on health and well-being,”¹ ACEs cause distress that leads to the production of toxic stress. Toxic stress is stress that is excessive and persistent and has harmful effects on learning, behavior, and physical health across the lifespan.²

School-age children who experience ACEs are susceptible to developmental and academic complications, which can have life-long consequences. So this leads to the question, “What are we doing to address ACEs and its effects?”

This publication follows up the research brief recently released by the National

Center on Afterschool and Summer Enrichment (NCASE) entitled “Adverse Childhood Experiences and the School-Age Population: Implications for Child Care Policy and Out-of-School Time Programs.” The research brief spotlights state system strategies for mitigating and preventing adverse childhood experiences.

1 Sacks, V., Murphey, D., & Moore K. (2014, July). Adverse childhood experiences: National and state level prevalence. *Child Trends*. Publication #2014-28. Retrieved from <https://www.childtrends.org/publications/adverse-childhood-experiences-national-and-state-level-prevalence>

2 Ibid.



CARE

Programs and services to mitigate ACEs

In recognition of the consequences of ACEs, states and municipalities conducted studies and developed programs and services to mitigate and prevent ACEs. Federal agencies such as the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have led national efforts to inform the public about ACEs. A review of these various efforts to combat the effects of ACEs revealed the need for the following:³

1. Widespread education and other actions to shift individual, collective, and institutional paradigms; raise awareness; and inspire action
2. Greater capacity for relationship-centered care and skills along with innovative strategies and education around coping with and healing trauma
3. Ways to address inequities, such as through advocacy, education, and policies, to both prevent and help reduce the effects of health factors such as adverse childhood experiences (ACEs) on child and family stress and trauma

Reauthorization of the Child Care Development Block Grant (CCDBG) in 2014 required that Child Care Development Fund (CCDF) Lead Agencies revise their practices in various areas, including licensing, health and safety, professional development, consumer education, subsidy policy, and quality improvement. It required that these Lead Agencies work collaboratively across departments and programs to tackle these areas across states or territories. This requirement built on previous coordinating efforts to make mitigating and preventing ACEs a matter for states to address.

NCASE recently facilitated a peer learning group (PLG) titled Strengthening Systems and Supports to Build Positive Social-Emotional Climates in Out-of-School Time. This allowed representatives from the 10 participating states to share some of their mitigation and preventive practices. Multiple states identified the following four concepts:

1. ACEs and Trauma-Informed Care Trainers

This concept can be described as a state's coordination of a cadre of trainers that provide workshops, intensive training, and/or technical assistance on the science of ACEs and trauma-informed strategies. Staff, leaders, and volunteers received this training, as well as others from various sectors across the state government, such as service providers of children and families, including child care, children services, health care, mental health, and juvenile justice.

2. Use and Integration of Trauma-Informed Curricula

Participants shared their state's promotion of trauma-informed curriculum in child care and other child and family-focused environments, while others expressed interest in securing curriculum for their state. They discussed SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles curriculum, which was developed by the National Center for Trauma-Informed Care. This curriculum provides an introduction to trauma and trauma-informed approaches in behavioral health and human services, and it can be adapted to highlight child care environments. Some states not participating in the PLG, such as Tennessee, have developed train-the-trainer curriculum to raise awareness and inform as many people as possible about the science of ACEs and the integration of trauma-informed practices.⁴

³ Bethell, C. D., Simpson, L. A., & Solloway, M. R. (2017). Child well-being and adverse child experiences in the United States. *Academic Pediatrics*, 17(7, supplement), S1–S3.

⁴ National Center on Afterschool and Summer Enrichment. (2019). Adverse childhood experiences and the school-age population: Implications for child care policy and out-of-school time programs. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/ncase-aces-implications-child-care-508c_2.pdf

3. Being a “Pyramid Model” State

States mentioned their adoption of the Pyramid Model as a framework for social and emotional learning training and coaching experiences in child care environments. The Pyramid Model strategies are based on evidence-based best practices in early childhood that can be effectively applied to the school-age population. Besides teaching and learning practices, it focuses on building positive relationships; developing supportive and nurturing environments; teaching social skills, empathy, and emotional vocabulary; and providing individualized supports when needed. For example, the state of New York developed the New York Pyramid Model Partnership, comprised of the New York State Council on Children and Families, the Head Start Collaboration Project and New York State Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health).⁵ This partnership oversees the implementation of the model statewide, in both child care and school environments.

4. Being a “Strengthening Families” State⁶

States noted their adoption of Strengthening Families, a resource for child care providers to enhance the resilience of families. Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. This approach is based on engaging families, programs, and communities in building five key protective factors:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

The fourth factor, *concrete support in times of need*, addresses what’s essential for families to thrive, and what families can do when they encounter a crisis, such as domestic violence, mental illness or substance abuse, that can lead to ACEs. This means providing accessible support services and programs to help the family, adult, and individual child get through the crisis. Strengthening Families is a common approach across the nation. More than 35 states promote the approach within its social service and public health sectors.⁷



⁵ New York State Council on Children and Families. (2015). New York State Pyramid Model partnership: Supporting social-emotional competence in New York State’s young children. Retrieved from http://www.nysecac.org/files/4314/4543/4503/Pyramid_Model_Overview_NY_October_20_2015_FINAL.pdf

⁶ Chavez, S. (2019). The Strengthening Families movement: Looking back and looking ahead. Retrieved from <https://cssp.org/2019/01/looking-back-at-the-strengthening-families-movement/>

⁷ Ibid.

Spotlight on Kentucky

A cross-sector team from Kentucky participated in the NCASE PLG *Strengthening Systems and Supports to Build Positive Social-Emotional Climates in Out-of-School Time* from December 2018 to May 2019. The team was composed of representatives from the Department of Education, Department of Community Based Services, Kentucky Strengthening Families (KYSF), Division of Child Care, Division of Family Resource and Youth Service Centers, and the Kentucky Out-of-School Alliance.

During the PLG, group members discussed topics including ACEs, trauma-informed practices, and healing-centered engagement. Kentucky shared their promotion of the Strengthening Families Approach as a major strategy for mitigating and preventing ACEs.

Kentucky's implementation of the Strengthening Families Approach is distinctive. Kentucky expanded and tailored the approach with an additional protective factor: *Nurturing and Attachment: Families ensure children feel loved and safe*.⁸ Although the focus of this additional protective factor is on early brain development and the need to support strong emotional attachments, the needs of older children are reflected too. Kentucky emphasizes the need for school-age children to be nurtured and listened to and to have people who are involved in their lives, know their interests, and are willing to advocate on their behalf. This aligns with Positive Youth Development principles, which emphasize the child's need for supportive individuals to foster their strengths and, thus, positive outcomes.⁹

KYSF is an initiative led by the Governor's Office of Early Childhood that comes

out of two grants, one from the Early Childhood Comprehensive Systems out of the Kentucky Department for Public Health and the other from Race to the Top/ Early Learning Challenge funding.¹⁰ This endeavor represents a multi-disciplinary partnership of more than 20 public and private local, state, and national entities committed to integrating the research-based protective factors into as many services and supports as possible for children and their families.¹¹ Resources to assist professionals in adopting and using the framework include training of trainers and online training; the *Protective Factors in Action Guide*; and the *KYSF: A Guide for Service Providers*. This is only one of many statewide efforts Kentucky is employing to inform and educate child care, education, and community service professionals on the science of ACEs and trauma-informed strategies for prevention and mitigation.

Kentucky's call to action was appropriately responsive to its 2015 Behavioral Risk Factor Surveillance System ACE Data. The data revealed that 59 percent of adults (18 years or older) experienced at least one ACE, and 17.5 percent had four or more ACEs.¹² Kentuckians had ACEs scores that ranked above the national average. This effort addresses the three main ways to combat the effects of ACEs:

1. providing widespread education and other supports to shift individual, collective, and institutional paradigms; raise awareness; and inspire action
2. building greater capacity for relationship-centered care and skills
3. addressing inequities principally through education to both prevent and help reduce the effects of health factors, such as ACEs, on child and family stress and trauma through the life course.

8 Commonwealth of Kentucky Governor's Office of Early Childhood. (2017). Kentucky's Strengthening Families: What is KYSF? Retrieved from <https://kidsnow.ky.gov/professionals/kysf/Pages/default.aspx>

9 Youth.gov. (n.d.). Key principles. Retrieved from <https://youth.gov/youth-topics/positive-youth-development/key-principles-positive-youth-development>

10 Commonwealth of Kentucky Governor's Office of Early Childhood. (2017). Kentucky's Strengthening Families: What is KYSF? Retrieved from <https://kidsnow.ky.gov/professionals/kysf/Pages/default.aspx>

11 Ibid.

12 Kentucky Department of Public Health. (2015). Adverse childhood experiences (ACEs) Kentucky Behavioral Risk Factor Survey 2015. Presentation from the Senior Deputy Commissioner, KY Department of Public Health.



Conclusion

States are actively responding to the needs of children and families by addressing ACEs through policymaking around mitigation and prevention strategies. Out of various strategies shared during the recent NCASE PLG, four emerged as common approaches:

1. ACEs and trauma-informed practice trainers
2. Use and integration of trauma-informed curricula

3. Statewide adoption and use of the Pyramid Model
4. Statewide adoption and use of the Strengthening Families approach

Further, Kentucky's distinctive adaptation of the Strengthening Families approach shows how states may customize their response to reflect the needs of their families. The strategies discussed in this brief can be effective ways for states, territories, and tribes to proactively address ACEs and its effects.

Resources

Center for the Study of Social Policy. (2019). *Strengthening Families: Increasing positive outcomes for children and families*. Retrieved from <https://cssp.org/our-work/project/strengthening-families/>

Commonwealth of Kentucky Cabinet for Health and Family Services. (2017). *Kentucky Strengthening Families: What it is*. Retrieved from <https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/kysf.aspx>

New York State Early Childhood Advisory Council. (2019). *Pyramid Model*. Retrieved from <http://www.nysecac.org/ecac-initiatives/pyramid-model/>

Robert Wood Johnson Foundation. (2018). *Adverse childhood experiences: Resources for communities working to address the impact of adverse childhood experiences (ACEs), and help every child have a healthy start in life*. Retrieved from <https://www.rwjf.org/en/library/collections/aces.html>

Tennessee Department of Children's Services. (n.d.). *Tennessee: Building strong brains*. Retrieved from <https://www.tn.gov/dcs/program-areas/child-health/aces.html>

University of South Florida. (n.d.). *The National Center for Pyramid Model Innovations*. Retrieved from <https://challengingbehavior.cbcs.usf.edu/>

For more resources, see the NCASE Resource Library at <https://childcareta.acf.hhs.gov/ncase-resource-library>.

This document was developed with funds from Grant #90TA00001 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, by the National Center on Afterschool and Summer Enrichment. This resource may be duplicated for noncommercial uses without permission.