

Safe and Nurtured Recommendations



Purpose of these recommendations:

Children grow confident, resilient, and independent in safe, stable, and nurturing families, schools, and communities.

Click on the recommendation below to see the strategies to implement the recommendation; why this recommendation is important to our community; and the action plans for each strategy.

<p><u>Recommendation 13</u></p>	<p>Promote preventive and responsive approaches to foster social-emotional, mental health and resilience of young children and their families.</p>
<p><u>Recommendation 14</u></p>	<p>Reimagine Social Services and Child Protective Services to become more trauma-informed, anti-racist, and focused on prevention.</p>
<p><u>Recommendation 15</u></p>	<p>Ensure birth through 3rd grade learning environments, birth through 3rd grade, are trauma-informed, culturally affirming, gender affirming, and focused on social-emotional health.</p>

Recommendation 13:

Promote Preventive and Responsive Approaches to Foster Social-Emotional, Mental Health and Resilience of Young Children and Their Families

The Strategies to Implement This Recommendation

STRATEGY 13.1: Address the root causes of family stress that lead to community and domestic violence; promote utilization of and expand access to strategies that prevent community and domestic violence and promote coordinated community response.

STRATEGY 13.2: Strengthen the local ecosystem of culturally-affirming, community-rooted¹ supports for families' social-emotional and mental health that help families respond to stress in their lives and support their children's social-emotional health.

Why this Recommendation is Important to Our Community

Overview

As children develop critical social-emotional skills and abilities to cope early in life, they are doing so within the context of family and community. Early childhood mental health, social-emotional health, and resilience are foundational to healthy development and success later in life, but cannot be addressed in a vacuum. The surrounding wellness of a family and community sets the stage for a child's social-emotional development.

Family and community wellness is disrupted by poverty and systemic racism and the resulting substance use, home and neighborhood violence, police violence, overrepresentation of Black and Brown families in child protective service reports, food insecurity, housing insecurity, and incarceration that can follow and create stress for families and children.

Community Voices

It's critical to address the underlying, root causes that disrupt child and family social-emotional, mental health, and resilience. Some of the root causes of stress the families shared include:

Struggling to make ends meet:

¹ As defined by [Communities in Partnership](#), "Formal and informal groups that are owned, run, and operated by the people that live and work within their own communities. These organizations are not only run by the most impacted within the community context but they are directly accountable to their neighbors and members. They can operate as a non-profit, for-profit, faith community or other organized formal or informal community group. The main identifier is that the board, staff, and mission and vision were created and owned by those living within the community they are focusing their work on or have been directly impacted by the area or context in which they serve." (Source: Camryn Smith, edited by Niasha Frey, MPH)

My biggest challenge as a parent: "Cost of living," "Finance, housing," "Having enough resources," "Affordable healthy food" - Durham parents

"Work at Duke and still cannot afford a decent living." - Durham parent

Losing a sense of belonging in Durham:

"Downtown Durham is starting to feel unaccessible/unfriendly to those who are not affluent and white. That's unfortunate. When I first moved here, it seemed a lot more of a melting pot. But it's becoming exclusive b/c of unattainable housing costs and a downtown scene that's no longer catered to everyone. It doesn't feel like a place for me and my family. The one bright spot is a space like Nolia (family friendly, black owned coffee shop). Nolia is representative of what I think Durham should feel like for families. Welcoming, centering diversity, kid friendly, affordable." - Durham parent

Facing interpersonal, community, and police violence:

"Just a couple of days ago, my son was playing with a nerf gun. Went outside to go check the mail and his mom lost it. We had to have a conversation about being aware about how things are perceived. We shouldn't even have to have a conversation. Even on my property with a bright, orange nerf gun." - Durham parent

"Currently my family and I live in Oxford Manor. 15 min of shooting at 6:30 PM in a neighborhood filled with families. People deserve a better place to live than neighborhoods that have mold, are unkept, violence. This breeds violence and negativity." - Durham parent

Experiencing racism:

"We keep so much stuff on us internally that it starts to eat us up internally with different diseases and things that are happening. Stress is real. The pressure to make sure we always have to do X, Y, and Z is tiring. It's exhausting. Not to mention the fact that when we wake up in the morning we're thinking I'm Black, I gotta make sure I wear this right, look like this, don't have this facial expression, make sure I do that." - Durham parent

Facing stigma around mental health:

"We have so much pressure on us as fathers, as husbands, as brothers, as uncles...we just don't talk about our pressure." - Durham parent

"We're all having to shift our understanding of manhood and what it means to be a man. There are two brothers who I talk to regularly and we talk about once a week. Like you all, I'm glad I have somebody to say I'm not ok. I've watched some other brothers struggling through all this but they won't say anything because that's what they've been told a man does." - Durham parent

As a result, parents are struggling to manage their own mental health challenges.

My biggest challenge as a parent: "My postpartum depression and anxiety" - Durham parent

"Managing my own anxiety, mental health, and unresolved issues from childhood. I work on these diligently but still feel extremely anxious about the health and well-being of my child every day, and while there are lots of resources out there sometimes it's too much information and my brain feels overloaded. Sometimes it's just overwhelming and feels like no matter what, I'm doing something wrong." - Durham parent

"Unable to go to therapy or counseling because it's not covered by my insurance." - Durham parent

"Counseling is unaffordable." - Durham parent

Parents are looking for:

"More support for parents, especially for mental health needs." - Durham parent

"More groups for parents to get social support." - Durham parent

"More support in the postpartum period up to first year checking on mom's and their babies." - Durham parent

"Affordable mental health care!!" - Durham parent

"Having access to mental health support during pregnancy." - Durham parent

Parents also want support with their young children's social-emotional health:

"Helping daughter with her anxiety." - Durham parent

I can't pay attention to the children's mental health, when we are busy with work, we have

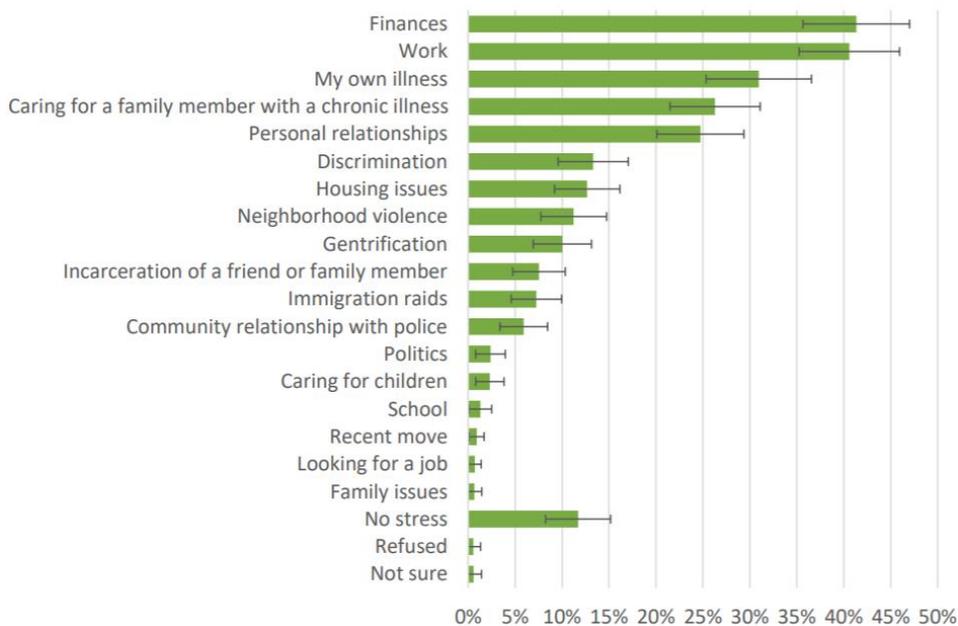
no time to accompany the children.” - Durham parent

“Something going through my mind constantly lately is having more social and emotional support for my kids.” - Durham parent

“Parenting during COVID has been extremely difficult, especially dealing with the social/emotional needs of each individual in the family.” - Durham parent

The 2019 Durham Community Health Assessment, Durham residents identified the primary causes of their stress. The results resonate with the qualitative findings from parents above.

Figure 1: “What are the primary causes of your stress?”



Source: Durham County Community Health Assessment 2020¹

Voices of the Durham ECAP Action Planning Team Who Worked On This Recommendation

“We want to start this action plan by acknowledging how heavy this topic has felt for us as we’ve put together this plan. Heavy because we recognize the depth of unnecessary inequities and injustices that inhibit the social, emotional and mental wellbeing of many children in Durham County. These inequities and injustices are by design. The disregard for every person’s human rights, in the name of power, namely money and land, is the main problem at hand.

In order for all of Durham’s children to thrive, we all must do our part to disrupt, dismantle and/or transform oppressive mental models, systems, policies and culture that uphold white supremacy. We must find ways to repair the financial, physical and psychic harm that comes from decades of oppression—the intentional and ongoing disruption of entire cultures and

communities. Examples of this oppression that need to be named begin at the founding of this nation all the way up to the present including: the trauma that has come from American colonization, the genocide of indigenous peoples, and slavery; the federally-subsidized disruption of Black economies and support systems (i.e. Hayti and Black Wall Street in Durham); the denial of opportunities for land ownership and wealth-building through redlining, the GI Bill and other policies; the prison industrial complex and mass incarceration; the medical industrial complex and high rates of deaths of Black and Indigenous pregnant people; the constant threat of deportation for immigrants; and present day gentrification in Durham that we see happening before our eyes. These are just a few examples and are only the tip of the iceberg of the violence that Black, Brown and Indigenous communities have and continue to face. These are the underlying conditions that disrupt our communities' social-emotional health.

Gun violence and interpersonal violence are a symptom of a complex, intentional web of oppressive factors. The trauma is ongoing. To foster the social-emotional, mental health and resilience of young children and their families we must recognize that families grow and nurture one another in this context. Families do not exist outside of the community and what happens to the community happens to families and those who support them. Durham's youngest children are directly harmed, physically and emotionally.

In seeking to address harm and transform systems and culture, we must promote a culture of connectedness and caring within our communities. We need to be able to see ourselves in our neighbor, particularly those with different identities than our own. We cannot assume that we know how others wish to be treated, but instead must actively learn from our neighbors how they wish to be treated and engage with one another in ways that better care for our community. This is not a call to [paternalism](#) or [saviorism](#), but to genuinely support those around us and truly know the needs and dreams of our neighbors. Our social-emotional and mental health are wrapped up in connectedness and community. Solutions must support the whole community to meet the needs of children and their families. We must change our collective mindset and ways of being in relationship with one another.

Our action plan outlines some "baby steps" to take towards healing the mental and emotional harm. But we want to be clear that these steps must be taken in conjunction with a greater plan to address violent policies and culture in our society that we've begun to name above and through the examples we've given above. Because of limited time, we were not able to deeply address these root causes of mental wellness and interpersonal violence in this action plan. Our recommendation is for there to be more time spent naming and identifying ways to remedy these root causes, in partnership and support of existing community-rooted efforts across Durham.

Economic insecurity is one such root cause of emotional unrest and parental stress. We envision a liberatory society in which wealth, land and power are shared; however, within the confines of our capitalistic society it is important that families who have historically been denied access to opportunities to accumulate wealth, own land and build economic power have the opportunity for economic prosperity.

A prerequisite for the social-emotional health of young children is the economic well-being of their families. We want to be very clear that while giving people goods such as food products

and household items is important to dealing with acute needs, this should not be seen as the goal. It is a bare minimum—a temporary and important Band-Aid, but not the goal. Equitable access to economic opportunity is the goal. People must have access to equitable opportunities to provide an income for their families, build wealth, and own real estate (YES, land ownership is critical to the economic and emotional wellbeing of people in this society). The opportunities must also be sustainable for their mental and physical health.

In thinking about mental and emotional health, we are grateful that in the ECAP plan there are other sections dedicated to unpacking areas that we find deeply important to the mental and emotional well-being of children but have not covered in this section about SEH. This includes the restoration of people's connection to healthy, nourishing, culturally relevant food options; enriching activities for children and youth; adequate housing; and more.

Cultural relevance is critical to this recommendation. All strategies center the need for culturally congruent and culturally affirming approaches to mental health. We must invest in culturally congruent mental health providers and approaches that deeply reflect the cultures of our community.

Lastly, we want to acknowledge that while these strategies and action steps in this action plan came from organic conversation with community members, parents, early childhood practitioners, and others, we know that many of these recommendations have been already uplifted in other reports across Durham. The Racial Equity Taskforce, Youth Listening Project, and others have heard similar issues and needs from the community and have reached the same conclusion. We do not include these action steps here merely to duplicate or be repetitive but to underscore the urgency in implementing these solutions for children and caregivers in our community."

- *Child and Family Social-Emotional Health, Mental Health, and Resilience Action Planning Team*

The Action Plans

STRATEGY 13.1: Address the root causes of family stress that lead to community and domestic violence; promote utilization of and expand access to strategies that prevent community and domestic violence and promote coordinated community response.

In order to address community and interpersonal violence we recommend two main areas of action steps: 1) action steps focused on prevention and 2) action steps focused on response/intervention. Community and interpersonal violence is a symptom of people's unmet mental health needs. We imagine that by supporting people's mental health, we will prevent violence. In situations where mental health issues have not been prevented and intervention is needed, those who intervene should be of and from the community that they serve.

SHORT-TERM ACTION STEPS (1-2 years)

- Invest in solutions from community-rooted innovators that promote sharing amongst community members. Specifically, sharing of their personal mental health stories and mental health resources/information. We imagine that through this personal sharing, mental health issues and solutions will be more normalized and that people will feel less isolated and more likely to seek informal as well as professional support. We imagine that personal conversations with people you know or who are from your community is a powerful way to break stigmas, provide pathways to information and education on mental health, clarify the information that people do have, and point people towards helpful mental health resources.
- Invest in and expand access to culturally congruent mental health providers. We'd like to see intentional efforts to ensure that people have access to mental health providers that share a similar lived experience and cultural background. Invest in mental health providers to serve the communities that they are from. Invest in community-rooted, culturally affirming mental health initiatives. The specific details of what mental health programs, services and initiatives will look like will vary culturally from community to community. We should respect and value the

LONG-TERM ACTION STEPS (2+ years)

- Address inequities in land and space ownership. Children must have a sense of self-esteem which stems from a sense of belonging and seeing themselves reflected positively and diversely in spaces. However, this cannot be realized if there is not greater diversity in who owns space. Those who own land and space get to say (even if without words) who a space is for, who belongs, who is reflected, who is valued.
- Develop a community-rooted crisis response mechanism. Empower people with skills and tools to manage conflicts happening within their community.
- Change the way we do policing to be community-rooted and trauma-informed. Police should be from the community that they serve. They should live there and

<p>varied ways in which community providers and healers might support the mental health of people based on their culture of those providers and the communities they serve. Invest in community-rooted wellness activities. Invest in creative ways to attract people to participate in mental health support and wellness activities.</p> <ul style="list-style-type: none"> ● Invest in community-rooted initiatives to educate young adults, youth and children on full and factual history and instill in them a sense of pride that has been intentionally suppressed through systematic violence and oppression. 	<p>know their community members personally.</p>
<p>Measuring Progress</p>	
<ul style="list-style-type: none"> ● Stigma associated with talking about community and individual mental wellbeing will be decreased ● Community and home violence will be decreased ● Resilience will be increased 	
<p>Building Off Existing Work</p>	
<ul style="list-style-type: none"> ● Community Safety and Wellness Taskforce ● Durham Beyond Policing 	
<p>Potential Partners</p>	
<ul style="list-style-type: none"> ● Fatherhood of Durham, Black Emotional and Mental Health, Black Farmers Programs like Tall Grass Food Box and the Durham Black Farmers Market, Communities in Partnership, Food that Fits You, Together for Resilient Youth, Black Families Meetup (Joy Lampkin Foster), Spirithouse, local barber shops ● Larger, family- and child-serving agencies who help fundraise and make referrals to programs to support families' social-emotional health 	

STRATEGY 13.2: Strengthen the local ecosystem of culturally-affirming, community-rooted supports for families' social-emotional and mental health that help families respond to stress in their lives and support their children's social-emotional health.

The social-emotional wellbeing of caregivers is critical to the social-emotional wellbeing of children. Violence and oppression across systems create wear on the mental and emotional wellbeing of caregivers as they seek to provide for their family's needs and support the growth and development of their children. This strategy recognizes the relationship between violence and oppression and mental wellbeing and specifically outlines ways to support caregivers to reduce family stress.

SHORT-TERM ACTION STEPS (1-2 years)

LONG-TERM ACTION STEPS (2+ years)

- Assess the state of mental health care in Durham with particular attention to the history, culture of the system, processes, and accessibility to Durham residents. Where are the gaps in equity? Is the mental health care system a safe space for all who enter it? What are the core components of mental health services that are culturally affirming? These are key questions to answer as part of this assessment.
- As part of the assessment, document the lived experiences of individuals who have sought or who have tried to seek mental health care in Durham to understand barriers to care.
- Train mental health staff in the trauma-informed care and practices and provide ongoing opportunities for professional development related to anti-racist and trauma-informed practice.
- Invest in community-rooted healing and mental health solutions that build resilience and reduce family stress.
- Increase tools and skills for parents to cope with current stressors so that they can be present parents despite challenges.
- Create a database of Black and Latinx mental health providers or holistic wellness providers in or near Durham. Integrate this information into existing systems such as NCCARE360.
- Increase funding for existing programs that support the well-being of caregivers and decreasing family stress; MAAME, Healthy Families Durham, Early Head Start Home Based, HealthySteps, Attachment-Behavioral Catchup.

- Identify areas for action to strengthen the mental health care system, with particular attention to anti-racist and trauma-informed practice and care.

<ul style="list-style-type: none"> ● Ensure that agencies that serve families and make referrals are aware of the community-rooted, culturally affirming supports for families available in communities focused on social-emotional wellness. ● Provide technical assistance to community-rooted, culturally affirming programs that support families' social-emotional wellness so they can build a base of evidence and bring in more funding. 	
<p><i>MEASURING PROGRESS</i></p>	
<ul style="list-style-type: none"> ● Parents will feel supported as they care for their children and know where to get the resources they need ● Parents will have more access to mental health care that is affirming and reflects their lived experience ● Children will have stronger, healthier relationships with their parents 	
<p><i>BUILDING OFF EXISTING WORK</i></p>	
<ul style="list-style-type: none"> ● Existing network of community-rooted organizations in Durham (see more below) and the partner organization that amplify their work 	
<p><i>POTENTIAL PARTNERS</i></p>	
<ul style="list-style-type: none"> ● Fatherhood of Durham, Black Emotional and Mental Health, SpiritHouse, Soul Yoga, Hey Donnae, Healthy Families Durham, Together for Resilient Youth, Early Head Start Home Based, HealthySteps, Attachment Behavioral Catchup, Family Connects, MAAME, El Futuro, Exchange Family Center, Center for Child and Family Health 	

Additional Strategies to Consider in Future Planning

The strategies above rose to the top as the most urgent and relevant for members of the action team. Given the time constraints of the process we were not able to discuss the following important strategies. We hope these will be given attention in future planning.

- Address barriers in health insurance coverage of infant and early childhood mental health services to ensure adequate benefits, create parity in reimbursement regardless of child's age, and incentivize evidence-based interventions'
 - Educating agencies about billing for children 0-3, including about managed care organizations, what's reimbursable and how to bill for early childhood mental health
 - Training for clinicians to be confident and clear about using diagnostic codes for ages 0-5
- Integrate mental health providers with women's health, prenatal, pediatric primary care providers
- Promote trauma-informed care for adult caregivers and young children that includes community members at every level
 - Increased percentage of caregiver who have experienced trauma receiving treatment
 - Increased percentage of new providers who are trained in trauma informed care
 - Agencies that most interface with the community are trained in TIC practices
 - Ensuring schools, medical practices, and government agencies that work with children and caregivers are trauma-informed
 - The Safe Babies Court Team™ Approach
 - Promoting TIC; money and time incentivizing the transformation of these practices
- Creating a community that affirms positive self-image for Black children
- Ensure access to high-quality, cost-effective, local community-based programs that support the psychosocial well-being of community rooted leaders

Important foundational work was done by the Early Childhood Mental Health Taskforce to develop action steps for some of the strategies above, and their ideas are bulleted below the strategies. The Action Team did not have time to review or build off this work.

Recommendation 14:

Reimagine Social Services and Child Protective Services to Become More Trauma-Informed, Anti-Racist, and Focused on Prevention

The Strategies to Implement This Recommendation

STRATEGY 14.1: Expand the foundation of preventive services in Durham and identify strategies to connect families to services sooner.

STRATEGY 14.2: Embed early childhood development principles into child welfare systems and practice through training and support for individuals who work with infant-toddler cases.

STRATEGY 14.3: Promote a trauma-informed, anti-racist environment for families and staff that 1) acknowledges, mitigates, and repairs harm that has been perpetuated by child welfare systems and 2) supports wellness and anti-racism work for child welfare staff integrated into the whole department.

Why this Recommendation is Important to Our Community

Overview

The Department of Social Services and Child Protective Services are intended to exist to keep children and families safe. The ECAP targets are focused on reducing child maltreatment. North Carolina law defines three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency. Factors that can contribute to child maltreatment include the presence of adults who face substance use disorders, mental illness (notably maternal depression), and domestic violence.ⁱⁱ To address the root cause, we must address that all of these factors are highly correlated with poverty. Young children are at the highest risk for abuse and neglect, and the impacts of abuse and neglect on young children are particularly severe because of their impact on early brain development.

Many families have traumatic experiences with the agency—not only those whose children are being removed or who have been removed themselves as children (which are inherently traumatic), but also families accessing needed financial support. It is absolutely critical to acknowledge and repair the harm and trauma disproportionately experienced by BIPOC communities in Durham, who are more likely to have interactions with social services.

At the same time, focusing on prevention and “moving upstream” will also help to reduce harm by ensuring families have the resources they need before they ever come into contact with

social services. The Family First Prevention and Services Act is an important first step toward greater investment in child maltreatment prevention, support to kin caregivers, and proper placements for children and youth needing temporary foster care. This Durham ECAP recommendation is in line with the recommendations of the National Council on Family Relations to transform child welfare by focusing on prevention, racial equity, and authentic partnership with community agencies and families.ⁱⁱⁱ

Community Voices

"A social services department that doesn't hate human life." - Durham parent

"Stop paying social workers to yell at people and just pay people. It's that simple." - Durham parent

"The narrative around CPS needs to change. Re-education for social workers on supporting families and not just causing child separation." - Durham parent

Voices of the Durham ECAP Action Planning Team Who Worked On This Recommendation

"The group centered the lived experience of parents with child welfare who shared their goals of 're-education for social workers on supporting families and not...causing child separation' and a 'social services department that doesn't hate human life.' By providing more supports to families, increasing the understanding of staff of the developmental needs of young children, and addressing compassion fatigue/burnout/secondary traumatic stress, our team hopes to reduce the flow of families into child welfare and increase the ability of child welfare staff to compassionately respond to the needs of families with young children.

Ultimately, we want child welfare to keep children safe in their families instead of trying to keep children safe from their families, since separation is inherently traumatic. By meeting more of families' basic needs and providing a variety of supportive services to reduce stress and build up protective factors throughout our community, we envision fewer families having incidents of child maltreatment. This aligns with what families reported, that they "need more money, people providing childcare, paid living wages, and a universal basic income [UBI]." Racism and poverty create stress that leads to mental health needs and coping strategies that may result in children's needs not being met. Financial needs should be addressed first with financial support before other services are mandated.

DSS should continue to integrate racial equity training for staff and continue to discuss how racism plays a role in families' negative experiences. As our community grapples with how systems have perpetuated inequity and DCDSS finishes its internal analysis related to disproportionality due to racism, DSS will explore, in partnership with community, a path to healing using restorative justice, centering the experiences of families with lived experience with child welfare."

- Social Services and Child Protective Services Action Planning Team

The Action Plans

STRATEGY 14.1: Expand the foundation of preventive services in Durham and identify strategies to connect families to services sooner.

Decreasing children entering care is a long term strategy with some driving factors from the state. Some action steps could start sooner—prioritizing training in trauma-informed models; special Medicaid coverage for parents whose child is in foster care; getting more providers to be able to bill Medicaid.

SHORT-TERM ACTION STEPS (1-2 years)

- Select and support universal funnel(s) to help connect people to existing supports (physical/mental/behavior healthcare; parenting support; food/basic need/ economic assistance; housing; child care; training/employment programs); these funnels include NCCARE360, Family Connects Durham, NurturingDurhamNC.org, Child Care Services Association, and other systems to reach other communities with special attention to resources for undocumented immigrants who may not be eligible for all resources.
- Research/reporting on the impact on Durham families from American Rescue Plan payments set to begin in July 2021.
- Connect families and communities to DCDSS-identified services that they find desirable in supporting trauma recovery and, where appropriate, bill Medicaid.
- See strategy 13.2 to strengthen the local ecosystem of culturally-affirming, community-rooted supports for families' social-emotional and mental health that help families respond to stress in their lives and support their children's social-emotional health.

LONG-TERM ACTION STEPS (2+ years)

- Increase funding to remove waiting lists for supports for parent/caring adult in children's lives until services meet capacity (including Medicaid for caring adults who are part of children's support systems so they can access physical/mental/behavioral health, child care subsidies starting before work/school starts to support looking for work/enrolling in school with children in safe and caring spaces, parent coaching/family therapy/parent support groups for primary caretakers and other caring adults who need help; employment; access to cars).
- See strategy 3.2 to create one-stop shops in support of families resource navigation.

MEASURING PROGRESS

- The number of children taken into DSS custody will decrease
- The number of substantiated cases of abuse and neglect will decrease
- The number of reported cases of abuse and neglect will decrease

<ul style="list-style-type: none"> ● The number of children reunified with their families of origin or in permanent families without being abused in foster care will increase ● Disproportionate representation of families of color in reports, substantiations, and foster care will decrease
BUILDING OFF EXISTING WORK
<ul style="list-style-type: none"> ● Early Childhood Mental Health Task Force is piloting a new platform to help people find support called Nurturing Durham ● Durham County Network of Care and NCCARE360 help people access services ● Professional training in evidence-based models being provided by the health department in Triple P being provided by Center for Child and Family Health; for other trauma-informed models (ABC, PCIT, TFCBT, CPP) ● Integrated Care for Kids model which is part of Medicaid reform
POTENTIAL PARTNERS
<ul style="list-style-type: none"> ● Existing array of evidence-based and community-based supports - newborn parents' support groups, nurse home visitors, home visiting programs through Early Head Start, ACES and Resilience Task Force (DART), NC DSS Prevention Committee, Triangle Area Parent Support & Welcome Baby & El Centro Hispano (parent of new-born/toddler support groups), Together for Resilient Youth (TRY), H.E.A.R.T.S, MAAME, Center for Child and Family Health—Healthy Families home visiting, Family Connects Durham (universal nurse home visiting for families with newborns), Exchange Family Center—in home parent coaching and family therapy in English and Spanish for families of children birth-17

STRATEGY 14.2: Embed early childhood development principles into child welfare systems and practice through training and support for individuals who work with infant-toddler cases.	
<p><i>For young children who do end up in the child welfare system, it is critical that the 21st century science of early childhood development is put into practice to minimize harm from interactions with the child welfare system. This strategy seeks to prevent children's removal and placement in foster care; promote reunification and other lasting permanency outcomes; strengthen family protective factors; and protect and build safe, stable, and nurturing early childhood relationships.^{iv}</i></p>	
SHORT-TERM ACTION STEPS (1-2 years)	LONG-TERM ACTION STEPS (2+ years)
<ul style="list-style-type: none"> ● Use a consultant to provide clinical expertise at CPS and in-home level to inform 	<ul style="list-style-type: none"> ● Explore opportunities to bring back clinical positions at DSS and

<p>recommendations for child, foster family, and family of origin.</p> <ul style="list-style-type: none"> ● Investigate approaches such as the The Safe Babies Court Team™ Approach and develop a proposal for implementation. 	<p>possibly adopt an approach such as The Safe Babies Court Team™.</p>
<p>MEASURING PROGRESS</p>	
<ul style="list-style-type: none"> ● Children’s removal and placement in foster care will decrease ● Child welfare staff will have deeper understanding of young children’s needs and a better ability to meet those needs and their own wellness needs to prevent burnout, compassion fatigue, and secondary traumatic stress. ● Frequency of visits of young children to those adults they have attachments to, in conjunction with parenting coaching when needed to meet children’s needs, will increase. ● Child welfare staff will demonstrate knowledge of how trauma, including the trauma of being separated from caregivers, impacts the brain and is expressed through behavior. ● All young children in DCDSS custody will be provided appropriate mental and behavioral health treatment with their parents or caregivers. ● Parents will report that techs, visit supervisors, and other child welfare staff are professional and supportive. ● Professional quality of life survey will show decreases in compassion fatigue, burnout, and secondary traumatic stress of child welfare staff. ● The number of young children reunified with their families of origin or in permanent families without being abused in foster care will increase. 	
<p>BUILDING OFF EXISTING WORK</p>	
<ul style="list-style-type: none"> ● Zero to Three The Safe Babies Court Team™ ● The work of the Durham Integrated Domestic Violence Response System (DIDVRS) and former partners 	
<p>POTENTIAL PARTNERS</p>	
<ul style="list-style-type: none"> ● Center for Child and Family Health, National Child Traumatic Stress Network, Exchange Family Center (Early Childhood Mental Health Consultants, Community Resilience Model Training), Community Resilience Model trained staff at Duke, Health Department, other community partners - find out whom from Trauma Resource Institute, National Implementation Research Network at University of North Carolina 	

STRATEGY 14.3: Promote a trauma-informed, anti-racist environment for families and staff that 1) acknowledges, mitigates, and repairs harm that has been perpetuated by child welfare systems and 2) supports wellness and anti-racism work for child welfare staff integrated into the whole department.

Families shared their harmful experiences interacting with the child welfare system, which caused trauma and increased stress. While strategy 14.1 focuses on preventing interactions with the system to begin with, it must be paired with strategy 14.3 which addresses the ongoing harm and mitigates the causes of the harm. One cause of this harm that has already been identified is a lack of compassion and empathy from child welfare staff. Child welfare staff are overworked, underpaid, and experience secondary traumatic stress as a result of their work.

SHORT-TERM ACTION STEPS (1-2 years)

LONG-TERM ACTION STEPS (2+ years)

- Implement a staff-lead trauma-informed wellness program for all DCDSS child welfare staff (potentially Community Resilience Model or other Devereux Adult Resilience tool) to reduce burnout, compassion fatigue, and secondary traumatic stress; measure on Professional Quality of Life Survey or other appropriate tool.
- Ensure all staff have been trained in racial equity and there are mechanisms in place to 1) continue the conversation about the central role of racism in families' negative experiences and 2) hold staff accountable for providing equitable, compassionate customer service.
- Engage community-rooted leaders in a conversation about how to best acknowledge and repair the historical and ongoing harms and trauma caused by disproportionalities and racism. Work together to identify policies, practices, and mindsets that must change to avoid continued harm and to address bias in reporting. Consider the best methods for transparency and accountability so that community members know how DCDSS is doing with these policy and mind-set shifts, and share and address ongoing harms that families are experiencing.

- Continue support and training for staff, annual monitoring, and transparency with community about progress.

MEASURING PROGRESS

- Child welfare turnover, burnout, and compassion fatigue will decrease so there is an experienced and emotionally responsive team of professionals.
- Clear action plan will be developed for how to address and repair harm and trauma caused by social services and create more mechanisms for transparency and accountability.

BUILDING OFF EXISTING WORK

- Racial equity training and Family Engagement Committee at DSS

POTENTIAL PARTNERS

- Exchange Family Center, Center for Child and Family Health, Trauma Resource Institute (Community Resilience Model), Durham Adverse Childhood Experiences and Resilience Taskforce (DART), Together for Resilient Youth (TRY)

Recommendation 15:

Ensure Birth through Third Grade Learning Environments are Trauma-Informed, Culturally Affirming, Gender Affirming, and Focused on Social-Emotional Health

The Strategies to Implement this Recommendation

STRATEGY 15.1: Create systems which support young children's growth by focusing on the skills, processes and procedures that are needed for reducing stress (adaptive coping), increasing good decision-making, and healthy expression of emotion (effective self-regulation), with attention to trauma and resilience.

STRATEGY 15.2: Train more birth through 8 teachers and school staff to adopt practices, policies, and pedagogy that are anti-racist, gender-affirming, and culturally affirming.

STRATEGY 15.3: Increase the number of culturally responsive support staff in public schools and childcare settings.

Why this Recommendation is Important to Our Community

Overview

Traumatic experiences in early childhood can disrupt a child's learning. Students may experience trauma from events like divorce in the family, substance abuse in the family, homelessness, domestic violence, illness in the family, poverty, racism, or incarceration in the family, for example. For some children these events may "lead to a trauma response that can lead to a cascade of social, emotional and academic difficulties that can interfere with a child's ability to learn at school."^v Child care facilities, elementary schools and other early learning environments can create "trauma-informed" environments, which recognize the widespread impact of trauma and understand potential paths for recovery; recognize the signs and symptoms of trauma in students and fellow staff; and respond by fully integrating knowledge about trauma into policies, procedures, classroom practices, and seeks to actively resist re-traumatization.^{vi}

Children also do better when they learn in environments where their culture, gender, and other identities they hold are affirmed and celebrated. Simply, a child's sense of belonging is central to their capacity to learn. Research shows that "institutional biases that are manifested in monocultural, monoracial assumptions and representations in books, materials, testing, and tracking for example can cause repeated and cumulative harm to children's growth, development and academic achievement."^{vii}

Community Voices

"A lot of lip service to supporting the needs of the whole child without any commitment to that. For example, we're constantly told to provide social-emotional instruction without a curriculum for that." - Durham Public Schools K-3 Teacher

"Many trainings on implicit bias are offered and the teachers always ask HOW?" - Durham Public Schools K-3 Teacher

"Most important is that there always be a social worker on staff. They are not there every day all day as well as nurses." - Durham parent

"[School counselors] get pulled in all different directions. At the K2 and K3 level they come in for one class once a month. There's not enough time for the children to get one-on-one." - Durham Public Schools K-3 Teacher

"Some teachers blame only the African American kids and not the white kids." - Durham parent

"Teachers trained in how to talk with kids about race and bias." - Durham parent

"Increased inherent bias training for teachers." - Durham parent

"Not necessarily training as much as embedding implicit bias and identity development in school/district culture so all teams (teachers, admin, etc.) are on the same page with it." - Durham Public Schools K-3 Teacher

"Seminars for children that focus on diversity, equity, anti-racism and kindness." - Durham parent

Voices of the Durham ECAP Action Planning Team Who Worked on this Recommendation

"This recommendation was important to our team because it was raised by the Durham County community as a priority. Current data indicates the need for the Durham community to address this issue, particularly in light of the additional traumas to families and children from the COVID-19 pandemic and the renewed focus on societal injustices.

We continuously emphasized the connection between these issues and those of many other ECAP sub- groups during our planning process. Classrooms cannot be made trauma-free and culturally affirming if other issues in our community, such as the operations of DSS and public health needs, are not also addressed.

We brought the values of equity, inclusion, social justice, and the need to hear voices that have not been at the table during this planning process."

- *Trauma-Informed, Affirming Learning Environments Focused on Social-Emotional Health*

The Action Plans

STRATEGY 15.1: Create systems which support young children's growth by focusing on the skills, processes and procedures that are needed for reducing stress (adaptive coping), increasing good decision-making, and healthy expression of emotion (effective self-regulation), with attention to trauma and resilience.

All children deserve trauma-informed, culturally responsive systems of care. It should not just be a screener for Adverse Childhood Experiences (ACEs) trauma that is followed with focused attention on children who are identified as having experienced trauma. Rather, it is a proactive, Tier I approach that should reach all children with services to help them build the skills they need for healthy emotional lives. Early childhood experts should review all of these action steps to ensure they are appropriately adapted for younger children's learning environments.

SHORT-TERM ACTION STEPS (1-2 years)

- Create a social emotional class/curriculum that becomes a part of recommended childcare and elementary school curriculum.
- Design a culturally relevant curriculum to train more educators and administrators of children birth through age 8 to identify the signs of stress or emotional needs in their students and refer them to support services/diagnostic services.
- Train parents and caregivers of birth through 8 children in the signs of stress or emotional needs. Provide avenues and tools for parents to meet, share their experiences, and learn from one another.
- Create a procedure within DPS by which children whose families move can apply to stay with their previous school community for as long as they need to, not just for the remainder of the academic year.
- Evaluate current exclusion and disciplinary practices in birth through 3rd grade classrooms and consider how best to support alternatives that promote healthy social-emotional development.

LONG-TERM ACTION STEPS (2+ years)

- Provide budgetary and technical support for parent and family advocates at all DPS elementary schools.
- Implement alternatives to exclusion practices.

MEASURING PROGRESS

- Positive, healthy ways of communicating needs and feelings among students will increase

<ul style="list-style-type: none"> ● Fewer disciplinary measures taken against students; reduction in suspension and expulsion ● Greater number of referrals of students to mental health and other support services will be made; greater number of mental health referrals to community partners will be made ● Greater number of parent advocates working with parents and students will be at all DPS schools
<p>BUILDING OFF EXISTING WORK</p>
<ul style="list-style-type: none"> ● DPS's current disciplinary policies and practices, its implicit bias work and its guided classroom ● CCFP's Trauma-Informed Infant Toddler Project ● Early Childhood Outreach (ECho) Mental Health Consultants ● Durham's Partnership for Children (pre-K kits) ● Santana Deberry's work to revise court sentencing ● Public School Forum's NC Resilience and Learning Project
<p>POTENTIAL PARTNERS</p>
<ul style="list-style-type: none"> ● Durham Public Schools, Durham charter schools, Durham private schools, early care and education settings (centers and Family Child Care Homes), READY Project Young Child Wellness Council (and associated partner organizations), Empowered Parents in Community (EPIC), Exchange Family Center EChO program and Family Support Program, Duke Center for Child and Family Policy Trauma-Informed Infant Toddler Project, Public School Forum Trauma-Informed Schools, Trauma-Informed Leadership Training (TILT) with CCFH and DPS

<p>STRATEGY 15.2: Train more birth through 8 teachers and school staff to adopt practices, policies, and pedagogy that are anti-racist, gender-affirming, and culturally affirming.</p>	
<p><i>We believe that children should learn in environments where they feel safe and affirmed.</i></p>	
<p>SHORT-TERM ACTION STEPS (1-2 years)</p>	<p>LONG-TERM ACTION STEPS (2+ years)</p>
<ul style="list-style-type: none"> ● Provide funding, resources and support to local organizations promoting positive racial identity development (i.e. ISLA, Village of Wisdom, we are) so 	<ul style="list-style-type: none"> ● Provide sufficient budget for DPS to hire qualified simultaneous

<p>that they can expand their work to more public schools and to Durham's early education facilities.</p> <ul style="list-style-type: none"> ● Provide financial and technical support to BIPOC families to help them form PTAs/PAAC-like organizations for black parents, Latinx parents, or other individual groups represented within a school community. ● Train more educators and support staff (starting with leadership and administration) who work with children birth through age 8 in overcoming implicit bias, on implementing a culturally affirming pedagogy, and on partnering with BIPOC families. There should also be a training-option for educators to deeply examine their lived experience and connect them to racist biases. Ongoing training that includes smaller groups/more individualized sessions is critical to ensure this is not a "check the box" or "one and done" training. Coaches should provide continuing support with professional and personal development and supporting educator self-care. ● Create templates for positive affirmations and train educators and administrators in this "love letters" program in which letters are shared with birth through graduation teachers to complete for each student as they progress to the next year and share with their next educator. The educator has an opportunity to describe the students' journey (in a POSITIVE lens) and holds the new teacher accountable for the success of that child. 	<p>interpreters for all schools to meet student and parent demand/need (see strategy 5.1).</p>
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MEASURING PROGRESS

<ul style="list-style-type: none"> ● Increased self-esteem among students ● Reduced implicit bias among school staff ● Increased understanding of different cultures among early learning educators and support staff ● Stronger relationships between school staff and parents and students ● Increase ability for ELL families to engage with schools ● Improved perception of new students by school staff ● Reduced disciplinary actions

BUILDING OFF EXISTING WORK
<ul style="list-style-type: none"> ● Village of Wisdom's Black Genius Profile ● we are teacher trainings ● DPS implicit bias training for staff
POTENTIAL PARTNERS
<ul style="list-style-type: none"> ● Village of Wisdom, we are, Black and Belonging, DPS, Bull City Schools United, Our Children's Place, Equality NC, ISLA, Empowered Parents in Community (EPIC), Durham Public Schools (DPS) Foundation, DPS Family Academy, Durham Public Schools, Durham charter schools, Durham private schools, early care and education settings (centers and Family Child Care Homes)

STRATEGY 15.3: Increase the number of culturally responsive support staff in elementary schools and childcare settings.	
<i>Children's learning depends on their social-emotional wellbeing and there should be enough support staff available to support students and educators.</i>	
SHORT-TERM ACTION STEPS (1-2 years)	LONG-TERM ACTION STEPS (2+ years)
<ul style="list-style-type: none"> ● Provide sufficient funding to DPS to meet the professional mandate for school counselors, school nurses, and social workers, focused on hiring BIPOC individuals and people who speak Spanish and other languages that DPS students speak. Increase supplemental pay for these positions so that Durham can compete in hiring and retaining these professionals. ● Create a volunteer program to include program structure, training program, and appropriate budget, that mirrors the Guardian ad Litem (GAL) program in the courts, so that children who are having challenges are assigned individual advocates who are well-trained and make a 	<ul style="list-style-type: none"> ● Seek funding for a scholarship program for counseling/social work students who agree to work in school settings for a specified number of years. Additional scholarships could go to BIPOC individuals and males in these degree programs.

<p>commitment to that child. Rebound could be an organization to lead/model this.</p> <ul style="list-style-type: none"> ● Provide more funding for social-emotional support staff that can provide on-site support for teachers and/or students in child care settings (e.g. EChO, CCSA technical assistance providers and coaches). Ensure support for child care directors and teachers to integrate learnings into practices. Assess barriers to expansion of these supports across child care settings. 	
<p>MEASURING PROGRESS</p>	
<ul style="list-style-type: none"> ● All students have advocates to help them access resources and navigate the educational system to ensure their safety, wellness, and well-being ● Reduced disciplinary actions 	
<p>BUILDING OFF EXISTING WORK</p>	
<ul style="list-style-type: none"> ● Guardian ad Litem program in the courts ● Child Care Services Association technical assistance providers and coaches ● Exchange Family Center EChO Early Childhood Mental Health Consultants 	
<p>POTENTIAL PARTNERS</p>	
<ul style="list-style-type: none"> ● ReBound, Child Care Services Association (CCSA), Exchange Family Center, Durham Public Schools (DPS), North Carolina Early Learning Network at University of North Carolina Frank Porter Graham Child Development Institute, Durham Public Schools, Durham charter schools, Durham private schools, early care and education settings (centers and Family Child Care Homes) 	

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