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# Georgia Essentials for Childhood



## State Action Plan

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GA Essentials for Childhood Steering Committee

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## Georgia Essentials for Childhood Steering Committee

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## Project Overview

Advantage Consulting, LLC (AC) was engaged by Prevent Child Abuse GA and a multi-agency working group that has been focusing on implementing the CDC's Essentials for Childhood framework in Georgia. Over the past four years, this group has experienced some successes in implementing the model but required additional support to help them better communicate the project and explore the impact of emerging or pre-existing state initiatives on the CDC goals for creating safe, stable, and nurturing relationships and environments. This "systems mapping" effort focused on major state and regional agencies, organizations, and initiatives. The effort intended to identify some of the important and aligned work in the state as well as highlight action steps for filling in perceived gaps.

Phase I of the mapping project consisted of 6 components:

- Create an "Essentials for Childhood" value proposition statement (AKA "an elevator speech").
- Develop a functional definition and classification criteria for the four Essentials for Childhood goals (and related objectives) to be used in the mapping of state level and regional initiatives.
- Create a master list of state level and regional initiatives and key contacts to be included in the mapping project.
- Produce a mapping analysis report presenting the components and activities of each selected initiative and their alignment with the CDC model.
- Provide an initial analysis of gaps or deficiencies in alignment which might serve as a focal point for strategic planning.

Phase II of the project consisted of three main components:

- Expand the initial master list of state level and regional initiatives to include more community-based organizations and identify key contacts to be included in the mapping project.
- Produce a mapping analysis report presenting the components and activities of each selected initiative and their alignment with the CDC model.
- Provide an integrated analysis of gaps or deficiencies in alignment which might serve as a focal point for strategic planning.

## Methodology

Phase II of the study methodology consisted of five steps. First, a set of evaluation rubrics used in the first phase of the research was reviewed with the project Steering Committee to determine if any changes in definitions or methodology needed to be made. The rubric was used to objectively assess alignment of the selected institutions and their programs to the model goals and objectives. Second, the

multi-agency project team identified key contacts in priority institutions for inclusion in the study. Third, invitations for participation in the study were made and interviewees were provided the Essentials framework overview and a list of specific questions to be covered during the interview. Fourth, 21 interviews were conducted by telephone, with most lasting 60 to 90 minutes. Most interviews were conducted by one of two researchers and supporting materials provided by interviewees was collected. Fifth, follow-up communications were made in which interviewees provided materials identified during the interview or researchers requested additional clarification.

Phase I focused mostly on state government departments, offices, and initiatives as well as state-level nonprofit policy and issue coalitions. Phase II focused more on state and regional nonprofit service providers, state professional associations, United Ways as well as academic centers and departments.

## Findings

Large-scale social change comes from better cross-sectored coordination rather than from the isolated intervention of individual organizations. Examples of Collective Impact initiatives from across the nation demonstrate that substantially greater progress is made in alleviating many of our most serious and complex social problems when nonprofits, governments, businesses, and the public work together, uniting their efforts around a shared purpose and common agenda.”

Child maltreatment is a significant public health problem, but it is also a preventable one. Essentials for Childhood, a strategic framework developed by the CDC, presents a roadmap to align and support Georgia stakeholders committed to the positive development of children and families, and specifically to the prevention of child abuse and neglect. The steps suggested in the Essentials for Childhood Framework help create neighborhoods, communities, and a nation in which every child can thrive.

The Steering Committee defined this collective impact strategy as focusing on deep cross-sector collaboration to:

- “coordinate and manage existing and new partnerships with other child maltreatment prevention organizations and non-traditional partners;
- work with partners to identify strategies across sectors;
- identify, coordinate, monitor and report on the strategies implemented by multi-sector partners;
- coordinate improvement processes (e.g., continuous quality improvement) for multi-sector partners to refine strategies;
- and document state-level impact of these efforts.”

The Steering Committee also answered the question, “What makes Essentials different?” as follows:

- “It focuses on the broader social, economic and political environment and the forces at play that create undue stress on families- eroding their ability to provide nurturing relationships.

- It emphasizes policy-level impacts as core to the strategy and addresses a holistic array of factors leading to child maltreatment, versus a specific cause or single factor.
- It takes an “all in” approach where every entity can play an instrumental role and invites nontraditional partners to be part of the solution.
- It presents a multifaceted approach to a complex set of conditions and assumes that all sectors and constituents must act and interact differently- with a common vision of what is possible. “

Lastly, the Steering Committee felt that the Essentials for Childhood framework provides an approach to:

- “Move away from the focus of “fixing” or punishing bad parents to empowering and developing successful parents.
- Enrich existing work to improve conditions for children and families.”

As previously reported, “In order to effectively create and sustain collective action, five conditions must be met. First, institutions across sectors must have a common understanding of the problem(s) and a shared vision for change. Second, they must collect data, share results, focus on performance management, and hold one another to shared accountability for problem improvement. Third, they must be willing to adapt individual activities, conduct joint planning and embrace joint approaches that have evidence of success. Fourth, there must be a commitment to continuous improvement based on consistent, open communications and building trust. Finally, there must be a backbone organization that staffs these efforts with the resources to convene and coordinate participating institutions.”

## Goal 1

**Raising awareness and commitment to support safe, stable, and nurturing relationships and environments and preventing child maltreatment.**

### Adopting the Vision and Raising Awareness

Adopting the vision means creating a vision that is typically the beginning of a process during which entities come up with aligned goals, objectives, and action steps. Raising awareness in support of the vision sets the stage for others to join in working towards safe, stable, nurturing relationships and environments for all children. The researchers examined vision and mission statements, website content, as well as other materials in which the participating organizations express their strategic focus and intent. We also audited externally focused communications to assess how participants provided information about the impact of child maltreatment as well as resources to help prevent or reduce abuse and neglect. We included both those explicitly communicating about child maltreatment (e.g., Georgia Department of Education) as well as those explicitly promoting protective factors (e.g., Boy Scouts).

In Phase I of this research, several examined organizations had begun to explicitly adopt the Essentials vision/language and were raising awareness and partnering with others around this vision.

Organizations such as Prevent Child Abuse Georgia and the Office of Prevention & Family Support, Department of Family & Children Services were most directly using “safe, stable and nurturing relationships and environments” in their internal and external communications. Organizations such as Strengthening Families Georgia express compatible and parallel concepts in the five “protective factors” as does the Family Connections Partnership in their five “result areas.”

In Phase II we found no organizations explicitly using the phrase “safe, stable and nurturing relationships and environments” and only one organization that was intending to adopt this specific language (United Way of Greater Atlanta). However, nearly all had some concrete examples of their communications that aligned with the CDC framework.

The exceptions to this include organizations such as **Georgia Equality** (GE) and the **Georgia Association for the Education of Young Children** (GAEYC) that focus on very specific populations. In the case of GE, the organization is mostly addressing equality and inclusion of the state’s LGBTQ community. While their work does include reducing bullying (safety), reducing the risk of HIV and STIs/STDs, and inclusion of families with LGBTQ parents, their mission would not necessarily be directly aligned. It would, however, be fully complementary to the CDC model. In the case of GAEYC, the organization is focusing on the professional development and support of professionals in the child care industry. Again, like GE, while they address safe, stable, and nurturing relationships and environments in child care settings through professional development and advocacy, they would be more complementary than fully aligned.

Another example of an exception would be the **Georgia Association of Family Physicians** (GAFP). Their members—family physicians—look for indicators around safe, secure, and nurturing relationships and environments with their minor patients. GAFP's education and training program responds to the interests and needs of members, expressed in surveys, which may lead to webinars, seminars, and

informative articles related to identifying and encouraging safe, stable, and nurturing relationships and environments (or handling neutral or negative relationships and environments, as the case may be). The promotion of these norms is not an intentional part of GAFFP, though.

## **Focus on Safety**

“Safety” is the most ubiquitous term used by institutions enrolled in this project in both phases of this study. In Phase I, safety was frequently connected to creating environments outside the family home in which a child was free from fear and psychological and physical harm. In Phase II, we engaged more participating organizations where safety within the home was of prime importance.

The **Georgia Department of Education** (GaDOE) significantly focuses on school health and safety in its communications within and beyond the school environment. According to their website, research shows that when students’ basic needs are met, student achievement increases. They provide significant information to parents and the community regarding what is being done to keep Georgia’s schools safe from violence, as well as providing information on nutrition, physical health, and transportation. They address specific issues such as drug-free schools and bullying prevention. They also provide information and support to families with children with special needs. The GaDOE website contained extensive information and links to resources regarding the prevention and reduction of abuse and neglect.

**Georgia Court Appointed Special Advocates** (CASA) recruit, screen, train and supervise CASA volunteers—specially-trained adults appointed by the court to speak up for a child’s best interests. CASA volunteers provide compassionate, individualized attention to help each child find a safe, permanent home. Their vision is “each abused or neglected child involved in juvenile court proceedings shall have a safe and permanent home.” They conduct significant training regarding abuse and neglect for their volunteers.

The **United Way of the Coastal Empire** (UWCE) was the only United Way included in this study that specifically focused on victims of abuse and neglect. According to their website, their goal was for, “adults and children affected by family violence and sexual assault (to) experience relief, recovery, and rehabilitation.” They further state, “Adult and child survivors of violence and sexual assault suffer extreme levels of stress, which can worsen any health conditions they may have and places them at increased risk for mental health issues such as depression, anxiety, and post-traumatic stress disorder. This can lead to self-medication through alcohol and drug abuse, and other high-risk behaviors that can present or worsen legal, social and economic challenges and promote the cycle of abuse.”

## **Focus on Stability**

In both phases of this research, most participating institutions also had some link to the concept of childhood “stability.” Stability refers to the degree of predictability and consistency in a child’s social emotional and physical environment inside and outside of the child’s immediate home environment. In Phase I, participating organizations mostly focused on stability outside the child’s immediate home. In Phase II, we engaged significantly more institutions focused on stability within the family home. For



example, as highlighted above, **CASA** not only focuses on child safety but also on stability by helping to assist in finding permanent placements for children being supported by their volunteers.

Two participating organizations that deal with maltreatment and abuse are concerned about stability as an outcome but often as the result of interventions with other family members like parents or through referrals to other providers. The **Georgia Coalition Against Domestic Violence (GCADV)** emphasizes the importance of helping ensure families are not only safe from experiencing domestic violence but also can reach a place of stability and healing. Adults (non-offending parents) are the primary beneficiaries of support, with children served through the fundamental stability reached for the family, such as housing and personal finances. Stability is outside of the direct control of **Children's Advocacy Centers of Georgia**, which must rely on parents committing to work with advocates on parenting skills and behaviors. As the typical referrals to advocacy centers result from sexual abuse, severe physical abuse, and felony negligence, local law enforcement and child protective services handle factors related to stability, such as of housing/shelter.

Individually and collectively, the United Ways included in this study all focused on family stability as part of their community impact strategy. This stems, in part, from the United Way Worldwide's focus on income, health and education being the three pillars of a thriving community. The **United Way of Greater Atlanta (UWGA)** has a specific focus on child-wellbeing and is creating a robust approach to helping children reach their potential. This includes addressing family financial instability and their housing costs burden. The **United Way of Central Georgia** has recently embarked on "breaking the cycle of family poverty" by adopting a two-generational approach to its investing and community partnerships. The **United Way of the Central Savannah River Area** is focusing on "strengthen families through financial literacy, job readiness, employment training, and similar activities relating to family stability."

Other examples of participants addressing "stability" include **Quality Care for Children's** promotion of their emergency child care resources for families in crisis and the **Get Georgia Reading Campaign's** focus on children in poverty as a key factor affecting child language, cognitive and social-emotional development. Stability is intrinsic to both the **Boy Scouts of America—Atlanta Area Council (BSA)** and **the Girl Scouts of Greater Atlanta (GS)**, through predictable troop-meeting times and places, repeated mottos and other value affirmations, the consistent uniform, and the reliable presence of caring, mentoring adults.

## **Focus on Nurturing**

Nurturing refers to the extent to which a parent or caregiver is available and able to sensitively and consistently respond to and meet the needs of their child. As in the Phase I research, the least used term by participating organizations was "nurturing." This typically was used in organizations where their institutional role and mission included some direct service component involving primary caregivers/parents. However, we did find more usage of the word nurturing in Phase II overall.

The three pillars of the **United Way of Great Atlanta's** child-wellbeing strategy are 1) strong foundations (strategies that prevent problems from occurring in the first place such as strengthening core skills, sustaining what's working and increase overall family stability) including: family health and wellness, positive and responsive relationships, early learning and cognitive, social, and emotional learning; 2) opportunities for success (strategies that help children and families heal, rebuild and create new opportunities) including: healthcare, academic development, employment and career development, financial empowerment and basic supports; 3) nurturing communities (strategies that address community-wide issues to ensure that each child, regardless of zip code, has a fair shot at growing up in a healthy, nurturing community) including: healthy and safe environments, and community and connections leadership.

The **United Way of the Central Savannah River Area** launched a community initiative called Born Learning in 2005. The Born Learning program is a national communication strategy developed by United Way of America in collaboration with the Ad Council of America and a group of child development experts at Civitas. It is built on three cornerstones: awareness, education, and action, and includes nationwide advertising, a wide array of research-based parent education materials along with community impact tools to help galvanize communities around early learning. Born Learning focuses on “everyday moments”—things that parents and caregivers can do every day to encourage early learning based on positive and nurturing interactions with infants and young children. The organization most incorporates the term, “nurturing,” in their promotion of this initiative.

County extension agents of the **University of Georgia College of Family and Consumer Sciences Cooperative Extension (UGA–CE)** conduct outreach and training for parents, caregivers, and community groups in order “to advance the well-being of individuals and families.” As one of three lead agencies for Better Brains for Babies (BBB), UGA–CE supports nurturing relationships and environments “through the generation and dissemination of knowledge, education of professionals, and provision of research-based programs.” “Nurturing” is often used in relationship to a young child's brain, such as in “Nurturing Your Baby's Brain,” a 2011 two-page info sheet for parents. For BBB, the typical context for nurturing is in opposition to toxic stress, such as when informing parents and caregivers that “[b]y nurturing your baby, you create a safe, protective environment that shields him to some degree against the adverse effects of later stress or trauma.” Outside of BBB, UGA–CE also maintains what it calls Nurturing Assets, a six-part training program for professionals working with adolescents:

1. Strategies for Success: Competency and the Assets Approach
2. Preadolescent and Adolescent Development
3. Back to Basics: Family Development and Resiliency
4. Program Development
5. Community Involvement
6. Diversity and Assets in Youth Development

The mission of **Quality Care for Children (QCC)** has been to ensure Georgia's infants and young children reach their full potential by helping child care programs provide nutritious meals and educational care to young children so they are ready for success in school and parents access quality child care so that they

can attend college or succeed in the workplace. They focus on high quality child care environments which are safe, stable, and nurturing, but they do not explicitly talk about it in these terms. They do, however, use the term “nurturing” in their provision of training and technical assistance to child care providers.

While the **GCADV** does not use the term “nurturing,” it emphasizes “healing” as a prerequisite to re-establishing caring relationships and supportive home environments. Healing for children demands available, responsive parents and caregivers. In their vocabulary, “healing” is interchangeable with “nurturing.”

**Children's Advocacy Centers of Georgia (CACG)** do not rely on the term “nurturing” by default, but their approach to parenting skills centers itself on parents' understanding and practicing positive behaviors with consistency and sensitivity. CACG therapists use Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), an evidence-based treatment for traumatic stress from the National Child Traumatic Stress Network, which devotes time to parenting skills. Continual use of the term “consistency” reiterates the way parents should respond to their children, to wit: “One of the most important rules is to be consistent. Children's behavior is most difficult to manage when they have unpredictable rewards and consequences for their behavior.”

## Partnering Around the Vision

Partnering with individuals or groups can help move from awareness to solutions. These partners can bring in additional support and lend their voice and leadership to community efforts. The researchers looked for evidence of partnerships could help unite those committed to children and community health behind the vision in order to better work together. Overall, we found meaningful and substantive partnerships in place in organizations that had adopted the vision in both phases of this study.

As reported in Phase I and more closely examined in Phase II, one highly noteworthy effort to integrate the three components across state and community institutions is the Great Start Georgia framework, now known as the Georgia Home Visiting Program, under the Georgia Department of Public Health. (This transition—including moving the program from DHS–DFCS to DPH—began around the time of the end of Phase I.) The Georgia Home Visiting Program is designed to create a community culture of care, encouragement, and support for all families before and after the birth of a child. With a collective capacity of 4,018 slots across evidence-based programs in 42 Georgia counties (as of April 2017), services are available to ensure that these important early years are rich with opportunities for children to be educated, safe, and healthy. A free Information & Referral Center offers connections to relevant local resources and information. This project was supported in part by the Georgia Department of Human Services – Division of Family and Children Services (DHS-DFCS) and from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The GSG framework includes the functions of identifying, referring, screening, educating, and linking families to services. The framework identifies the resources and linkages in critical areas such as evidence-based home visitation, maternal and child health, child

safety, school readiness, community and family safety, and family economic self-sufficiency. The leadership team and active partners of the Georgia Home Visiting Program includes these Phase I and Phase II participants: Bright from the Start: Georgia Department of Early Care and Learning (DECAL), the University of Georgia Center for Family Research, GaDOE, Georgia Early Education Alliance for Ready Students (GEEARS), Georgia Family Connection Partnership, Georgia Head Start State Collaboration Office, Georgia Department of Public Health, Georgia Department of Behavioral Health and Developmental Disabilities, UWGA, Voices for Georgia's Children, Prevent Child Abuse Georgia, Strengthening Families Georgia, and Better Brains for Babies (a collaborative effort co-led by the University of Georgia College of Family and Consumer Sciences Cooperative Extension).

Another aligned effort to increase partnerships around a vision consistent with the CDC model is the **Get Georgia Reading Campaign** (formerly the Get Georgia Reading Initiative). Using a collective action approach, GGRC is connecting agencies, organizations, sectors, and communities from across Georgia with a common goal of getting all children in Georgia on a path to be reading to 3<sup>rd</sup> grade proficiency by 2020. The four pillars of the campaign are to increase language rich environments ("language nutrition"), improve access to educational resources, promote positive learning climates, and improve teacher preparation and effectiveness. Three principles guiding this effort include local ownership and innovation, family engagement and involvement and seamless continuity and alignment between education systems. Among the core strategies include: connecting and convening decision makers, using data to align resources, inspiring collective action and innovation, and celebrating successes. In many ways, GGRC represents Georgia's most evolved effort to implement goals and objectives presented in the Essentials for Children model.

The **Atlanta Area Council of the Boy Scouts of America (BSA)** establishes partnerships on multiple levels for a variety of purposes, all focused on promoting their vision of safe, stable, nurturing relationships between youth and the adults in their lives. For their primary, on-the-ground scouting work, BSA forms partnerships with local players—like school districts, religious institutions and places of worship, community centers and organizations, nonprofit service agencies, and city and county government—to explore feasibility and create troops. (Their specific initiative for expanding scouting in underserved areas is called Scoutreach.) Every fall BSA facilitates the Youth Protection Seminar for Youth Service Agencies, a day-long conference with local and national experts on youth protection. More than 200 individuals from 60 organizations (including large nonprofits like the Y and Boys and Girls Clubs of America, as well as smaller daycare and afterschool programs and private schools) participated in the fourth annual event in 2017.

The primary role of the Collaboration Director for the **Georgia Head Start State Collaboration Office (HSSCO)** entails building strong support across state agencies and other partners for vulnerable young children in Georgia. HSSCO sits on or provides regular updates to the Georgia Children's Cabinet, the Georgia Head Start Association board, the State Interagency Coordinating Council of DPH's Babies Can't Wait, the DFCS Training Collaborative, and the Strengthening Families Georgia board—in addition to continual engagement with DECAL/BFTS and DFCS offices.

With Better Brains for Babies, **UGA–CE** has formal partnerships with four statewide government agencies and nonprofit organizations “dedicated to promoting awareness and education about the importance of early brain development in the healthy growth and development of infants and young children in Georgia.” Better Brains for Babies also has an advisory committee to help make decisions; partnership agreements include cross-promotion of partners and shared messages, planning of and participation in trainings, and information/materials exchange. UGA–CE maintains a separate, important partnership with Georgia 4-H to promote the learning, growth, and positive cooperation among youth. Both fall under the University of Georgia, offering some efficiency in the mechanics of partnership.

## General Observations

The preponderance of organizations assessed in the Phase I study were state government level entities; it was understandable that child safety is the top and most resourced area of the CDC model. Significant federal funding is directed through the state with a “safety” oriented priority and significantly less federal and state money is used to implement or support “nurturing” oriented programs.

Phase II included mostly non-government, community-based organizations. Interestingly, an analysis of their activities suggested that stability was a greater area of focus than in Phase I. However, we saw significant activities around safety and fewer (although more than in Phase I) around nurturing.

In Phase I, most documented collaborations/partnerships appeared to be with government or large nonprofit organizations. A handful of those institutions participating in the study had fully developed partnerships with corporations and none had high functioning partnerships with the top leadership of the various faith communities in Georgia.

In Phase II, we observed greater evidence of effective partnerships with companies. For example, **Quality Care for Children** and **United Way of Greater Atlanta** reported cultivating and sustaining significant relationships with companies. This included in providing thought leadership to their organizations as well as volunteering with or contributing to agencies that support safe, stable, and nurturing relationships and environments for children.

As noted in the first report, a collective action strategy will require a much more robust and comprehensive set of community level partners to achieve the critical mass needed to result in full implementation of the CDC model.

## GOAL 1 ACTION PLAN

1.1

- Identify and assist organizations interested in incorporating safe, stable, nurturing relationships and environments into their formal internal and external communications (e.g., GEEARS, Interfaith Children's Movement, United Way of Greater Atlanta).

1.2

- Maintain an independent working group to bring focus to the Essentials for Childhood Framework and serve as a backbone organization for planning and accountability.

1.3

- Conduct a comprehensive assessment of corporate partners engaged with state and regional organizations aligned with the model and identify suitable partners to develop and execute a strategy to promote the Essentials for Childhood model through corporate engagement, policy influence and active support of local evidence-based programs (e.g., Strengthening Families Georgia).

1.4

- Work with the Interfaith Children's Movement to develop a plan to convene and engage the highest leadership in the faith corporate communities (e.g., Methodist Conference, Catholic Dioceses, Lutheran Synod) to develop and execute a strategy to promote the Essentials for Children model through corporate engagement, policy influence and active support of local evidence-based programs.

1.5

- Explore strategic alignment with GEEARS, the Get Georgia Reading Campaign and the United Way of Greater Atlanta, for the purposes of raising awareness of the vision of the Essentials for Childhood framework, as well as for the framework itself.

1.6

- Create a glossary for common jargon among partners (e.g., healing), and map these terms to the primary language of the framework, to facilitate better comparison of alignment of current and future agencies with the framework.

1.7

- Adapt the Great Start Georgia framework to develop of a holistic plan to create safe, stable, and nurturing relationships and environments. Consider "Essentials for Childhood System of Care" as a name and pursue alignment with the taxonomy of 2-1-1. Great Start Georgia was designed to create a community culture of care, encouragement, and support for all families before and after the birth of a child. Across hundreds of Georgia communities, services are available to ensure that these important early years are rich with opportunities for children to be educated, safe, and healthy. This project was supported in part by the Georgia Department of Human Services—Division of Family and Children Services (DHS—DFCS) and from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The GSG framework includes the functions of identifying, referring, screening, educating, and linking families to services. The framework identifies the resources and linkages in critical areas such as evidence-based home visitation, maternal and child health, child safety, school readiness, community and family safety, and family economic self-sufficiency.

## Goal 2

### Using data to inform decisions.

#### Assessing Data, Identifying Gaps and Creating Information Solutions

According to the CDC, data can be a powerful tool to highlight the realities of life for children in the community and for demonstrating success as you work together to make positive changes. However, any one organization, or any one data source, provides a limited view of the problems as well as the opportunities in your community. Multiple data sources allow for a more comprehensive understanding of the issues and multiple avenues for raising awareness and implementing change. An important step in preventing child maltreatment and supporting safe, stable, nurturing relationships and environments for children in the community is to find the best available information that describes the issues. Where gaps in information are identified, partnerships should be used to develop new data collection efforts. Once communities have this information, they can use it to make the other action steps a reality.

In the first phase of our research, we found several efforts underway to build partnerships to gather and synthesize data, identify gaps, and use data in collaborative strategic decision-making. One of the most aligned efforts underway included the Cross-Agency Child Data System (CACDS), led by DECAL. This project was primarily focusing on understanding which children are participating in which state programs. Data to be added to this joint project included IDEA Part C and birth registration data about child developmental risk factors (DPH); TANF and SNAP data (DHS); and Head Start/Early Head Start child assessment data (GaDOE). Additionally, our initial study highlighted Georgia KIDS COUNT, a project of Georgia Family Connection Partnership, and Neighborhood Nexus, a regional information system, providing data, tools, and expertise as a catalyst to create opportunity for all of the region's citizens was highlighted.

In the second phase of the research, we found additional examples of partnerships to identify analyze and use data in strategic decision making.

Georgia is one of the first states with a defined method in the collection and analysis of school climate data through the implementation of the Georgia Student Health Survey 2.0 by the **Georgia Department of Education**. School climate refers to the quality and character of school life. School climate is based on patterns of students', parents', and school personnel's experience of school life and reflects norms, goals, values, interpersonal interactions, teaching and learning practices and organizational structures.

The GSHS 2.0 is an anonymous, statewide survey instrument developed by the Georgia Department of Education (GaDOE) in collaboration with the **Georgia Department of Public Health** and **Georgia State University**. The GSHS 2.0 identifies safety and health issues that can have a negative impact on student achievement and school climate. It is offered at no cost and provides Georgia public school districts (and private schools that wish to participate) with a measurement system for several categories: school connectedness, peer and adult social support, school climate and safety, alcohol and drug use, parent involvement, mental health, bullying and harassment, sense of safety and well-being, etc. There are 121 questions on middle & high school surveys and 11 questions on elementary survey. This data is used by

GaDOE administrators to assess individual schools, develop school specific intervention strategies, and develop statewide policies and programs to address undesirable trends across districts.

The **United Way of Greater Atlanta** is focusing on ensuring every child has the opportunity to reach his or her full potential. In order to support their regional efforts, UWGA and dozens of partners have developed a set of measures, intended for wider adoption, to assess how children, the families that support them and the community that surrounds them, are doing. This enables community partners to track progress and determine what levers are the most effective in ensuring “all the children are well.” These measures include 14 child, family, and community level data such as low weight births, children in poverty, families not financially stable and unemployment rates. The data is available in a geographic map format and is reported down to the zip code level. Users can run printable reports that include the number of children and families in the area as well as their results on the 14 Well-being Index measures compared to regional level data. *Surprisingly, however, incidents of substantiated case of child abuse and neglect were not among these wellbeing indicators. In fact, none of the indicators are, in and of themselves, direct measures of child safety or nurturing. They do, however, directly assess child and family stability.*

The **United Way of the CSRA** partnered with the local Community Foundation and commissioned a study by Augusta University to conduct a needs assessment in targeted zip codes with high concentrations of poverty. Their multi-methods approach resulted in recommendations by the researchers that “funders of nonprofits should focus attention on resources and programs using evidence-based methods to 1) reduce unemployment, particularly among young people 2) reduce the proportion of households headed by single mothers, and 3) increase educational levels. The United Way has socialized the findings in various community forums in an effort to reduce duplication and increase coordination among existing providers. The study was a catalyst for United Way to support the implementation of the Bridges Out of Poverty framework into the targeted neighborhoods.

The **Get Georgia Reading Campaign** focuses on four pillars 1) Language Nutrition (All children receive abundant, language-rich adult-child interactions, which are as critical for brain development as healthy food is for physical growth); 2) Access (All children and their families have year-round access to, and supportive services for, healthy physical and social-emotional development and success in high-quality early childhood and elementary education) 3) Positive Learning Climate (All educators, families, and policymakers understand and address the impact of learning climate on social-emotional development, attendance, engagement, academic achievement, and ultimately student success) and 4) Teacher Preparation and Effectiveness (All teachers of children ages 0-8 are equipped with evidence-informed skills, knowledge, and resources that effectively meet the literacy needs of each child in a developmentally appropriate manner). To support each strategy, GGRC has identified specific measures to evaluate progress. For instance, to support the learning nutrition pillar, measures such as infant birth weight, mother educational attainment, pre-mature births, third grade English Language Arts milestones, student absences, and children living in poverty. These measures help campaign partners evaluate the current environment for, as well as condition of, children and are used to influence policy and shape campaign strategy. *As with the United Way of Greater Atlanta example above, incidents of substantiated case of child abuse and neglect were not among these indicators.*



*While the impact of childhood abuse and trauma on child cognitive and behavioral development is well documented, these data sets are not included in the Campaign's evaluative framework.*

**Georgia Coalition Against Domestic Violence (GACDV)** relies on data to understand the depth and breadth of domestic violence in the state as well as to formulate responses. Of significance it produces the Georgia Domestic Violence Fatality Review Project's Annual Report in partnership with the Georgia Commission on Family Violence, under the Georgia Department of Community Supervision. According to the 2015 edition, which focused on childhood trauma, "[t]he Georgia Domestic Violence Fatality Review Project (the Project) critically examines the circumstances that precede domestic violence-related homicides by identifying systemic gaps in service delivery to victims and perpetrators and putting forth recommendations for change." Those recommendations, and other inputs like provider surveys, influence GACDV's training and technical assistance, advocacy, and public-awareness campaigns.

Head Start the program has heavy data demands. The **Georgia Head Start State Collaboration Office (HSSCO)** collects, reviews, analyzes, aggregates, and reports on a variety of metrics related to support of young children in the state. Obvious sources include federal and state Head Start monitoring reports, internal and external studies, foster-care reports, the CACDS system, and annual questionnaires of Head Start grantees across Georgia. The Collaboration Director also looks at sources like childcare licensing data to identify communities not served by adequate numbers of centers, Georgia Bureau of Investigation data on teen suicide to understand youth social-emotional health, and data on school absenteeism to identify trends in barriers to children attending school. HSSCO coordinates with DECAL's research department to compare populations and programs, e.g., data from Quality Rated programs serving Head Start children vs. Quality Rated programs not serving Head Start children.

### **General Observations**

As in the first phase of this research, the data that appears least available, largely due to a lack of state level infrastructure and data collection capacity, is related to the "nurturing" aspects of the CDC model. Little data is captured regarding parent/caregiver needs and, consequently, little information is available for collaborative planning and action. The data that does (or will) exist largely describes the child's state or condition.

## GOAL 2 ACTION PLAN

2.1

- Determine what additional data related to “nurturing” and parent/caregiver needs would support aligned organizations in strategic planning and service coordination efforts, and create a plan and partnerships to secure, analyze and leverage this information.

2.2

- Assess who, how, and when Adverse Childhood Experiences (ACES) data is being utilized and develop a strategy to make the information more accessible and usable by aligned organizations.

2.3

- Assess the potential use of aggregated data from the Cross-Agency Child Data System (CACDS) beyond the current users and develop a strategy to make the information more accessible and usable aligned organizations.

## Goal 3

**Creating the context for healthy children and families through norms change and programs.**

### Norms Change and Influence

According to the CDC model, it is critical for communities to promote the norm that we all share responsibility for the well-being of children. “No family exists in a vacuum; therefore, supporting families in providing safe, stable, nurturing relationships and environments is a shared responsibility.”

A social norm is the accepted behavior that an individual is expected to conform to in a particular group, community, or culture. An example of an aligned norm might be that every parent is expected to read to their child regularly. Not reading to the child would be considering a violation of that community’s acceptable parenting behavior.

The CDC presents seven steps for changing community norms:

1. Planning, engaging & educating key partners and stakeholders
2. Assessing existing norms
3. Establishing a common understanding
4. Selecting an array of strategies to influence norms
5. Testing, selecting, and refining these strategies
6. Implementing key strategies
7. Evaluating the effectiveness of these strategies on norm change.

In the first phase of this research, we noted that the Georgia Early Education Alliance for Ready Students (GEEARS) and Bright from the Start: Georgia Department of Early Care and Learning (DECAL) were launching a statewide public awareness campaign for Quality Rated. The message of the Quality Rated campaign was that “Quality Rated helps families take the mystery out of searching for child care.” The underlying norms being addressed are that quality is important and seeking the highest quality environment for one’s child is expected of every parent.

Another example of this type of strategic norms change was the collaborative among the Georgia Department of Public Health (DPH), the Marcus Autism Center, the Georgia Children’s Cabinet, and a variety of other partners, intended to encourage parents and guardians to talk more with their babies. Called “Talk with Me Baby,” the initiative has a goal of encouraging increased language development by making talking with young children an expectation of all caregivers.

Other examples of promoting positive norms about community responsibility/parenting and promoting evidence-based parenting programs include the Family Connection Partnerships’ local coalitions, the Department of Health Safe Sleep campaign, Prevent Child Abuse Georgia’s statewide Helpline and Strengthening Families Georgia’s Parent Cafes.

Examples of norms change efforts among those participating in the second phase of the research include Get Georgia Reading Campaign, the United Way of Greater Atlanta’s Child Wellbeing Index, GCADV, Better Brains for Babies under the University of Georgia Cooperative Extension, and the Georgia Home Visiting Program. Each of these efforts addressed the seven steps outlined in the CDC’s norm change model.

Two-thirds of Georgia’s third-graders are not reading on grade level, bringing long-term negative consequences to these children, their families, their communities, and the state. Unwilling to yield any longer to the unspeakable rate of illiteracy in Georgia, hundreds of public and private leaders from across the state and across sectors have come together to take on third-grade reading as an urgent priority for all who care about children’s health and well-being. Together, **Get Georgia Reading Campaign** has developed a four-pillar agenda outlining the conditions necessary for every child in Georgia to become a proficient reader by the end of third grade, paving the way to improved outcomes throughout school and life. These conditions represent new norms for children, families, and systems. It starts by **Get Georgia Reading Campaign** partners developing a clearly defined common agenda to create the conditions for every child in Georgia to become a proficient reader by the end of third grade. Through statewide communication and coordination strategies, the goal is for state leaders to use the four pillars to challenge conventional approaches, establish new cross-sector collaborations, and support collective action in communities throughout the state.

The **United Way of Greater Atlanta** believes “when children thrive, communities can thrive.” By ensuring that every child in the community can reach his or her potential, they are building a strong future for Greater Atlanta. United Way of Greater Atlanta brings together people and resources to tackle complex issues and drive sustainable positive change to help our community thrive. Their approach is for individuals and organizations that want to help improve the health of their community,

United Way is the platform that enables individuals, groups, and companies to make a difference—individually and collectively—in whatever way they wish to contribute their time, talent, and treasure. They further assert that communities can thrive today and reach their greatest future potential only if our children are thriving. That’s why United Way’s has chosen to focus is on creating a community where “all the children are well.” Communities that can say “all the children are well” have babies who are born healthy; kids who read proficiently by 3rd grade; teens graduating from high school prepared for college, careers and life; children growing up in secure homes and safe neighborhoods, with healthy food, and access to medical care to keep them healthy; and families supported by communities where people are educated, employed and housed; and have ready access to good healthcare and affordable healthy foods. UWGA aims to draw together the efforts of people and organizations across Greater Atlanta’s 13 counties to work collectively on issues most strongly affecting child, family, and community well-being.

**GCADV** notes that parents who are victims of domestic violence (DV) can face prejudice from service providers—both inside and outside of the DV movement—about their parenting skills, with the assumption that these parents do not know what to do or are doing it wrong: the relationship between the non-offending parent and the child has been undermined, indicators of which may appear to point to “poor parenting” at quick glance. GCADV works to affect biases in providers' speech and action by promoting strength-based language and trauma-informed approaches. Training for advocates, therapists, and other providers encourages self-reflection and -awareness about personal parenting biases/preferences and identifies roles for them in promoting healing in relationships. GCADV also supports positive practices among journalists, helping them explore the dynamics of domestic violence and the impact domestic violence has on the family and community at large without perpetuating stereotypes about what an abuser or victim looks or acts like. GCADV's Child and Youth Project promotes the idea that “Every advocate is a child advocate”—countering the common segmented approach of “adult” advocates and “child” advocates. GCADV helps all advocates feel comfortable interacting with children and having conversations with parents about relationships with children. Moreover, they provide training to service providers outside of the DV movement on supporting children and youth and their families, promoting healing rather than basic meeting of needs, e.g., shelter, food. GCADV has increased its use of social media like Facebook and Instagram, as well as a professional listserv, to share information about what parents and advocates can do to promote child well-being.

To overcome challenges recruiting for “parenting” classes (most people believe themselves good parents who do not need classes), many initiatives have found hooks in special topics. For example, county extension agents under **UGA–CE** use the idea of learning about healthy brain development, via Better Brains for Babies, to drive attendance at practical “parenting” classes. Agents refer to Auburn's Principles of Parenting, based on the norm that successful parenting develops over time and everyone can use help. The **HSSCO** used to mandate that “everyone gets a parenting class” but now allows each grantee to take a more tailored approach to responding to that community's interests and challenges (while still using evidence-based practices). The Georgia Home Visiting Program (**University of Georgia Center for Family Research**) speaks about topics like bonding, everyday learning opportunities, and child

developmental stages to convey parenting concepts. Monthly meet-ups called Group Connections afford parents peer learning through sharing successes and challenges and offering mutual support. Both the **Atlanta Area Council of the Boy Scouts of America** and the **Girl Scouts of Greater Atlanta** foster positive adult role models among parents through their involvement in troops and adoption of Scouting values and visions.

### **Providing and Promoting Evidence Based Parenting Programs**

The CDC model also focuses on promoting positive community norms about parenting programs and acceptable parenting behaviors. According to the model, “caregivers (i.e., parents as well as family, friends, and neighbors who help with childcare) may be reluctant to participate in parenting programs because they think learning about parenting implies they are “bad” caregivers. Communities can promote norms emphasizing that learning effective parenting skills is a process and every caregiver can use help at times.

Additionally, the model heavily emphasizes implementing evidence-based programs for parents and caregivers. According to the CDC, “programs that teach caregivers positive child-rearing and child management skills are the most basic approach to facilitating safe, stable, nurturing relationships and environments.” Communities can support all caregivers by providing access to evidence-based parent training.

In Phase I of the research we reported that the evidence-based programs and practices supported in Georgia include Parents as Teachers (DPH), Nurturing Parenting Program (DBHDD) and Early Head Start (DECAL). Other examples of evidence based programs include Parent Child Interaction Therapy (Emory University), Positive Parent Program (Prevent Child Abuse Rockdale, Heart of Georgia Healthy Start), Nurse Family Partnership (Houston County Nurse Family Partnership), Incredible Years (Easter Seals of North Georgia), Trauma Focused Cognitive Behavioral Therapy (Georgia Center for Child Advocacy, Children’s Healthcare of Atlanta), Family Centered Case Practice and Solutions-based Casework (DFCS), Breastfeeding (DPH) and Systems of Care Practice Approach (DBHDD). DFCS and Strengthening Families Georgia provide websites with links to many evidence-based resources. However, most had very limited programs or resources available in Georgia.

In Phase II we identified additional activities related to **providing or promoting evidence-based practice parenting programs**. These include Great Start Georgia, the five United Ways included in this study, HSSCO, Better Brains for Babies under the University of Georgia Cooperative Extension, and the Georgia Home Visiting Program.

The United Ways across Georgia fund over a thousand nonprofits across the state. In all, we documented that the **United Ways included in this study** fund 45 organizations providing parenting skills as part of their programs (**Atlanta: 14, Savannah: 11, Augusta: 5, Macon: 11, Brunswick: 4**). Some United Ways were unable to verify if they were investing in evidence-based models. However, examples of evidence-based programs supported by United Way include Parents as Teachers, Positive Behavioral Intervention System, Healthy Families and Strengthening Families.

The United Ways also promotes organizations providing parenting programs via the 2-1-1 system. 2-1-1 operations vary by United Way, although most of those included in the study manage the 2-1-1 database and handle callers internally. Currently, we found there was little information available from 2-1-1 about which evidence-based models were being used. 2-1-1 records include a description of the parenting programs/services, as well as eligibility requirements, but do not necessarily capture information about specific program models. In keyword searches using the 2-1-1 online database for each of the United Ways included in this study, we found the following listings. It is important to note that these are not all of the categories of Parent Education but just a sampling.

- Child Abuse Prevention (29): Programs, often offered in the schools or in other community settings, that attempt to protect children from physical, sexual, and/or emotional abuse or exploitation through a variety of educational interventions which may focus on children of various ages, parents, people who work with children and/or the community at large. The sessions may offer suggestions for children and/or parents regarding ways of avoiding or handling an abusive or potentially abusive situation and/or information about the indicators and incidence of abuse, requirements for reporting abuse and community resources that are available to children who have been abused and to their families.
- Child Development Classes (25): Programs that offer classes for parents or for parents and their children that focus on the developmental stages of maturation from infancy through adolescence and the child rearing problems that arise with each stage. Classes may be purely instructional or may include an experiential element in which parents bring their infants or toddlers to class and observe their behavior as an example of the specific material being discussed.
- Court Ordered Parenting Programs (8): Programs approved by the court that provide classes which utilize a specialized curriculum that assists families with family preservation and unification. The programs target families in which children are deemed at risk for abuse and neglect and enable parents to fulfill the requirements of court-ordered family preservation contracts.
- Family Preservation Programs (3): Programs that provide a variety of short-term, intensive, home-based intervention services for families experiencing a crisis that is so severe that children are at imminent risk for placement outside the family setting. Services, which are aimed at ameliorating the underlying causes of family dysfunction, are generally time-limited, of fairly short duration and available on a 24-hour basis. Also included are other family preservation program models whose programs vary in terms of the population served, the level of intensity of services provided and the length of services. The objective of family preservation programs is to preserve the family as a unit and prevent unnecessary placement of the children in foster care, a group home, an inpatient substance abuse or mental health treatment program, a residential training school or other alternative living arrangement.
- Home Based Parenting Education (3): Programs that visit the homes of parents who want to acquire the knowledge and skills to be effective in their parenting role and provide parenting education services in the family setting. The programs may focus on teen parents; parents who need to develop skills to handle a difficult child; families who want to learn school-readiness activities to share with their child; individuals for whom parenting is a new experience; families at risk for child abuse, neglect, or out-of-home placement; or others who have issues that are most effectively resolved in the home environment.
- Parent Counseling (27): Programs that provide a wide variety of therapeutic interventions for parents who are experiencing emotional difficulties or conflicts concerning their role as parents.

Included are individual or group counseling for one or both parents or conjoint parent counseling which focuses on and explores the mental, emotional, or social problems of the individual(s) which contribute to their parenting problems.

- Parenting Materials (9): Programs that offer any of a wide variety of resources including books, audiotapes, video cassettes and learning games that provide information, techniques and suggestions for activities which enable parents to be more effective in their parenting role.
- Parenting Skills Classes (95): Programs that teach skills that enable parents to deal constructively and consistently with a broad spectrum of child rearing problems which may include sibling rivalry; school behavior and performance; poor self-esteem; shyness; drug use; sexual promiscuity; and the whole range of negative, acting-out behaviors including whining, temper tantrums, disobedience, insolence, and destructiveness. Some parenting skills development programs utilize a step-by-step approach for managing specific problems and may incorporate application at home of techniques that were discussed and practiced in the classroom setting. Other programs may offer participatory family workshops which provide opportunities for parents and children to learn and practice methods for dealing with one another under the guidance of a trained facilitator. Most training programs teach the parent a particular way of talking and relating to their children that reinforces positive behaviors and communication and decreases negative behaviors while supporting the development of a relationship that is built on fairness, mutual caring, and respect.
- Teen Pregnancy Issues (1): Programs that use any of a wide variety of materials to educate the public about issues that relate to a particular field or topic.
- Teen Expectant/New Parent Assistance (38): Programs that provide classes, workshops or other educational opportunities that prepare teens who are or are about to become parents to be effective in their parenting roles.

Every Head Start grantee must implement an evidence-based program but can choose which. **HSSCO** monitors this and supports their identification of appropriate programs, such as by ensuring interaction between grantees and EBP vendors at regular conferences. A trove of data supports Head Start itself, at federal, state, and local levels.

The programs and initiatives of **University of Georgia Cooperative Extension** are evidence-based, with some reliance on promising practices. Agents will identify a focused audience for impact, e.g., parents of child birth to 2 years, and work with the extension coordinating office at UGA to find programs or relevant research to inform developing/implementing new programs. The basis in evidence and research is crucial to avoid the “easy route” of drawing on personal experience and anecdotes during training and education sessions.

**The University of Georgia Center for Family Research** supports the Georgia Home Visiting Program with technical assistance to ensure fidelity. The core curriculum of home visiting is evidence-based, supported by a screening called the Ages and Stages Questionnaire, which assesses child development to detect possible delays and ensure positive outcomes. The ASQ-3 is a development screener across five skill areas (communication, gross motor, fine motor, problem solving, and person–social), and the ASQ:SE-2 is a social–emotional screener for seven areas (self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people).

## General Observations

As mentioned in Phase I, a major challenge in Georgia regarding alignment with Goal 3 (providing and promoting evidence-based parenting programs) is the lack of a comprehensive and consistent inventory of the existing programs supporting families and caregivers. There are three main barriers that were highlighted in the study interviews. First, there is a lack of consistency in the taxonomy of parenting programs. The terms “parenting skills,” “parent leadership,” “parent support” and “family support” are used interchangeably. Second, no statewide system maintains a listing of all programs available.

As described previously, the closest Georgia has in terms of a comprehensive resource databases are the Georgia Home Visiting Program, 2-1-1, and Better Brains for Babies. However, these are still not fully inclusive all of programs (evidence based or otherwise) and not equally supported across the state. Local communities keep some formal and informal listing of services but even these are incomplete and not



## GOAL 3 ACTION PLAN

3.1

- Engage marketing firms to develop a social marketing strategy and plan to shape the norms defined by the CDC.

3.2

- Work with Family Connection, United Way 2-1-1, Prevent Child Abuse Georgia Helpline and aligned partners to adopt a common taxonomy of parenting training and support programs.

3.3

- Conduct an inventory of evidence-based programs currently in use in the state as well as determining the scale and scope of these programs. This study should build on the work of the Department of Public Health's Georgia Home Visiting Program, engage community-based providers identified in the 2-1-1 database and the Family Connection Partnership local collaboratives, and include identification and involvement of funders of evidence-based programs (e.g., Home Visiting Evidence of Effectiveness, or HomVEE, under US Department of Health and Human Services—Administration for Children and Families). The result would include determining geographic and population gaps in the availability of these programs and develop a state level plan to increase access.

3.4

- Engage existing information and referral systems to assess and develop the capacity to maintain accurate information about evidence-based parenting programs and promote the dissemination of this information to parents, caregivers and those working with families across the state.

3.5

- Engage Healthy Families Georgia, Parents as Teachers Georgia and other groups developing and promoting evidence-based parenting skills programs to identify cost effective and scalable models that can be more readily promoted and used in under-resourced communities.

## Goal 4

### **Creating the context for healthy children and families through policies.**

Effective policy action typically requires a careful assessment of those policies that are cross-cutting at the intersection of health, family support and learning. Increasingly, effective state level policy efforts have focused on a set of core principles. These principles include starting the focus on early childhood, promoting evidence-based approaches with a clearly documented return on investments for taxpayers, better leveraging and making strategic use of existing public and private funds, and establishing mechanisms for continuous improvement and accountability.

Most organizations assessed in this study identified and assessed policies that may positively impact the lives of children and families in the community. Several organizations demonstrated that they provided decision-makers and community leaders with information on the benefits of evidence-based strategies and rigorous evaluation as it related to programs such as home visitation, parenting training, intimate partner violence prevention, social support for parents, parent support programs for teens and teen pregnancy prevention programs, mental illness and substance abuse treatment, high quality child care or sufficient income supports for lower income families.

In our Phase I report, Voices for Georgia's Children appeared to be positioned to be most impactful and comprehensive in their efforts to review policies, establish legislative positions, and build and support policy coalitions aligned with the CDC model. Nearly all the organizations participating in this study reported that they worked with Voices in either a direct or indirect capacity. While this does not diminish the importance or significance of the contributions of other independent efforts (e.g., Family Connections, Department of Human Services, Department of Public Health), it highlights the importance of an independent nonprofit entity leading multi-sectored policy discussions and crafting broad and inclusive policy positions.

In the first report, we highlighted other groups working to ensure aligned regulatory and legislative policy making. Among these was Family Connection's work at providing local data to policy makers in partnership with the Annie E. Casey Kids Count database and the Interfaith Children's Movement's Day at the Capital. We also highlighted GEEARS quarterly engagement of funders, their work in conducting research and their Business Toolkit as an important resource and model to engaging the corporate sector and bring their voice to the policy making table. DECAL's utilizing the Strengthening Families self-assessment and follow-up action plans and online SFG Overview training as key components of the family partnerships standard within the department's Quality Rating and Improvement System (QRIS). Lastly, we spotlighted recent reform efforts by the Department of Human Services and the Department for Family and Children Services as articulated in the Blueprint for Change.

In the second phase of the research, 5 additional organizations reported they partnered with or used Voices for Georgia's Children in informing and supporting their policy related work (e.g. United Way of Greater Atlanta, Quality Care for Children, etc.). CASA and four of the five United Ways also reported close collaboration with the Family Connections in their efforts to inform and influence local policy and engage and educate policy leaders.

Organizations such as Quality Care for Children and the Georgia Alliance for the Education of Young Children described their close connections with DECAL in their efforts to support and coordinate policies that support high quality early education access and a robust child care system.

Of those interviewed in the second phase, **the Georgia Department of Education's** activities were among the most directly aligned with the CDC goal of creating the context for healthy children and families through policies. The Commission of Education is directly engaged with the state legislatures Health and Human services committees and GaDOE has influenced policies related to suicide prevention training; the school climate star rating, sudden cardiac arrest intervention as well as policies aimed at creating safe, stable, and nurturing relationships and environments for Georgia's school aged children. For example, the Commissioner shared that he had made 11 presentations to legislative committees and groups regarding evidence-based models addressing reading proficiency. At the local level school superintendents are engaged directly in communicating with local leaders and there are various other channels for broad information dissemination.

**Get Georgia Reading Campaign** is also working with policy leaders so that Georgia is innovating practices that integrates strategies from the preschool model of Positive Behavioral Interventions and Supports (PBIS) into the school-wide model. These tools help teachers and administrators understand and apply the knowledge of child development to better lay a secure foundation for children during their first few years of early elementary school. The Metropolitan Regional Education Service Agency, Bright from the Start: Georgia Department of Early Care and Learning (DECAL), and Georgia Department of Education are leveraging the state's investment in PBIS with funding from the David, Helen, and Marian Woodward Fund – Atlanta. By integrating practices from the preschool PBIS model into the school-wide model, these partners are developing a new, scalable approach aimed at supporting the social-emotional development of children across their first eight years of life.

**Quality Care for Children (QCC)** helps businesses assess their child care challenges and develop and implement strategies and policies to address them. They help business explore and address the policy and programmatic implications of the lack of affordable child care for 2nd and 3rd shift employees, community-based options for helping employees meet their child care needs, affordable on-site child care options, and business eligibility for child care tax incentives. These activities align with creating safe, stable, and nurturing environments for children.

The **Georgia Chapter of the American Academy of Pediatrics** monitors state legislative and regulatory activity for positive and negative effects on children and families, in addition to federal monitoring by the national umbrella group. For example, the Georgia AAP organized letters of support and public comments favoring universal newborn hearing screenings in 2000 and has advocated for cooperation among state agencies like DPH, DCH, and DBHDD to coordinate services for children and families following autism screenings. Georgia AAP also organizes physicians' testifying at the State Capitol as needed. Members sit on local boards of health and on the board of DPH, providing information on research and evidence-based findings.

The Collaboration Director for **HSSCO** identifies possible conflicts between Head Start and other childcare regulations and helps grantees navigate implementation and compliance. For example, federal guidelines on class sizes mandated smaller ratios than allowed under Georgia law and many Head Start programs had to remove children from their programs to reach the lower ratio. Representatives and advocates of Head Start gets in front of lawmakers and regulators in a few ways: The Collaborative Director serves on the Georgia Children's Cabinet with multiple state representatives, as well as attends and presents to regular meetings of Governor's groups and legislative working groups. The Georgia Head Start Association has an annual day at the Capitol, where grantee program directors provide their lawmakers information about programs in their districts and issues affecting low-income families.

## GOAL 4 ACTION PLAN

4.1

- Identify an Essential “champion” or “champions” who would be willing to make the model and issue more visible in the public arena. Champions might come from different communities to reflect the inclusive and community-wide nature of the model.

4.2

- Promote involvement with Voices for Georgia’s Children as a vehicle for engaging in policy work and assess additional opportunities to partner with them to identify, influence and promote aligned policies.

### General Observations

Successful promotion of Essentials for Children requires high level engagement of political leaders. Identification of influential “champions” who have direct access to policy makers and influence with state level decision makers is central. Leaders of this caliber in Georgia include Stephanie Blank (GEEARS), First Lady Sandra Deal (Get Georgia Reading), Jane Fonda (GCAPP), as well as others. Other states successfully implementing the CDC model have visible support of top state leadership.

## Organizational Clusters

Participating organizations (Phase I & II) represented the following:

### State Government Departments, Offices, and Initiatives

1. Georgia Bureau of Investigation, Child Fatality Review Unit (GBI)
2. Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
3. Georgia Department of Community Health (DCH)
4. Georgia Department of Early Care and Learning (DECAL)
5. Georgia Department of Early Care and Learning—Georgia's Two-Gen
6. Georgia Department of Education (GaDOE)
7. Georgia Department of Human Services (DHS)
8. Georgia Department of Juvenile Justice (DJJ)
9. Georgia Department of Public Health (DPH)
10. Georgia Family Connection Partnership (GaFCP)
11. Georgia Head Start State Collaborative Office (HSSCO)
12. Office of the Child Advocate (OCA)

### State-level Nonprofit Policy and Issue Coalitions

1. Georgia Alliance to End Homelessness (GA Homeless)
2. Georgia Early Education Alliance for Ready Students (GEEARS)
3. Georgia Equality (GE)
4. Interfaith Children's Movement (ICM)
5. Prevent Child Abuse Georgia (PCAG)
6. Strengthening Families Georgia (SFG)
7. Voices for Georgia's Children (Voices)
8. Get Georgia Reading Campaign (GGRC)

### State or Regional Nonprofit Service Providers

1. Boy Scouts of America—Atlanta Area Council (BSA)
2. Children's Advocacy Centers of Georgia (CACG)
3. Georgia Court Appointed Special Advocates (CASA)
4. Girl Scouts of Greater Atlanta (GSGA)
5. Quality Care for Children (QCC)

### State Professional Associations

1. Georgia Academy of Family Physicians (GAFP)
2. Georgia Association for Education of Young Children (GAEYC)
3. Georgia Chapter of the American Academy of Pediatrics (GAAAP)

#### United Ways

1. United Way of Central Georgia (UWCeG)
2. United Way of Coastal Georgia (UWCoG)
3. United Way of Greater Atlanta (UWGA)
4. United Way of the Central Savannah River Area (UWCSRA)
5. United Way of the Coastal Empire (UWCE)

#### Academic Centers and Departments

1. University of Georgia Center for Family Research (CFR)
2. University of Georgia College of Family and Consumer Sciences Cooperative Extension (UGA–CE)