

UPPER VALLEY COMMUNITY HEALTH IMPROVEMENT SUMMIT SUMMARY

CHILD ABUSE AND NEGLECT

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WORLD CAFÉS

WHAT ARE THE FACTORS IN OUR COMMUNITY CONTRIBUTING TO THIS NEED?

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- Opioid addiction:
 - o family circumstances or who is getting access to the home/ living environment
- impacting senior care development
 - o not much support for kinship
 - o toxic for all levels of the family
- anonymity of
 - o victimization is happening online – adults missing opportunities to intervene until too late
- socioeconomic challenges:
 - o even for intact families, lots of gaps
- care for youngest kids still developing: primary care access?
- Issues with adults:
 - o People not ready to be parents or have children
- Definition of an ACE: 1980s study, 10 questions asked, how to get medical staff to be trained more on social issues (obesity clinic: health problems are a result of early childhood experience)
 - o Measuring childhood experience and its correlation with chronic disease
 - o Now asking is there info there of how many kids are experiencing this (way to get good child abuse data)
- Underreported, question asked of how can we get to a place where people are comfortable mentioning it? STIGMA attached
 - o Role of schools to do more: ex- kids can access mental health resources without parent permission
- Public transportation: poverty because can't live in the towns with work
 - o Resulting sense of isolation
 - o Causes stress that exacerbates the situation
- Not looking or prioritizing child care
- Need to differentiate between abuse and neglect
- Siloing systems: not communicating between organizations working
- Families without internal/ external resources or support to do a good job parenting
- Substance problems: drug abuse
- Single parenting, esp. if lowered economic resources
- Education: not even understanding what abuse & neglect is
 - o Generational, changing laws of disciplining children
 - o "Norm" for the family
- Isolation – mixed relationships with extended families
- belonging and connection are the absolute/ most necessary, suggested even more than food & shelter
- lack of affordable housing & public transportation
- abuse: more active issue
- neglect: more passive – could also include people who are doing the best they can, still good choices for their family
- state data on abuse vs. neglect
- after-the-fact: need more case workers for an intervention
- need to catch the kids when younger (ex: 9 mo. old late to daycare is now at DCF at 6 years old)
- need a comprehensive list of resources/ services/ organizations
- Substance abuse disorder → what has changed in the last 5-10 years
- Neglected wrap around care programs

- Birth rate dropping, but high birth rate among mothers with substance misuse
- Maladaptive parenting
- Power dynamics
- Impact of opioids in the population (changes the brain to a greater extent that affect how parents respond to daily parenting/ life needs, much worse)
- Generational parental exposure to childhood/ ACEs that were NOT addressed to talked about and now perpetuating
- VT has invested in parent-child centers more than NH
 - o Nevertheless, services are voluntary, connection between referral source and families can be improved
- Disconnect: Pediatricians – community organization- family engagement (systems problem)
- System is expecting too much individual agency/ ability to connect (i.e. make the phone call) – need to bring services to their door
- Providers with education and asking the right questions, ACEs training, trauma-informed training, being open to these conversations
 - o Understanding behavior that’s right in front of you
 - o Issue of “non-compliant patient”
- Need a common language to talk about protective factors, creating healthy environments, what to look for

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- Family stress
- Opioid misuse and substance misuse crisis
- Younger children coming into state care (teens used to be the biggest group in custody, now infants/toddlers under 3 have surpassed them)
- Grandparents whose parenting styles are generationally different
- 3 month waiting list at West Central for child mental health services. Staff turnover at West Central.
- Lake Sunapee VNA is seeing more babies born addicted to opioid – substance misuse crisis is changing dynamics in the household
- Economic instability – hard to afford to live in the Upper Valley. Can lead to housing instability.
- 1 in 10 births in the birthing pavilion end up with neo-natal abstinence syndrome – this number is more than 10 times greater than it was 10 years ago
- 50% of kids in Windsor school district receive free and reduced lunch. It used to be 20%. Caseloads in special education have tripled.
- Toxic stress
- Young kids who can’t stay in daycare because they are hurting other children
- Poverty
- Children not being ready/able to learn when they get into school
- Number of single parent households (almost 50% in Lebanon and other places)
- Cycles - Parents who don’t know how to parent, and then their kids never learn their parenting skills
- Teachers/schools have limited resources

WHAT COMMUNITY ASSETS ARE HELPING TO ADDRESS THIS NEED?

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- The Family Place
 - o Second Growth- i.e. grant for 8 week parenting class
 - o Families Learning Together (FLT)
- The Haven
 - o course for families involved with Haven on life skills
 - o after school program
- DCF/ DCYF
- WayPoint (formerly Child and Family Services)
- Local foundation support: Byrne Foundation, Couch Family Foundation
- Early childhood professionals

- Substance Abuse Treatment Programs (i.e. Moms in Recovery Program)
- Valley Vista
- Second Growth
- Schools (early intervention but not prevention)
 - o Teams/ coaches
 - o Trauma informed teaching strategies movement
 - o Hartford PD department: Adopt a school program – building relationships between students and officers
- Friends of Mascoma (focusing on food insecurity)
- Lunch programs: Hartford Community Coalition
- Dr. George Till (Jericho) – legislation to get ACEs connected
- Woodstock community: CARE program, partnered with Mt. Ascutney to present family with a need prior to abuse & neglect and wrap with social services, trusted individuals
- Canaan Parenting group/ playgroup – ‘mommy and me’ (Mardee Laumann)
- Big Brother/ Big Sister programs (Windsor County)
- Dartmouth College (DREAM, Big Sib, students of color partnership, SEAD)
- Upper Valley Special Needs Support Center (partnership with Dartmouth College is ASPIRE), parenting classes
- TLC Resource Center in Claremont
- Parent-Child Centers
- Good Beginnings
- Child care programs, daycare centers: 200 programs with 500 licensed spots, 200 providers, large network
- Mount Ascutney pediatric programs
- Pediatric access point (COUCH Foundation sponsored research Carsey Institute at UNH)
- School supt. summit biennial meeting: “speed dating” event to meet provider agencies, faces, ideas of what other schools are doing
- APD MAT program (kid and parent, wrap around care program)
- Women’s Health Resource Center (Lebanon)
- APD/ Valley Regional/ DHMC – family/ parent- child resource center on site
 - o Use white coat referral power, face-to-face referral connections
- The Family Place/ TLC across the river... No-locked door approach
 - o Tele-health/ Skype resource connection, warm connections
- Trauma informed critical care practices at DHMC (200+ providers)

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- SAMSA grant through DH for trauma informed care training
- CHWs screening for ACEs
- The Family Place Parent and Child Center
- Children’s Integrative Services team
- TLC – Claremont
- Granite United Way list of all the Children Integration Services and their service areas
- Child advocacy centers
- Municipal services
- Rec Departments – mentors
- SEVCA (Southeastern VT Community Action)
- Haven
- Moms in Recovery
- Windsor Community Partners (mentoring)
- DCYF/DCF (although NH doesn’t intervene until the child is born, but VT will intervene sooner)
- WIC Programs
- VNA

- WISE and Turning Points
- Healthcare/pediatric visits
- Medical providers
- Law enforcement
- School nurse, teachers, counselors
- Guardians ad litem
- Case managers
- Protective factors – supports for parents to build parental resilience
- Community level dialogues about poverty, other issues. People are becoming more aware, talking about it more.
- Social media – people who aren't directly experiencing the issue is still able to learn about it
- Hartland Community Connections
- Select boards/town managers
- Pediatrics at D-H
- HSA Meetings (Health Service Associations)
- Teachers who look after the kids, see where there is a need, and will buy them the shoes they need
- Backpack programs, other supports for kids
- Willing Hands dropping off free fruit for Mt. Lebanon School after school program

“IF YOU HAD A MAGIC WAND, HOW WOULD YOU ADDRESS THIS NEED?”

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- Wrap the child with services at an early age
- Work more closely with the medical field to prevent abuse & neglect instances
- Prevention (addressing root causes) in schools, not just early intervention
- Remove alcohol, tobacco and drugs from culture
- Access to stigma-free care
- Medical providers who can do something
- Community Schools: imagine a school where have food pantry, child care, in different wings etc.
- CARE model – trusted
- Multidisciplinary care team- COMMUNICATING
- Require the NH state Dept. of Education to require more regulations and standards on homeschooling (reference to memoir *Educated*) – very small percentage coming to radar of DCF b/c the kids are just not at school where the work is happening
- Schools to be properly resourced to address the needs of kids with behavioral issues who had an ACE – how schools can better identify those students
- Community health workers and people like that moved out of pediatrician's office/ where families go through to engage in at the home in the dynamics, understand what is going on and then help/ work
 - o Importance of getting the providers OUT (Kitchen table social worker)
- Bring community stakeholders/ providers all together to address the issues
- Primary care: whole care team to support family/ child with transparency that are in PC setting or coming to the family, having the conversation together and can have the trust factor
- Social + healthcare service partnership – have organizations accept the burden of connecting
- Create a “one stop shop”
- Stop making assumption that EMR/ legality has to be there (i.e. school involvement in pediatric appointments, or integrating primary care and behavioral health, addressing the ob and pediatric divide)
- HIPPA was not meant to prevent people from getting good care—policy strategies needed here?

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- Erase that imaginary line between VT and NH (so people in Lebanon don't have to drive to Claremont)
- Address transportation barriers (so people can actually get to Claremont for services)
- DCYF needs 104 additional case workers (per a report from NHPR) – legislative push – timing for that would be now
- Open communication between services out there
- Work to support childcare providers. Have a trained mental health provider on site. Teams have what they need to support the children.
- Wraparound services/care coordination (ex. Schools coordinate with after school programs)
- Support for care givers (foster parents, grandparents)
- Find a way to reach into the home environment (that's where the abuse occurs)
- Access, staffing, resources for mental health care
- Case managers for kids not on Medicaid
- Trainings for lay people who are in front of kids (camp counselors, coaches) – quick list of what to look for and services available
- Specially trained police officers on each shift to respond to child abuse and domestic violence cases
- Continuing the community conversation, continuing to raise awareness
 - Tupperware party approach. Invite your friends. Have someone come and talk about it.
 - Movie "Resilience"
- Address inter-generational trauma
- Multi-service sites – families can get multiple services at one location – start with people with the highest need
- Identify the best touch points to catch people (doctor's office, schools, childcare centers, employers, food pantries)
- Identify resiliency opportunities in the community (ex. Make recreational opportunities more accessible – the fee to join and cost of new cleats can be a barrier, as can transportation to away games)
 - Some people do this already informally. How can you build more of that? (example box of free skates at the town ice rink in Norwich)
 - Free positive influences. There are generous people out there, but they don't know what to do.
- Connect parents to pre-employment skills they need, so they can get an entry level job at D-H
 - Use school buildings in evenings, in summers, to help build those skills for adults
 - Kids learn how to help themselves – they know where to go for help, they know that their community has supports for them, and how to access them
 - Engage community – more adults feel ready to step up and be a mentor to a kid
 - How do we 1) identify the right adults and 2) get them the tools they need
 - It doesn't always take much to make a difference