

## What Works for Third Grade Reading

### NC Pathways to Grade-Level Reading Working Paper

## Formal and Informal Family Supports: Supported and Supportive Families and Communities

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### **Appendix A. CLASP 2015 Table of TANF Foundational Policies**

## I. Pathways Measures of Success

Percentage of families that have access to formal and informal supports promoting family and child well-being

## II. Definitions

The following terms are referenced in this brief:

**Collective Impact** is a formal collaborative process within which a group of leaders and other key stakeholders from different sectors commit to a common agenda to address social issues. Collective impact is different from other forms of collaborative work. It requires "...a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants."<sup>i</sup>

**Earned Income Tax Credit (EITC)** is the federal income tax credit established in 1975 with bipartisan support.<sup>ii</sup> It has been described by the research and policy community as one of America's most effective anti-poverty strategies.<sup>iii</sup>

**Formal family supports** are policies, practices, or programs designed and delivered by organizations or governmental jurisdictions. They may include means-tested governmental programs such as the Earned Income Tax Credit, Temporary Assistance for Needy Families, child-care subsidies and workforce preparation. They may also include supports designed to support all families such as health care, or to support those families living in circumstances of high stress, trauma, and violence, such as situation-specific parenting interventions.

**Informal supports** are described as the people in the lives of children, adults and families. These may include extended family, neighbors and colleagues who help each other. Informal supports may occur through individual relationships or may exist as peer and social networks. These supports can help a person to develop a sense of "social belonging, dignity and self-esteem."<sup>iv</sup>

**NC FAST (Families Accessing Services through Technology)** is an automated eligibility system being gradually rolled out by the North Carolina Department of Health and Human Services. It will eventually serve as the front-end platform for child-care subsidies, TANF, NC Works, food and nutrition services, refugee assistance, and early intervention. It will also support case management for families and organizational support for providers.<sup>v</sup>

**Pay for Success (PFS)** is a public-private approach for government to fund proven community-based solutions to pressing social and economic problems. Philanthropic and private dollars are leveraged by PFS up front and the government or some other entity makes repayments after outcomes are achieved. Pay for Success has had broad bipartisan congressional support.<sup>vi</sup>

**Protective factors** are a set of conditions that can help buffer children and families from the negative effects of trauma, adversity, and toxic stress. The protective factors are commonly defined as parental resilience, meeting basic needs, knowledge about parenting and child development, social connections, and social-emotional competence of children.<sup>vii</sup>

**SNAP** is the federal Supplemental Nutrition Assistance Program, formerly called Food Stamps.

**Social capital** is membership in social networks<sup>viii</sup> with others who share your values, where helping each other is expected.<sup>ix</sup> Social capital can be informal—networks of peers, neighbors, or faith groups<sup>x</sup>—or it can be formal, such as leadership and empowerment initiatives that may use case managers or career coaches and create learning communities.<sup>xi</sup>

**Social isolation** can mean not having strong social networks, having low levels of contact and communication with others, or not having intimate relationships with other people. Social Isolation negatively impacts child and family outcomes, including an increased risk of child maltreatment.<sup>xii</sup>

**TANF** is the federal Temporary Assistance for Needy Families program.

**Two- and three-generational approaches** to family supports build on the strengths and needs of parents and their young children at the same time and in an intentionally coordinated way, focus on all members of a family, and can be provided formally or informally.<sup>xiii</sup>

**WIC** is the federal Women, Infants and Children Food and Nutrition Service<sup>xiv</sup>

**WIOA** is the federal Workforce Innovation and Opportunity Act.<sup>xv</sup>

### III. Formal and Informal Family Supports: Why They Matter

#### Formal Supports

Services and supports that help families secure necessities (such as food, housing and income) and that build on community protective factors contribute to children’s overall well-being and increase families’ abilities to deal with adversity and instability.<sup>xvi</sup>

Children whose families have incomes below the poverty line face many obstacles to school success, including parental unemployment,<sup>xvii</sup> housing instability or insufficiency,<sup>xviii</sup> hunger or inadequate nutrition,<sup>xix</sup> toxic stress,<sup>xx</sup> and more. Children in families at or below 50 percent of the federal poverty level, children living in chronic poverty, and very young children living in poverty are particularly vulnerable. As the gap between median income and the cost of necessities has increased, family income has become nearly as strong a predictor of children’s achievement as parents’ education.<sup>xxi</sup>

Homelessness and residential instability have a strong negative impact on young children’s development and on family functioning.<sup>xxii</sup> Homelessness and housing instability can result in early chronic absence from school.<sup>xxiii</sup> Homeless children often live in poor and extremely poor families and face many obstacles to school success, including parental unemployment,<sup>xxiv</sup> housing instability or insufficiency,<sup>xxv</sup> and hunger or inadequate nutrition.<sup>xxvi</sup> Poor families may have to move frequently, resulting in a loss of three to six months of learning with each school change.<sup>xxvii</sup> Homeless students are also more likely to be placed in special education and retained in grade.<sup>xxviii</sup> Families that move often may be less successful at developing social ties and may be unfamiliar with available resources to help their children.<sup>xxix</sup>

The need for formal supports has increased as, coming out of the Great Recession, wages have stagnated while the cost of living continues to rise. In fact, without economic supports, housing and child-care costs alone could consume nearly all the earnings of a low-income family with two children.<sup>xxx</sup>

## Informal Supports

Families connected to supportive informal networks and services are strengthened in their parenting and their health, well-being and resilience, and are better able to expose their children to activities and educational opportunities that will help them succeed.<sup>xxxii</sup>

Connections to responsive and supportive networks, services, and institutions can buffer the stress of living with poverty and other risk factors. Positive social connections can help parents improve the way they interact with their children, the physical environment of their homes, their parenting skills and knowledge of child development, and their emotional health, all of which are associated with children’s cognitive, social, and emotional development.<sup>xxxiii</sup>

Mothers with larger social networks are more likely to be involved in their children’s lives, provide stimulating home environments, and use a more responsive and accepting parenting style.<sup>xxxiv</sup> Several protective factors—including social connections, knowledge of parenting and child development, and concrete support in times of need—have been shown to reduce the incidence of child abuse and neglect, build parental resilience, and reduce the long-term negative effects of difficulties in childhood.<sup>xxxv</sup>

## IV. Formal and Informal Family Supports: Connections to Other Pathways Measures of Success

Just like the domains of child development, the Pathways Measures of Success are highly interconnected. In fact, access to formal and informal family supports is the measure that connects most broadly across the three domains of the Pathways framework. The table and text below outline the measures that *influence* or *are influenced by* Formal and Informal Family Supports.

Health and Development on Track, Beginning at Birth	Supported and Supportive Families and Communities	High Quality Birth-through-age-Eight Learning Environments with Regular Attendance
Healthy Birthweight	Safe at Home	High Quality Birth-through-age-Eight Early Care and Education
Early Intervention	Positive Parent-Child Interactions	Summer Learning
Social-Emotional Health	Reading with Children	Regular Attendance
Physical Health		

### Healthy Birthweight

Low-weight births are more prevalent among African American women than among other populations.<sup>xxxvi</sup> Exposure to economic, mental health and community stressors—without both formal and informal supports—contributes to this disparity. Expectant mothers who have good nutrition, access to health care, and embedded social supports are more likely to have babies born at term and with a healthy birthweight.<sup>xxxvii</sup> Low birthweight is linked to short- and long-term health problems, learning disorders, behavioral challenges, grade retention, and school failure.<sup>xxxviii</sup> Low-birthweight

babies generally score lower on reading, passage comprehension, and math achievement tests,<sup>xxxviii</sup> and are more likely to be enrolled in special education classes.<sup>xxxix</sup>

### **Early Intervention**

Early intervention is a key part of the nation’s formal family support system. Formal early intervention services are available to parents whose children exhibit development delays at levels that make them eligible for the federal Individuals with Disabilities Education Act (IDEA) Part C. Living with poverty, trauma, and other stresses can impact the capacity of vulnerable parents to participate in early intervention services.<sup>xi</sup>

### **Social-Emotional Health**

When adequate family supports are not in place, young children’s social-emotional health and development can be impacted by exposure to poverty and other family and community stressors.<sup>xli</sup> Children living in stressed and vulnerable families may experience delayed or impaired self-regulation skills and are at greater risk of suspension and expulsion from early learning and education environments.<sup>xlii</sup> Delayed social-emotional development, including self-regulation challenges, can impact the development of early reading and math skills.<sup>xliii</sup> Formal and informal family supports can, however, function as protective factors that buffer these risks to children’s social-emotional health and development of self-regulation.<sup>xliv</sup>

### **Physical Health**

Early childhood adversity (including abuse and neglect, domestic violence and parents’ mental health challenges)<sup>xlv</sup> coupled with high levels of chronic stress from poverty<sup>xlvi</sup> and racism<sup>xlvii</sup> have been shown to have long-term negative consequences for health. In addition to impacting children’s early social-emotional health and behavior, chronic stress can become chronic illness later in life, including obesity, substance abuse, diabetes, and heart disease. Access to formal and informal supports including healthy food, safe and stable housing, regular pediatric well-child visits, and parental screening for risks such as maternal depression<sup>xlviii</sup> improves the physical and mental health of both children and their families.

Children with health insurance are more likely to have regular preventive health care and other needed services, more likely to have a medical home (a regular place for medical care), less likely to visit the emergency room, and less likely to have unmet health care needs.<sup>xlix</sup> Parental health insurance coverage has a positive effect on both children’s health insurance coverage and children’s access of needed health services.<sup>l</sup>

### **Safe at Home**

Most child maltreatment can be characterized as “acts of omission” (commonly called “neglect”) rather than abuse. Negative family and community circumstances, including living in poverty and with domestic and neighborhood violence, food insecurity, and lack of transportation, increase the likelihood of child maltreatment.<sup>li</sup> When children are abused, neglected, or exposed to abusive, neglectful, or violent experiences in their homes or neighborhoods, they are at greater risk for language deficits, reduced cognitive functioning, social-emotional and behavioral difficulties, poor self-regulation and problem-solving skills, attention deficit disorders, and reduced physical health.<sup>lii</sup> These are all important factors in young children’s school readiness and school success.<sup>liii</sup>

## **Positive Parent-Child Interactions**

Young children’s cognitive and social-emotional development is based primarily on positive, responsive interactions with parents and other primary caregivers. These relationships—beginning at birth—impact both the architecture and functioning of the brain, the body, and behaviors across generations.<sup>liv</sup> Parent-child interactions that are less positive, less frequent, and/or occur in a stressful family or parenting context can have immediate and longer-term negative impacts on children’s development.<sup>lv</sup> Parents’ exposure to chronic stressors, like poverty, unmet housing, health and mental health needs, and social isolation, have been shown to reduce their capacity for positive parenting.<sup>lvi</sup> Access to formal and informal supports can help build parents’ resilience and improve parent-child interactions.<sup>lvii</sup>

## **Reading with Children**

Being read to regularly improves young children’s language development, early reading achievement and school readiness. When adults read to young children and engage them in rich conversations, children develop larger vocabularies, learn to read more easily, and grow stronger emotionally.<sup>lviii</sup> Whether parents use books to engage with their children depends both on their knowledge of the importance of reading, and whether they have the necessary resources. Toxic levels of family stress, unstable housing and homelessness, and the risk of violence in the home can negatively impact parents’ capacity to read regularly with their young children.<sup>lix</sup>

## **High Quality Birth-through-age-Eight Early Care and Education**

High quality early learning settings, whether in child care centers, family child care homes, Early Head Start, Head School, preschool or elementary school, can help counter the negative effects of living in families experiencing chronic poverty and adversity.<sup>lx</sup> Access to child care matched to parental work schedules functions as a key family support.<sup>lxi</sup> Child care for very young children is more likely to occur in a home setting, both licensed child care homes and unlicensed homes (family, friend and neighbor informal care), than in a center-based setting.<sup>lxii</sup>

## **Summer Learning**

Summer learning loss contributes to the achievement gap between children living in lower-income families and those living in higher income families.<sup>lxiii</sup> While higher income children make small academic gains over the summer, children living with poverty and adversity lose about two months of math learning and two to three months of reading learning.<sup>lxiv</sup> Children in lower-income families participate in formal summer activities at much lower levels than middle-income or higher-income students.<sup>lxv</sup> This may reflect family challenges in getting their children enrolled in and attending these kinds of experiences (e.g., lack of transportation, no money for enrollment fees, family disorganization, or parental depression) or it may reflect the absence of formal summer learning programs in lower-income communities.

## **Regular Attendance**

Families living in poverty and with adversity are less able to ensure the regular attendance of their children in early education settings and at elementary school. Children, particularly those with multiple risk factors, benefit from regular attendance at high quality early education programs where they learn

to work on tasks independently and follow directions. Child-care settings also provide opportunities to identify early warning signs and build good attendance and learning habits. Chronic absence in preschool correlates with weaker kindergarten readiness scores, including letter recognition and pre-literacy scores. Chronic absence in the prekindergarten and the early grades has been found to lead to lower third-grade reading and math test scores, absenteeism problems and lower achievement in later grades, retention in grade, dropping out of high school, substance use, and later delinquent and criminal behavior.<sup>lxvi</sup>

## V. Context Matters: Formal and Informal Family Supports

The following issues are important to consider when planning policy, practice and program strategies to address Formal and Informal Family Supports.

### Social Connections and Relationships

Positive social connections and relationships give parents emotional, informational, instrumental and/or spiritual support and can improve their mood, sense of competence and satisfaction about being a parent, their feelings about their children and their ability to respond to their needs, and their overall well-being. Positive social connections can also help reduce parents' anger, anxiety and depression.<sup>lxvii</sup> Social relationships need to be high quality and positive in order to buffer adversity.<sup>lxviii</sup> Negative social relationships include poor marital quality or peer risk-taking engagements, compounded by high time demands such as caring for children, spouses and aging parents.<sup>lxix</sup> Social isolation creates a risk for child maltreatment.<sup>lxx</sup>

### Social Capital

Social capital is membership in social networks<sup>lxxi</sup> with others who share your values, where helping each other is expected.<sup>lxxii</sup> It is a critical factor in children and families' quality of life and can help explain why some high-risk children have normal developmental and behavioral outcomes while others do not.<sup>lxxiii</sup>

### Three-Generation Families

In 2015, nearly three million U.S. children were being reared by their grandparents, an increase of half a million over the past decade.<sup>lxxiv</sup> Based on 2008-2012 U.S. American Community Survey data, more than 200,000 North Carolina grandparents live with their grandchildren, just over three and a half percent of the total North Carolina population. About half of these grandparents bear sole responsibility for their grandchildren, and most have been caring for them for years. Among families where a grandparent lives with and provides for the care of their grandchildren, in one in four families (24 percent) there is no birth parent present. In nearly four in ten (38 percent) the birth parent continues to live in the grandparent-headed family.<sup>lxxv</sup> In North Carolina, 170,000 children (about seven percent of all children under age 18) live in families headed by grandparents. Of these, 45 percent are five years of age or younger.<sup>lxxvi</sup>



## VI. Policy Options to Advance Formal and Informal Family Supports

**Refundable Tax Credits.** *Reinstate the North Carolina Earned Income Tax Credit (EITC) and the North Carolina Child and Dependent Care Tax Credit.*

Refundable tax credits have positive, lasting effects on parents' longer-term earnings and health outcomes. Children whose parents benefit from refundable tax credits demonstrate improved school performance and higher rates of college enrollment, and as the children become adults, they work more hours and earn higher incomes than their peers whose parents did not benefit from the tax credit.

Research is continuing on the effects of cash payments to low income families on children's outcomes. In 2017, the National Economic Security Project's team of developmental psychologists, neuroscientists and economists will launch a four-city study (New York City, St. Paul, Omaha and New Orleans) of the impact of small, regular cash payments on children's development and parental functioning.<sup>lxxxvii</sup> Child measures include cognitive and behavioral development at age three, including children's self-regulation, language and memory development. Direct measures of brain activity will be included. Results from a small pilot study in New York City revealed demonstrable improvements in young children's development when mothers received a monthly cash payment of \$100 versus \$20.

Across the nation, tax credit refunds returned to filers are spent at the community level, annually supporting the economic stability of the towns where the taxpayers live.<sup>lxxxviii</sup> Free file services, like the IRS supported Volunteer Income Tax Assistance (VITA) program offer working families access to highly qualified tax preparation services. These services maximize a family's eligible refunds and credits while keeping filing error rates low.<sup>lxxxix</sup>

**Earned Income Tax Credit.** In 2015, 931,000 North Carolina families (around 25 percent) claimed the federal EITC, receiving an average payment of \$2,462 and adding \$2.3 billion to the North Carolina economy.<sup>lxxx</sup>

Twenty-six states and the District of Columbia also have state EITC programs. In 23 of those states, the EITC is fully refundable.<sup>lxxxxi</sup> North Carolina created a state EITC in 2007, set at 3.5 percent of the federal EITC, and increased the rate to 5 percent in 2008. In 2011, the legislature attempted to eliminate the credit's refundable portion. Although that effort failed, the refundable portion was reduced to 4.5 percent for 2013, and the state EITC was eliminated completely for the 2014 tax season.<sup>lxxxii</sup> During the 2016 legislative session, several bills to restore the state EITC were held in committee.<sup>lxxxiii</sup>

**Child and Dependent Care Tax Credit.** North Carolina's state Child and Dependent Care Tax Credit was eliminated in 2013. The state used to have a credit that varied between 7 percent and 13 percent of the expenses eligible for the federal credit and was limited to \$390 per dependent, not to exceed \$780 total. During the 2016 legislative session, a bill was introduced to re-establish this credit but did not pass.<sup>lxxxiv</sup> Adopting a refundable state Child and Dependent Care Tax Credit would support working middle-class and poor families combat the high costs of child care while allowing parents to choose the care that best fits their families' needs.<sup>lxxxv</sup>

**Family and Medical Leave.** *Increase the percentage of working parents with access to paid family and medical leave and the opportunity to take leave.*

Supporting parents to have the time to bond with their infants in the weeks after birth is important for children’s socio-emotional development and attachment. Paid leave policies are associated with strengthened family stability, lower rates of maternal depression, and greater job retention.<sup>lxxxvi</sup>

A recent review of Labor Department statistics found that, nationally, nearly one in four women goes back to work within two weeks of delivering her baby.<sup>lxxxvii</sup> In contrast, in 2016, 17 U.S. corporations announced new paid paternity and adoptive parent leave ranging from two weeks to six months, a significant increase from the leave these companies offered in 2015. These companies include Amazon, eBay, Etsy, Facebook, Hilton, PayPal, Twitter, and Zillow.<sup>lxxxviii</sup> Businesses report paid leave policies do not impact productivity or profit. In fact, companies spend more time, money, and resources to train a new employee than they spend to allow an employee to take leave and return to his or her position.<sup>lxxxix</sup>

The federal **Family and Medical Leave Act (FMLA)** requires that employers with 50 or more employees provide up to 12 weeks of unpaid family and medical leave to eligible employees. Employees eligible for FMLA may be able to substitute accrued sick days if they take leave for a serious health condition or to care for a close family member. If greater family and medical leave rights have been enacted at the state level, the federal FMLA does not supersede them.<sup>xc</sup>

The **Family and Medical Leave Insurance Act**, recently introduced in the U.S. Congress, would offer employees up to two-thirds of their normal pay for up to 12 weeks to care for newborns, elderly parents, a sick spouse, or themselves should a medical issue arise. If passed, the act would be jointly funded by employers and employees through a payroll tax based on 0.2 percent of employee wages. To date, four states have enacted state *paid* family leave laws—California, New Jersey, Rhode Island, and New York. The State of Washington passed a paid parental leave statute 10 years ago, but it has not yet been funded.<sup>xc</sup>

*Paid* leave under FMLA is not required by NC law—employers included in FMLA may decide to provide paid or unpaid leave. Family leave can be taken upon the birth of a child or the placement of a child with the employee through adoption or foster care. FMLA may also be taken to care for a family member who has a serious health condition, or for an employee’s own health circumstances.<sup>xcii</sup> Employees who do not qualify for FMLA may use accrued sick time under parameters set in law and employer policy.

In December 2015, the Integrated Benefits Institute (IBI) prepared an issue brief entitled, *FMLA: What are the Real Opportunities for Improvement?* This issue brief analyzed current FMLA data by industry, reporting that the highest levels of intermittent use of FMLA were in the health care, finance, and manufacturing sectors. The highest levels of continuous FMLA use were in health care, manufacturing, and wholesale trades. FMLA leaves can be of concern to employers because they may be taken intermittently, without prior notice and they function as an early indicator of risk for a later short-term disability claim.<sup>xciii</sup>

**Pregnancy and Parenting Protections and Benefits.** *Ensure needed leave for expectant mothers and parents.*

Under North Carolina law, there are a few additional benefits in place for pregnant women and parents that could be improved or expanded.

- **North Carolina Equal Employment Practices Act.** North Carolina has not enacted a state law that specifically requires employers to offer pregnancy leave. But employers with a workforce of 15 or more must provide pregnant employees with leave benefits the same as those provided to other employees with temporary disabilities. This may include paid leave, unpaid leave or no leave at all.<sup>xciv</sup>
- **North Carolina Domestic Violence Leave.** North Carolina employers may not discipline, fire, demote, or refuse to promote employees who take reasonable time off work to obtain (or attempt to obtain) an order of protection from domestic violence for the employee or a minor child.<sup>xcv</sup>
- **North Carolina Small Necessities Law.** All employers must give employees up to four hours of unpaid leave per year to attend or otherwise be involved in a child’s school.<sup>xcvi</sup>

**Health Insurance.** *Maintain North Carolina’s high rate of insured children and increase health insurance coverage rates for parents and other adults.*

Children with health insurance are more likely to have regular preventive health care and other needed services, more likely to have a medical home, less likely to visit the emergency room, and less likely to have unmet health care needs.<sup>xcvii</sup> Parental health insurance coverage has a positive effect on both children’s health insurance coverage and children’s access of needed health services.<sup>xcviii</sup>

North Carolina’s public child and family health insurance coverage currently includes:

- Maternity coverage for pregnant women with household incomes up to 196 percent of the Federal Poverty Level (FPL)
- Coverage for children living in households with incomes up to 211 percent of FPL, through Medicaid or Health Choice (North Carolina’s Children’s Health Insurance Program, or CHIP)
- Coverage for parents with dependent children with a household income of up to 45 percent of FPL; for a family of three, income cannot exceed \$667 per month
- Coverage for family planning (the *Be Smart* program) for those with incomes up to 195 percent of FPL<sup>xcix</sup>

In 2015, 96 percent of children in North Carolina were insured, with more than 40 percent of children insured through Medicaid and Health Choice (North Carolina’s Children’s Health Insurance Program, or CHIP). Parents are less likely to be insured than their children—in 2015, 20 percent of North Carolina children lived with a parent who was not covered by any health insurance.<sup>c</sup> In addition, nearly a quarter of insured adults do not have enough coverage or cannot make use of the insurance due to high co-pays and deductibles.<sup>ci</sup>

In January 2017, an amendment to North Carolina’s 1115 waiver was submitted to the Centers for Medicare and Medicaid Services (CMS) to expand Medicaid by newly elected Governor Cooper. If the Governor’s plan is approved and implemented, 95 percent of the expansion cost will be paid by the federal government in 2018 and 2019. In 2020, the cost to the State of North Carolina would increase from five percent to ten percent but would never rise above that. The Governor requested that North Carolina hospitals pay the state’s portion.<sup>cii</sup>

As of June 2016, just under two million North Carolina residents were covered by Medicaid and CHIP. With expansion as envisioned by Governor Cooper, an additional 650,000 North Carolinians would be covered by Medicaid. Any reductions in Medicaid funding or elimination of CHIP at the federal level will increase the number of North Carolina children, parents and other adults who are uninsured.<sup>ciii</sup>

**ACEs Screening and Trauma-Informed Policy.** *Continue to support the inclusion of ACEs screening and trauma-informed care across governmental agencies at the state and county levels. While much of this change occurs at the agency practice level, state policy can require and support necessary changes.*

A trauma-informed approach is a set of key principles best articulated by the federal Substance Abuse and Mental Health Services Administration (SAMHSA): A trauma-informed program, organization, or system recognizes the impact of trauma on children, families and the staff who serve them, as well as potential paths to recovery; integrates knowledge about trauma into agency policies, practice, and programs; and seeks to avoid re-traumatization.<sup>civ</sup>

The field of behavioral health has widely integrated trauma-informed care into the mental health system for children and families. In a trauma-informed environment, policy, practice, and interventions change from a top-down, hierarchical approach of “servicing” clients to authentic person- and family-centered case practice, intervention, and community support.<sup>cv</sup> This approach is now being implemented across human services, including within the workforce development field,<sup>cvi</sup> education,<sup>cvi</sup> and child welfare.<sup>cviii</sup>

A legislative or administrative policy that supports trauma-informed care could encourage North Carolina agencies at the state, county and community levels to integrate ACEs screening and trauma-informed care into existing policies, practice, and interventions. Duke University could help with strategic framing for this kind of policy—the University provides technical assistance to the National Center for Child Traumatic Stress.<sup>cix</sup>

**Addressing the North Carolina Opioid Epidemic.** *Ensure that state policy work now underway to address the North Carolina opioid epidemic includes a focus on multi-generational family impact, neonatal addiction, child welfare implications and service needs, and pregnancy prevention.*

In April 2016, a report of the 25 most opioid-addicted cities in the U.S. included four North Carolina communities: Wilmington (#1), Hickory (#5), Jacksonville (#12), and Fayetteville (#18).<sup>cx</sup> On January 17, 2017, the *Asheville Citizen Times* reported that, “Even as the national opioid crisis worsens, Western North Carolina doctors are prescribing increasing numbers of opioid pills. Prescriptions for OxyContin, Vicodin, methadone and other painkillers that can lead to substance abuse and addiction resulted in more than 16 million prescribed pills in Buncombe County in 2015. That’s more than 64 pills per person.”<sup>cx</sup> Also in Western North Carolina, Mission Hospital in Asheville treated nearly 3,000 people for opioid-related problems in 2016, almost double the number of opioid-involved patients in 2012. Nearly 400 babies delivered at Mission Hospital tested positive for drugs and had to be treated for withdrawal at birth.<sup>cxii</sup>

In July 2016, the U.S. Congress passed a \$1.1 billion two-year funding package to address the opioid epidemic nationally. If adopted, former President Obama’s proposed budget would provide North Carolina with up to \$27 million dollars over two years to expand access to treatment for opioid-use disorders.<sup>cxiii</sup> North Carolina can ensure that the state Department of Health and Human Services’ plan for addressing the opioid crisis includes a focus on multi-generational family impact, neonatal addiction, child welfare implications and service needs, and pregnancy prevention.

**Full Enrollment in Benefit Programs.** *Authorize the expansion of access to such federally-funded or federally-reimbursed supports as TANF, WIC, SNAP, and Medicaid coverage for income-eligible families with young children in North Carolina.*

Eligible North Carolina families are under-enrolled or under-served in formal supports known to improve family well-being.<sup>cxiv</sup> Increasing enrollment assures access to health insurance and nutrition supports necessary to meet adult and child needs. These supports contribute to family stability, which in turn contributes to both parental success at work and children’s well-being. These benefits are viewed as work supports, and a significant body of research reveals that “participation in work support programs improves short- and long-term health, educational, and economic outcomes.”<sup>cxv</sup> Family outreach to increase enrollment could include use of social media, other public education venues, interagency “warm handoffs,” and increased legal supports for low-income families.

A strategy to achieve full enrollment is to strengthen families’ ability to secure legal help when needed. One in four North Carolinians qualifies for legal aid based on having an income below 125 percent of the federal poverty level; however, there is only one legal aid attorney for every 13,000 low-income North Carolinians. In comparison, there is one private attorney per 562 North Carolina residents.<sup>cxvi</sup> The lack of legal aid services results, in part, from continued, significant cuts in federal and state funding.<sup>cxvii</sup>

**Child Care Policies for Low-Income Families.** *Modernize work and child care reporting requirements, worker supports, and provider capacity to reflect current employment conditions for low-income parents.*

Low-income working families face several challenges as they try to find safe, quality child care that works with their schedules.<sup>cxviii</sup>

- Low-wage workers continue to experience increasing workplace volatility. This involves employment schedules that involve second and third shift and weekend work and that require employees to change work schedules often and without much notice.
- Working second or third shifts requires access to reliable child care, which is often unavailable at that time of day.
- As low-income parents’ work schedules change, their take-home income changes as well, resulting in real challenges in making consistent payments for child care fees. Child care centers cannot sustain themselves without regular clients and regular, predictable use and payments.
- As the pressure rises for increasing quality in child care settings, the cost of child care necessarily rises as well.

These challenges make the required reporting and verification of job hours and schedules an onerous process for both parents with child care subsidies and the federal Child Care and Development Fund (CCDF) administrative agency. Research has shown that this requirement contributes to child care churn as well as processing delays that cause working parents to lose child care slots. Rhode Island adopted a policy of parental self-report and has seen dramatic improvements in the time needed to process child care subsidies.<sup>cxix</sup>

The federal child care subsidy program does not require that work hours and authorized child care hours match precisely. It also encourages states to support payment levels and timing necessary for providers to remain in business. As an example of one state’s response, Colorado state law was amended in 2014 to prohibit linking child care hours to parents’ work, training, or education schedules.<sup>cxx</sup>

In 2014, the Colorado Department of Social Services (DSS) proposed and the legislature enacted a package of legislation to better meet the needs of lower-income working families with young children.<sup>cxxi</sup>

The package:

- Addresses reimbursement rates, parenting co-pays, county waivers, and a reduction in administrative red tape
- Establishes a new state child care expenses tax credit for workers earning less than \$25,000 a year
- Creates a pilot initiative to address the “cliff effect” that occurs when workers receive a small increase in income making them ineligible for continued child care support

**Child Support Enforcement Policies.** *Conduct North Carolina-specific analyses on the assignment and collection of child support payment to determine the benefits and challenges for children, custodial parents, and non-custodial parents.*

The federal Office of Child Support Enforcement reports that, in federal fiscal year 2015, \$32 billion was collected by state and tribal child support enforcement programs, of which 95 percent was returned to families. Three-quarters of the child support paid was collected by withholding income from employees’ paychecks. Across the states, 16 million children benefitted from child support enforcement. Three out of ten children lived in families with incomes below the federal poverty level. For these families, child support enforcement accounted for 41 percent of family income. Eight in ten custodial parents receiving this support were women. Seven in ten custodial parents (68 percent) were white, 25 percent were African American, and 23 percent were Hispanic families of any race.<sup>cxxii</sup>

The National Center for Children in Poverty reports that one in three noncustodial parents is poor. Many face similar workforce barriers that custodial parents face. When states enact policies to strictly enforce child support collection, resulting child support orders may be too high for low-income noncustodial parents to pay. This can result in additional legal action being taken against the noncustodial parent and the accumulation of high levels of child support debt before they pay any support.<sup>cxxiii</sup>

In 2014, almost \$815 million dollars in court-ordered child support was due to North Carolina custodial parents, and more than \$280 million of this was not paid.<sup>cxxiv</sup>

**Housing Policies.** *Ensure adequate, dependable housing for children and families.*

The North Carolina Coalition to End Homelessness tracks data on homelessness Point-in-Time (PIT) counts. This is a statewide, unduplicated count of homeless people on a single night during the last week of January each year. Individuals living in emergency and domestic violence shelters, transitional housing, on the street and in abandoned buildings, in their cars or “other places not meant for habitation” are counted through the PIT data collection process.<sup>cxxv</sup>

Across the state, the largest numbers of homeless individuals are in counties with large urban centers, reflecting general patterns of population density. These include Mecklenburg (2,014), Wake (1,170), Guilford (897), and Durham (758).

Statewide, 0.12 percent of people are homeless, but there is great variability across the state. The highest percentages occur in western counties. The Northwest Continuum of Care (Alleghany, Ashe,

Avery, Mitchell, Watauga, Wilkes, and Yancey counties) has the highest homelessness percentage at 0.41 percent. Swain County follows with 0.35 percent, and Transylvania County is next with 0.32 percent. Within the homeless population, one in five individuals is a child (22 percent). Thirteen percent are parents.<sup>cxxvi</sup>

The cost of housing in North Carolina contributes to homelessness and housing instability. Someone working for minimum wage (\$7.25 per hour) would have to work 70 hours a week to rent a one-bedroom apartment at fair market rate. Families would have to earn \$15.32 per hour to afford a two-bedroom apartment.<sup>cxxvii</sup> While local housing authorities have traditionally played a strong role linking residents to community-based services, funding reductions in recent years have limited their capacity to provide housing support services.<sup>cxxviii</sup>

**Employment and Economic Development.** *Drive responsible economic development and job growth, matched to sector-specific opportunities, that offers parents work income to adequately support their families.*

North Carolina expects most of its employment growth over the current decade (2012 through 2022) to be in industries that provide services. Of the estimated 548,650 new positions, nine of ten are expected to be in service industries. The chart below shows current North Carolina labor market data projections for the period 2012-2022. Annual wage estimates by industry sector suggest that many new jobs will place one-wage earner families with children at or below 200 percent of the federal poverty level.<sup>cxxix</sup> Based on the 2017 Federal Poverty Level, a family of four would need to make \$48,600 to be above 200 percent of FPL. Industries whose estimated annual wages would place families below 200 percent of FPL are highlighted in grey in the chart below.

Industry	Net Job Change	Annualized Growth Rate	Estimated Annual Wage
Construction	66,323	3.3%	\$43,000
Health Care and Social Assistance	166,543	2.7%	\$41,000
Professional, Scientific and Technical Services	57,922	2.6%	\$69,836
Finance and Insurance	38,214	2.3%	\$77,636
Real Estate, Rental and Leasing	8,408	1.6%	\$41,288
Arts, Entertainment and Recreation	7,832	1.3%	\$28,964
Accommodation and Food Services	46,475	1.2%	\$15,236
Educational Services	44,299	1.2%	\$43,732
Administration and Support, Waste Management	32,984	1.2%	\$31,928
Wholesale Trade	20,379	1.1%	\$62,816
Other Services (except Government)	18,618	1.1%	\$28,912
Retail Services	41,583	0.9%	\$25,220
Self Employed and Unpaid Family Workers	25,374	0.8%	N/A
Management of Companies and Enterprises	6,629	0.8%	\$92,196
Transportation and Warehousing	8,944	0.7%	\$41,548
Government	10,050	0.3%	N/A
Mining	0	0	\$46,124
Information	(1,610)	-0.2%	\$67,704
Manufacturing	(43,958)	-1.0%	\$52,988
Utilities	(1,250)	-1.1%	\$83,096
Agriculture, Forestry, Fishing and Hunting	(5,100)	-2.6%	\$29,796

Sectoral workforce development is an approach to linking economic development and workforce preparation that involves focusing on sectors where growth can reasonably be expected. This approach focuses on the needs of employers within a specific industry and in a specific geography.<sup>cxxx</sup> A core element of sectoral workforce development is creation of sector-specific intermediaries that align training resources with employment opportunities. A sector intermediary is often a consortium of stakeholders from government, business, non-profit, education, and training organizations. Job seekers are placed in industry-recognized training programs expected to result in high quality jobs—often apprenticeships, where they gain specific credentials. Sectoral intermediaries may perform other functions as well, including analysis of training needs of both businesses and workers, pursuing private and public funding, and evaluating training programs.<sup>cxxxii</sup>

One example of a sector-specific effort in North Carolina is the Work Keys credential programs in automotive manufacturing, welding, and biotechnology. Through this program, workers develop industry-specific skills that can lead to higher wages and continued educational advancement. To date, however, for every 10,000 workers in North Carolina, just 20 have some type of industry-specific certificate or credential.<sup>cxxxiii</sup>

Polling of North Carolina voters, conducted in 2014, revealed that early childhood education is viewed by four out of five voters as a smart economic strategy for the state. Program investment for which there was broad public support included Smart Start, pre-kindergarten, teacher training, and home visiting.<sup>cxxxiv</sup> Social innovation financing, also called Pay for Success, is in use across the nation to support the expansion of evidence-based early childhood and other programs at the state, county, and community level. One major federal funding source for Pay for Success initiatives is the Social Innovation Fund (SIF). SIF awarded 49 grants from 2010 through 2016 to organizations implementing programs in the areas of economic opportunity, youth development and “healthy futures.” The Institute for Child Success in Greenville, South Carolina is one of the funded organizations and the only one focused exclusively on Pay for Success opportunities in early childhood. Federal grants are awarded on an ongoing basis through annual requests for proposals.<sup>cxxxv</sup>

**Higher Education Research on Informal Family Supports.** *Authorize and support partnerships with higher education research institutions to study and advise on barriers and opportunities for families to build social supports and social capital at the community level within North Carolina’s 100 counties.*

Informal supports and community social capital have been shown to help parents function more successfully in the face of continued toxic stressors such as poverty, trauma, and violence.<sup>cxxxvi</sup> Informal supports and social capital are core elements of a Protective Factors framework<sup>cxxxvii</sup> as well as effective two-generation strategies.<sup>cxxxviii</sup>

## VII. Practice Options to Advance Formal and Informal Family Supports

### Modernizing and Streamlining North Carolina Benefits Eligibility Process

Over the past several years, North Carolina joined several other states—Oregon, Idaho, Colorado, New Mexico, Illinois, Kentucky and South Carolina—in the national Work Support Strategies Initiative (WSS).<sup>cxxxix</sup> The WSS initiative provided funds and technical assistance for the design, assessment, and implementation of more streamlined approaches to providing key family supports. Health care coverage, nutrition benefits, and child-care subsidies for low-income families were core areas of attention. The initiative concluded in 2016.



A detailed evaluation of the WSS initiative was conducted by the Urban Institute and released in November 2016. Most WSS states saw measurable improvements in benefits delivery, including faster or even same-day benefits approval, reduced family churn, and reduced client wait times. Some agencies “revamped” their lobbies to make them more consumer-friendly. They also found ways to save worker time and increase the receipt of multiple benefits among eligible families.<sup>cxxxix</sup>

North Carolina’s WSS initiative included four programs: food and nutrition services (North Carolina SNAP), Medicaid and Health Choice, subsidized child care, and State/County Special Assistance. These programs were selected because, like in many states during the recession, work support caseloads grew, highlighting inefficiencies like separate eligibility processes.

For more than a decade, NC has been building NC Families Accessing Services through Technology (NC FAST) – an integrated eligibility system that aims to replace 19 different old computer systems. WSS funding was to be used to help streamline policies, service delivery and program eligibility to create a no wrong door system.<sup>cxl</sup> By 2015, NC FAST had been expanded to include Medicaid and NC Health Choice, Food and Nutrition Services, Work First (North Carolina’s TANF program), Refugee Assistance, and Special Assistance. Other programs, including Subsidized Child Care and Child Welfare, will be added in the future.

### **Bundling and Integrating Work Supports**

Research suggests that a package of work supports that improves parents’ education level, improves parental health and mental health, and raises income works best to improve outcomes for low-income children and families. There is no silver bullet, but rather small cumulative effects across many family supports.<sup>cxli</sup>

States can conduct a review of practice within and across agency benefit categories to determine where family needs and eligibility would allow services to be bundled and integrated. This can improve cost-efficiency, improve family economic outcomes, and reduce cognitive load on already stressed low-income families.

### **Embedding the Protective Factors Framework**

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It engages families and the community to build upon five research-informed protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.<sup>cxlii</sup> This approach is intended for children over the age of five.

More than 30 states, including North Carolina, are “...shifting policy and practice to help programs working with children and families focus on protective factors. States apply the Strengthening Families approach in early childhood, child welfare, child abuse prevention and other child and family serving systems.”<sup>cxliii</sup>

The North Carolina Department of Social Services is partnering with the Center for the Study of Social Policy to implement the Protective Factors Framework in child welfare policy and practice. Parents and

other state and local agencies are part of the process.<sup>cxliv</sup> This work reflects a multi-year partnership to expand a family-strengthening approach to policy and practice within the agency and its grantees. The five goals of this effort are to:

- Assess opportunities for integration of the protective factors framework across child maltreatment prevention fund sources
- Analyze DSS logic models and outcomes and develop a set of outcomes and indicators that measure the impact of DSS work
- Increase capacity of prevention services grantees to design and deliver strategies consistent with a protective factors approach
- Work with stakeholders to create one approach to multi-system prevention work within the state
- Integrate the protective factors approach within DSS child welfare practices

### **Improving Data Collection and Analysis**

Building on the NC FAST initiative, North Carolina can continue to improve state, county, and organizational data capacity for real-time reporting, interoperability, and use across agencies serving the same clients.

The North Carolina Early Childhood Integrated Data System<sup>cxlv</sup> collects and integrates data from Subsidized Child Care, NC Pre-K, EI, IDEA Part C, Vital Records, Child Protective Services, SNAP, Work First (TANF), Preschool IDEA Part B, and Head Start/Early Head Start to report on child outcomes from a holistic perspective. The national Early Childhood Data Collaborative offers a guide on the top ten fundamentals of a comprehensive, integrated data system.<sup>cxlvi</sup>

## **VIII. Program and Capacity-Building Options for Formal and Informal Family Supports**

### **Temporary Assistance for Needy Families (TANF)**

TANF was created by the U.S. Congress as part of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act. TANF replaced Aid to Families with Dependent Children, a federal program providing cash assistance poor families with children since 1935.<sup>cxlvii</sup> TANF was last reauthorized in 2010. In July of 2015, the U.S. House of Representatives' Committee on Ways and Means (Subcommittee on Human Resources) introduced a draft bill to reauthorize TANF for the period 2016-2020. It was not enacted. The EMPOWER Act of 2016 was introduced in the Senate in June 2016 to reauthorize TANF through fiscal year 2021. No action has been taken since its introduction.<sup>cxlviii</sup> There will likely be statutory changes in TANF and other means-tested family support programs at the federal level in the coming years.<sup>cxlix</sup> Cuts to this program would impact child and family supports.

In North Carolina, TANF is called Work First. It offers short-term training and other services to create increased employment opportunities for low-income parents.<sup>cl</sup> In 2014, the maximum monthly income for initial TANF eligibility for a single-parent family of three was \$680, and the maximum allowable family economic asset level was \$3,000. The maximum monthly case benefit was \$280, and TANF benefits cannot be claimed for more than a cumulative total of 60 months.<sup>cli</sup> In North Carolina in 2013-2014, fewer than one in ten poor families with children received TANF.<sup>clii</sup>

In October 2015, CLASP issued a report outlining a set of four policies through which TANF could better support mothers and very young children.<sup>cliii</sup> These include:

- Creating adequate income supports
- Recognizing time-related challenges of contemporary work and assuring mothers have time with babies to develop attachments
- Assuring access for working parents to quality, affordable child care
- Improving connections between families and needed benefit programs and services.

See Appendix A for more detail on the CLASP *TANF Foundational Policies*.

### **Supplemental Nutrition Assistance Program (SNAP)**

Nationally, the federal SNAP reaches over 44 million people in almost 22 million households each month. Three out of four SNAP households include a child, senior, or disabled individual. SNAP also provides employment services to help recipients increase their earnings and reduce their need for assistance.<sup>civ</sup>

Studies have shown that SNAP benefits support families to eat healthier.<sup>civ</sup> A 2013 Food and Nutrition Service study found that participating in SNAP for six months resulted in a five to ten percentage point decrease in food insecurity. In 2015, SNAP is reported to have raised 4.6 million individuals out of poverty.<sup>clvi</sup>

In federal fiscal year 2015, North Carolina SNAP served 1.65 million individuals monthly, representing just over 800,000 households. North Carolina was ranked ninth in the nation in the number of participants and 34<sup>th</sup> in the amount of monthly payments: \$122 for individuals or \$248 per household.<sup>clvii</sup> Electronic Benefit Transfer cards (EBT cards) are used to distribute SNAP benefits in North Carolina.<sup>clviii</sup>

### **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

WIC is a federal nutritional support, established in 1974 to improve the health of low-income women and their young children by providing better nutrition and nutrition education (including breastfeeding support) and referrals to needed health and social services.<sup>clix</sup> Available in all 50 states, WIC benefits generally are provided through electronic vouchers or paper checks for the purchase of food, though in some states, foods are distributed from a central warehouse. All WIC state administrative agencies must implement WIC electronic benefit transfer (EBT) by October 1, 2020.<sup>clx</sup>

From 2009 through 2016, participation in the North Carolina WIC program declined, from just under 270,000 to just over 241,000. This year, the federal government estimates that 238,687 North Carolinians will participate in WIC, including 57,724 infants and 120,130 children. The average monthly food cost per person is \$49.<sup>clxi</sup> Benefits of participation in the North Carolina WIC program documented over time by the North Carolina Department of Health and Human include:

- An increase in the number of women receiving adequate prenatal care, and a decrease in infant mortality by at least 25 percent and in low birthweight and preterm births by 3.3-3.5 percent
- A decrease in the rate of child anemia, improvements in children's diets, a higher rate of immunizations, and better vocabularies than comparable children who do not participate in WIC

- A reduction of \$744 in Medicaid costs per enrolled baby during the first 50 days of life, which was \$3.90 in savings per WIC dollar invested<sup>clxii</sup>

### **Child Care Development Fund (CCDF)**

CCDF provides federal child care support for low-income working families. State compliance with broad federal guidelines is required, including setting income eligibility limits at or below 85 percent of state median income (SMI) and the maximum age for children at or below 12 years. The maximum age may be extended to 18 years if children have special needs. Federal guidelines also broadly define activities that qualify for assistance, usually work, education and training. Within the broad federal guidelines, however, states may use discretion in administering the program.<sup>clxiii</sup>

In 2014, the U.S. Congress passed the first reauthorization of CCDF since 1996. The reauthorization requires that state CCDF policies be “more family friendly,” result in increased quality of child care (including health and safety of children) and improve the transparency of provider information for parents.<sup>clxiv</sup> It also provides more options for parents in selecting child care services.

Under the 2014 reauthorization, each state was required to submit a new CCDF plan. The North Carolina plan received conditional approval from the federal Office of Child Care in June 2016.<sup>clxv</sup> The federal review identified a couple of concerns, chief among them that North Carolina child care subsidy rates may not allow families receiving subsidies to access child care at a level of quality comparable to that accessible to families not receiving subsidies, as required by law. The federal Office of Child Care will review these rates as a priority item in upcoming implementation monitoring visits.<sup>clxvi</sup>

In North Carolina in 2014-2015, CCDF funds supported monthly child care for nearly 32,000 families with 65,600 children at a total state and federal cost of nearly \$239 million. To be eligible for this support in 2015, with a co-pay not to exceed 10 percent of income, the annual income limit for a family of three in North Carolina could not exceed \$39,572.<sup>clxvii</sup>

### **Workforce and Adult Education and Training Supports**

The federal Workforce Innovation and Opportunity Act (WIOA), unanimously passed by the U.S. Congress in July 2014, replaces the Workforce Investment Act and requires states to:

- Place a greater emphasis on local and regional collaboration among workforce, education, and industry partners
- Improve services offered to employers, including work-based training programs
- Increase both the amount of funding devoted to helping out-of-school youth and the maximum age at which youth can receive services
- Reinforce connections with registered apprenticeship programs
- Promote strong Workforce Development Boards
- Use career pathways to ensure job seekers are receiving credentials for in-demand jobs
- Ensure that accountability measures are data driven<sup>clxviii</sup>

Established in 2014, NC Works manages a partnership between North Carolina’s workforce and education agencies, health and human services, commerce, and the community college system. The goal is to create stronger connections with local employers. NC Works’ Career Centers conduct staff training to promote higher levels of responsiveness to the needs of both job seekers and employers, while the

NC Works Commission approves the criteria for NC Works Career Pathways. Local NC Works partners have also met with 1,000 employers to gain insights on how the workforce system can be designed to better meet their needs.<sup>clxix</sup>

The *North Carolina Workforce Innovation and Opportunity Act (WIOA) Unified State Plan* was submitted on August 30, 2016 and is available online.<sup>clxx</sup> This plan will guide how NC Works links employers and certain groups of job seekers, including dislocated workers and disconnected youth. WIOA focuses on skill development in areas such as adult education, literacy, and vocational rehabilitation.<sup>clxxi</sup> There are opportunities for state policy makers and agency administrators to determine how the North Carolina WIOA and CCDF plans can build coordinated and integrated services that meet both the workforce and child care needs of eligible families.

For example, the CCDF plan will coordinate with the North Carolina Division of Social Services to streamline access to supports for families—when the subsidized child-care program is moved into NC FAST, families will no longer need to apply separately for TANF assistance and subsidized child care. In addition, an integrated case management model will be used. With implementation of the NC FAST eligibility system, client information stored in NC FAST will be generated when clients apply for child care subsidies. This streamlining benefits both the clients and the state by reducing double reporting.<sup>clxxii</sup>

### **State and Local Training and Capacity Building on Use of Evidence-Based Programs**

North Carolina can draw upon the UNC National Implementation Research Network (NIRN) to train stakeholders on proper implementation strategies for the use of evidence-based and evidence-informed programs.

### **Cross-Sector Trauma-Informed Professional Development**

As detailed in the Policy section of this working paper, North Carolina can ensure that local and state child- and family-serving systems integrate trauma-informed care into existing policies, practices and interventions. Creating trauma-informed systems will require the expansion of professional development on the use of trauma-informed case practice across sectors and counties.

For the mental health systems, the North Carolina Child Treatment Program trains mental health clinicians in evidenced-based, trauma-informed treatment models and keeps a public roster of all trained clinicians, increasing children’s access to trauma-informed care in a variety of public and private settings. The program tracks data and outcomes to aid the mental health community in progress monitoring.<sup>clxxiii</sup>

Appendix A. **CLASP 2015 Table of TANF Foundational Policies**

Text included below is cited directly from the CLASP report.

<b>Table ES-1: CLASP Checklist of Foundational Policies</b>
<p><b>TANF provides adequate income support to enable pregnant women and parents of infants to meet their basic needs and stabilize their lives, and is available and accessible to all who need it.</b></p> <ul style="list-style-type: none"> <li>• Pregnant women with no other children are eligible for TANF cash assistance.</li> <li>• Work requirements, including up-front job search, are waived for pregnant women to avoid creating a barrier to participation.</li> <li>• All needy babies are eligible for benefits; no “family cap” policies that deny benefits based on parents’ history of welfare receipt.</li> <li>• Pregnant women and parents of infants may receive benefits even if they would otherwise be denied benefits due to time limits.</li> <li>• State has reviewed implementation of minor parent requirements to ensure they do not prevent needy young families from receiving assistance.</li> </ul>
<p><b>TANF recognizes the realities of today’s low-wage labor market, including variable and unpredictable hours, and does not force parents of infants to take jobs that are incompatible with their parenting responsibilities. TANF allows parents to take the time needed to develop secure attachments with their infants, recover from childbirth, and establish a breastfeeding relationship when appropriate.</b></p> <ul style="list-style-type: none"> <li>• Parents of infants are exempted from mandatory TANF work requirements (or engaged in appropriate services that recognize their unique circumstances) until babies are 12 months old.</li> <li>• Policies are in place to protect parents of infants from sanctions, particularly full-family sanctions.</li> <li>• Exemption policies do not inadvertently deny access to child care.</li> </ul>
<p><b>When parents work, or participate in employment-related activities, they have access to affordable, quality child care that supports the developmental needs of infants.</b></p> <ul style="list-style-type: none"> <li>• TANF recipients who work or participate in employment-related activities are provided with childcare subsidies at the 75th percentile of the current market rate, ensuring access to quality childcare.</li> <li>• Parents receive good cause exemptions from work requirements if quality child care is not available.</li> <li>• Parents are given time to locate and obtain quality child care before they are required to participate in work activities.</li> <li>• State applies new CCDBG rules under the 2014 reauthorization regarding quality and continuity of care to TANF-funded child care to provide infants with stable, nurturing care.</li> </ul>
<p><b>TANF connects families with infants to other needed services that support long-term success for both children and parents.</b></p> <ul style="list-style-type: none"> <li>• TANF families with infants are referred to home visiting programs and Early Head Start, and receive credit toward their TANF work requirements for participating in such programs.</li> </ul>

- TANF recipients with infants are screened for mental health needs and provided with supportive services needed for treatment.
- Families with infants are enrolled in other safety net programs including Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, and housing, with a minimum of additional paperwork.

<sup>i</sup> Kania, J. and Kramer, M.. (2011). Collective Impact, *Stanford Social Innovation Review*. Retrieved from [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact)

<sup>ii</sup> Center for Budget and Policy Priorities. (2016). *Policy Basics: The Earned Income Tax Credit*. Retrieved from <http://www.cbpp.org/research/federal-tax/policy-basics-the-earned-income-tax-credit>

<sup>iii</sup> Reed, J. (2012, February 1). The Earned Income Tax Credit is One of the Most Effective Anti-Poverty Programs. Retrieved from <http://www.dcfpi.org/the-earned-income-tax-credit-is-one-of-the-most-effective-anti-poverty-programs>

<sup>iv</sup> University of Pennsylvania Collaborative on Community Integration. (n.d.). *Community Integration Tools: Natural Supports*. (p. 1). Retrieved January 18, 2017 from [http://tucollaborative.org/pdfs/Toolkits\\_Monographs\\_Guidebooks/relationships\\_family\\_friends\\_intimacy/Natural\\_Supports.pdf](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf)

<sup>v</sup> NC Health and Human Services. (2016). *NC FAST - North Carolina Families Accessing Services through Technology*. Retrieved from [http://ncchildcare.nc.gov/general/mb\\_NCFast.asp](http://ncchildcare.nc.gov/general/mb_NCFast.asp)

<sup>vi</sup> Corporation for National and Community Service. (n.d.). Pay for Success. Retrieved February 1, 2017 from <https://www.nationalservice.gov/programs/social-innovation-fund/our-programs/pay-success>

<sup>vii</sup> Center for the Study of Social Policy. (n.d.). *Strengthening Families: About*. Retrieved January 30, 2017 from <http://www.cssp.org/reform/strengtheningfamilies/about>

<sup>viii</sup> Center for the Study of Social Policy. (n.d.). Protective Factors Literature Review: Early Care and Education Programs and the Prevention of Child Abuse and Neglect. (p. 11). Retrieved January 18, 2017 from [http://www.cssp.org/reform/strengthening-families/2013/SF\\_Social-Connections.pdf](http://www.cssp.org/reform/strengthening-families/2013/SF_Social-Connections.pdf)

<sup>ix</sup> Organization of Economic Co-operation and Development. (2007). What is social capital? In *Human Capital: How what you know shapes your life* (Chapter 6, 102-105). Retrieved January 18, 2017 from <https://www.oecd.org/insights/37966934.pdf>

<sup>x</sup> Fowler, M. (2014). Building Social Capital Through Place-Based Lawmaking: Case Studies of Two Afro-Caribbean Communities in Miami—The West Grove and Little Haiti, *University of Miami Inter-American Law Review*, 45(2), 425-462. Retrieved from <http://repository.law.miami.edu/cgi/viewcontent.cgi?article=2475&context=umialr>

<sup>xi</sup> Ascend at the Aspen Institute. (n.d.). *Social Capital*. Retrieved February 10, 2017 from <http://ascend.aspeninstitute.org/pages/social-capital>

<sup>xii</sup> Center for the Study of Social Policy., *Protective Factors Literature Review*, op cit., p. 11

<sup>xiii</sup> Gruendel, J., Cagle, B., and Baker, H. (2015). *Rethinking Young Child Neglect from a Science-Informed, Two-Generation Perspective*. Retrieved from <https://www.instituteforchildsuccess.org/publication/rethinking-young-child-neglect-science-informed-two-generation-perspective/>

<sup>xiv</sup> U.S. Department of Agriculture. (2017). *Women, Infants and Children (WIC)*. Retrieved from <https://www.fns.usda.gov/wic/women-infants-and-children-wic>

<sup>xv</sup> U.S. Department of Labor. (n.d.). *Workforce Innovation and Opportunity Act*. Retrieved January 29, 2017 from <https://www.doleta.gov/wioa/>

<sup>xvi</sup> Alliance for Early Success. (n.d.). *Bridging State Policies for Children and Families*. Retrieved February 27, 2017 from <http://earlysuccess.org/sites/default/files/AESBridgingPaper6.pdf>

<sup>xvii</sup> Georgia Family Connection Partnership. (2015). *Building a Path to Reading Proficiency*. Retrieved from <https://www.greatstartgeorgia.org/sites/default/files/readingproficiency.pdf>

<sup>xviii</sup> Schorr, L. and Marchand, V. (2007). *Pathway to Children Ready for School and Succeeding at Third Grade*. Retrieved from <http://first5shasta.org/wp-content/uploads/2013/07/PathwayFramework9-07.pdf>

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