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PRIORITY 1

RESILIENT CHILDREN



AIM:

Build resilience in South Carolina's children through safe and supportive environments.



BRIGHT SPOT

Children's resilience is heavily influenced by the capacity of the adults in their lives to buffer exposure to stress and provide responsive, sensitive care, especially in the first five years of life. Taking care of children means taking care of their caregivers. Be Well Care Well does just that. The work of Be Well Care Well to support the well-being of childcare providers not only has positive implications for the individual health and well-being of the staff members, it also impacts the emotional health of the children in their care.

Early care and education providers may themselves experience economic hardship, low social status, demanding work environments, and other chronic

stressors.¹ Childcare teachers who experience high levels of stress, depression, and anxiety may be less likely to have positive, supportive interactions with children and may be more likely to expel a child from a preschool program.²

A child's early experiences influence their health later in life in profound ways. Childcare providers have a tremendous impact on a child's social-emotional health and development. Taking care of children requires taking care of their teachers. The Be Well Care Well program supports child care providers across eight dimensions of wellness: emotional, environmental, financial, intellectual, occupational, physical, social and spiritual.

"Thanks to Be Well Care Well, I have carved out time every day when I have an assistant with the children, so I can work on self-care," says Rhonda Johnson, of Johnson Creative Playroom. "I have taken advantage of the community partner connections by taking SC Thrive trainings and Cooking Matters, going for a mammogram, and participating in the Women's Health Walk with a Doc. I also chose a primary care doctor, which is something I haven't done in over 10 years!"

Be Well Care Well currently serves the Midlands, Pee Dee and Lowcountry regions. A Well-Being Coach is assigned to each participating childcare program, providing on-site assistance and connection to resources. Programs form a Well-Being Committee. Together, the committee and coach use the Well-Being Activity Guide to select goals that address staff priorities. It includes a number of activities, including on-site exercise and nutrition classes, on-site health screenings, stress management and self-care workshops, and access to employee assistance programs. Four Well-Being Packages are also available, for example, exercise supplies for staff to use at work.

The coaches assist participants in meeting their goals by planning activities, identifying and customizing resources, and coordinating services with local and state partners like SC Thrive. Achieving their goals improves self-care and support among the staff. In turn, these childcare teachers are better positioned to provide care that is responsive and sensitive to children.

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Rhonda Johnson
Johnson Creative Playroom



ADVERSE CHILDHOOD EXPERIENCES AND RESILIENCE

Early life events and exposures, both positive and negative affect an individual's health over their life course. Resilience is the ability for children to show healthy development despite experiencing adversity. Building resilience requires building the child's inner resources as well strengthening the family and the community.

When children's basic needs including ample, healthy food, stable housing, and safety are not met, they experience emotional distress. Children who do not have emotional support and who do not succeed in school have greater risks of poor health outcomes in childhood and later in life.

Adverse childhood experiences (ACEs) are defined as emotional, physical, or sexual abuse, physical or emotional neglect, and household dysfunction, which includes living with someone with a mental health disorder or substance

use disorder, living with someone who was incarcerated, being exposed to domestic violence, or having your parents separate or divorce. ACEs have been linked to risky health behaviors, chronic health conditions and early death. Severe childhood trauma and hardships may also contribute to behavioral health problems in adulthood. Long-term harms of childhood adversity can extend across generations. Children of parents who had four or more adverse childhood experiences are at double the risk of having attention deficit hyperactivity disorder and are four times more likely to have behavioral health problems.

When children grow up in healthy, nurturing homes and environments, they have a better chance of becoming healthy adults. Healthy, productive adults go on to build healthier, safer families and communities for their children. Families who live in under-resourced communities face greater obstacles to building resilience in their children and supporting positive transitions from childhood to adulthood.

ACEs and childhood emotional distress can be prevented and their effects can be mitigated. Intervening early in life can change a child's life course. South Carolina is working to improve the social and emotional health of children and their families through changes at the system and community levels. Health care systems and schools often serve as a portal of entry for traumatized individuals and have a unique opportunity to work with community partners to build childhood resilience. Having a

mechanism to regularly bring together organizations that serve children provides a basis for building systems of care, improving coordination among agencies, identifying gaps and monitoring outcomes of South Carolina's children. This can assist organizations in designing specific, targeted programs that prevent disease and promote optimal health and development. Children's Trust of South Carolina is leading the South Carolina ACE Initiative. To learn more, please visit scChildren.org/ACEs.

PROTECTIVE FACTORS

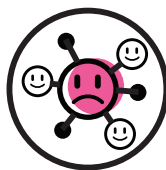
Protective factors are conditions or attributes of individuals, families, communities, or the larger society that mitigate risk and promote healthy development and well-being. Examples include:



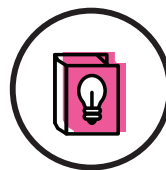
Social emotional
competence
of children



Concrete
support in
times of need



Supportive
social
connections



Knowledge of
parenting and
child development



Parental
Resilience

Source: U.S. Department of Health and Human Services Administration for Children and Families

DATA

In 2016 in South Carolina, 48.8% of male adults and 53.0% of female adults reported Adverse Child Experiences (ACEs) in the category of household dysfunction. About the same percent of males and females reported emotional/physical abuse as children (38.7%, 38.8%); 8.3% of males and 16.7% of females reported childhood sexual abuse.

In all three categories of ACEs, household dysfunction, emotional/physical abuse, and sexual abuse, a greater percent of disabled adults reported ACEs than non-disabled adults (56.4% versus 48.1%; 44.5% versus 35.6%; 17.6% versus 9.9% in consecutive order). A greater percent of Black adults reported household dysfunction ACEs than White adults (57.9% versus 48.6%).

In 2016, the rate of nonfatal child maltreatment in South Carolina was 15.8 per 1,000 children. The rate was highest among infants and then decreased by increasing age group: 39.6 in infants less than one year; 19.6 in one to four year olds, 16.7 in five to nine year olds, 11.5 in 10 to 14 year olds, and 6.9 in 15 to 17 year olds.

GOALS, STRATEGIES AND BEST PRACTICES

GOAL 1:

Coordinate across organizations to build an integrated early childhood data system.

STRATEGIES

- Identify organizations across the state that collect data on childhood risk and protective factors that affect health.
- Develop a plan for integrating data sets related to childhood risk and protective factors.
- Monitor and evaluate the health and safety of South Carolina's children and youth.

GOAL 2:

Increase capacity to train providers on evidence-based screenings and interventions that build resilience and improve child health outcomes.

STRATEGIES

- Identify training needs for evidence-based screenings and interventions that improve child health outcomes.
- Coordinate through partners to meet training gaps.
- Encourage partners to learn about the impact of ACEs on early childhood brain development, health and well-being through training offered by Children's Trust of South Carolina.

MAKING IT WORK

Schedule an ACE Interface Training

Learn the impact of ACEs on early childhood brain development, health and well-being, the original ACE study and South Carolina ACE data, as well as strategies to empower communities to prevent ACEs.

Screen ACE documentaries

"Paper Tigers" and "Resilience" explore ACEs and efforts to apply the science and evidence-based practices to empower communities to improve health and well-being.

Have a community conversation

Through a guided conversation, Children's Trust staff can help facilitate community perspectives and knowledge to build a foundation for collective action.

scChildren.org/ACEs

GOAL 3:

Increase access to resources and activities that build resilience.

STRATEGIES

- Bring together organizations from across the state that serve children and families to develop a statewide plan aimed at expanding activities that build resilience among children.
- Provide trauma-informed care resources to community partners.
- Increase resilience activities integrated into early childcare and preschool programs in under-resourced neighborhoods.
- Partner with South Carolina's Priority Schools and Focus Schools, as identified by the South Carolina Department of Education, to provide resilience activities.
- Provide the Strengthening Families Program in community centers, schools, and churches.
- Replicate successful programs like the Positive Parenting Program (Triple P), currently in Georgetown and Greenville, and the Pee Dee Resiliency Project.



MAKING IT WORK

South Carolina's Adverse Childhood Experiences Initiative

Empowering communities to prevent childhood adversity

Adverse childhood experiences (ACEs) are traumatic events that occur in a child's life prior to the age of 18. This adversity can harm a child's brain and its development, which can result in long-term negative health and social outcomes.

[scChildren.org/ACEs](https://scchildren.org/ACEs)

Pee Dee Resiliency Project

Pee Dee Resiliency Project works to prevent the long-term impact of poverty, mental health and adverse childhood experiences (ACEs) by using schools as a resource and support for families. <https://scchildren.org/local-partners/pee-dee-resiliency-project/>

Common Agenda

United in support of young children (ages 0-5) and their families, advocates of the Early Childhood Common Agenda propose the following framework for building a smart, comprehensive early childhood system for South Carolina.

<https://scchildren.org/advocate/early-childhood-common-agenda/>

Know your ACE score

<https://scchildren.org/research/adverse-childhood-experiences/know-ace-score/>

ACEs

<https://www.cdc.gov/violenceprevention/acestudy/resources.html>



GOAL 4:

Promote health homes and coverage for professional trauma services for children and families.

STRATEGIES

- Increase risk screening in health care, school and other community settings.
- Work with third party payers to ensure adequate reimbursement for trauma-informed care services.
- Incorporate trauma-informed care in a variety of settings.

MAKING IT WORK

Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice

Childhood adversity is highly prevalent and associated with risk for poor health outcomes in childhood and throughout the life course. Empirical literature on resilience over the past 40 years has identified protective factors for traumatized children that improve health outcomes. <http://pediatrics.aappublications.org/content/early/2017/04/17/peds.2016-2569>

Bright Futures

<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>

OBJECTIVES

- Decrease the rate of nonfatal child maltreatment in South Carolina by 10%, from 15.8 per 1,000 children to 14.2 per 1,000 children by 2023.
- Increase the high school graduation rate in South Carolina by 5%, from 84.6% to 88.8% by 2023.

COALITION RESPONSE

The South Carolina Child Well-Being Coalition is a group of local and state agencies, community members and organizations committed to working collectively to mitigate the effects of poverty on children. Their work focuses on evidence-based and promising policies and programs across a wide continuum to improve outcomes for children in South Carolina experiencing poverty. scChildren.org

JOIN US

South Carolina Child Well-Being Coalition

Working to alleviate the effects of poverty and improve outcomes and opportunity for all children in South Carolina

The South Carolina Child Well-Being Coalition is a group of local and state agencies, community members and organizations committed to working collectively to mitigate the effects of poverty on children.

Our work will focus on evidence-based and promising policies and programs across a wide continuum to improve outcomes for children in South Carolina experiencing poverty.

AREAS OF IMPACT

Using research and data to identify and measure what works



COMMUNITY



ECONOMY



EDUCATION



FAMILY



HEALTH

VALUES THAT STRENGTHEN OUR WORK

Cultural Competence

We will ensure our work meets the social, cultural, linguistic, and geographic needs of children and families.

Strengthening Families

We will help families build protective and promotive factors that mitigate the effects of poverty and enhance well-being.

Prevention

We will use a multidisciplinary approach to help leverage resources and services to reduce the negative impact of poverty.

Equity

We recognize that inequalities exist and thus will target strategies to achieve universal goals for all children.

3 WAYS TO GET INVOLVED



PARTICIPATE

Become a coalition member



STAY INFORMED

Sign-up for our mailing list at scChildren.org



ADVOCATE

Be a champion for the children of South Carolina