Prevent Child Abuse North Carolina (PCANC) is the leading statewide nonprofit organization dedicated to preventing child abuse and neglect. Through collaboration with partners across North Carolina, PCANC works with communities to build safe, stable, nurturing relationships for all children. PCANC is the North Carolina chapter of Prevent Child Abuse America.

PCANC's policy team advocates for policies that strengthen families and prevent child maltreatment. This work is grounded in the Center for the Study of Social Policy’s Strengthening Families Protective Factors Framework.

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Executive Summary
Every child is filled with tremendous promise, and we have a shared obligation to foster their potential. This means shoring up the ways we support families. Policymakers have a key role in determining where public investments are made, and with every policy that is implemented or program that is funded, there is an opportunity to reduce pressures on families and increase the time and capacity for supportive family relationships.

Child abuse and neglect are considered Adverse Childhood Experiences (ACEs), a grouping of potentially traumatic early experiences collectively cited by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics as a public health crisis correlated to five of the top ten leading causes of death in the United States. The original study on ACEs was conducted from 1995–1997 and, in addition to child maltreatment, forms of adversity included household dysfunction such as witnessing or experiencing violence and growing up in a household with a family member experiencing mental illness or substance misuse. A newer model for ACEs incorporates “Adverse Community Experiences (or Environments)” as well, such as experiencing poverty, discrimination, and poor housing quality or affordability.

Both types of adverse experiences, in the absence of protective supports, can disrupt children’s healthy development. Sustained experiences of adversity can lead to toxic stress levels that overwhelm the body’s stress response and can lead to lasting health impacts from wear and tear on the body’s vital systems. Exposure to unhealthy environments where there is violence or poor living conditions can also have both immediate and lasting health effects. A few of the many long-term health consequences that can result from unbuffered childhood adversity are depression, heart disease, and cancer.

In 2020, 40% of all children who were confirmed by Child Protective Services as victims of maltreatment in North Carolina were between the ages of birth to four years old. The second largest group was from ages five to ten, at 32%. Infants and toddlers up to age four are the largest cohort of children who enter the child welfare system and are at the highest risk for child maltreatment. These ACEs are occurring during the most formative stage of development and can have the greatest impact on neurodevelopment relative to older children.

The Center for the Study of Social Policy developed the Strengthening Families Protective Factors Framework, a research-informed approach to increase family strengths, enhance child development, and prevent child abuse and neglect. These five protective factors include strengthening economic supports for families, which can be achieved through increased household financial security and family-friendly workplace policies and increasing parenting skills, which can be achieved through early childhood home visitation and parenting education. One strategy for increasing protective factors is through policy changes enacted by state legislators, local elected officials, and state leaders. However, there exists a gap between the evidence-based policies to reduce child abuse and neglect and actual legislation and policymaking in the state of North Carolina.
The policy and evaluation teams at Prevent Child Abuse North Carolina (PCANC) conducted a qualitative study in 2021–2022 that aimed to investigate state leaders’ understandings of primary prevention of child abuse and neglect to build knowledge to help bridge this gap. By interviewing North Carolina elected officials and leaders about their understanding of child maltreatment prevention and prevention-focused policies and programs, barriers to enacting policies that protect children from child abuse and neglect can be identified, as well as the potential path forward for enacting more of these types of policies and programs.

The findings of this study may be leveraged to address statewide gaps in enacting policies that have been shown to prevent child abuse. The study aimed to answer the following research questions:

- What do NC policymakers and leaders know about adverse childhood experiences (ACEs), adverse community experiences, social drivers of health (SDOHs), and their impacts on health and well-being?
- What do NC policymakers and leaders know about primary prevention of child abuse and neglect, and how is primary prevention connected to their role?
- What sources of information and beliefs influence NC policymakers’ and leaders’ decision making?
- What are NC policymaker and leaders’ perceptions of policies that have been linked to primary prevention and the potential paths forward for these policies?

The team conducted 26 interviews with policymakers\(^a\) in North Carolina over the course of four months. Typically, the sample size for qualitative research studies using interviews is around 10 to 20 due to reaching a saturation point where common themes have emerged, rendering additional interviews mostly redundant\(^b\).

**Findings**

**ACEs are commonly understood in the household context, but not as well-known in the community context.** Participants were familiar with ACEs as Adverse Childhood Experiences but were not as familiar with the term Adverse Community Experiences. Familiarity with the documentary *Resilience: The Biology of Stress and the Science of Hope* was a common theme, which has been used in many sectors across North Carolina as an educational tool. The science behind ACEs seems to be well understood by the participants and most were able to explain the connection between toxic stress and lifelong challenges with health and well-being.

**‘Social Determinants/Drivers of Health’ (SDOHs) is a familiar term,** but the descriptions were inconsistent, with some referring to individual drivers (like household hunger) and others describing system-level drivers (like living in a food desert). A couple of participants connected SDOHs to how the zip code someone lives in can impact life expectancy, which is also highlighted in the ‘Resilience’ documentary.

**Prevention is a worthwhile investment** according to the participants, yet the concept of prevention does not have a universal meaning or understanding. Participants often equate prevention with child welfare intervention, which is a type of prevention, but not primary prevention.

**Everyone has a role in preventing child abuse,** including the government and elected officials, yet a consistent theme from the participants was that they were not sure exactly how to prevent maltreatment. Investments in prevention policies and programs were mentioned, but there was also hesitation around the government becoming too involved in the personal lives of families. There was acknowledgement that the government is not very good at prevention and is a system that is designed to respond and react instead of prevent.

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\(^a\) For the purposes of this study, “policymakers” was a term defined to be inclusive of policy-creators (e.g., legislators, council members, other elected officials), policy-implementers (e.g., leaders in various state agencies and entities), and policy-influencers (i.e., individuals with influence and sway over what policies are adopted and implemented).
People are a key source of information for policymakers, and trust is key. Participants mentioned many sources, often including constituents and/or communities their work is focused on as valuable sources of information. There was an undercurrent of the importance of trust for information sources. Sources of information influence policymakers’ decision-making processes, yet a critical factor in their decision-making is their own personal experience and judgment when weighing all the information.

Unhelpful sources of information are ones that the policymaker does not trust. Policymakers described untrustworthy sources as ones that seemingly have an agenda, are polarizing on either end of the political spectrum, and ones with ulterior or hidden motives. Once trust is questioned or lost, policymakers avoid information from that source.

Family-friendly workplace policies are widely known, and the benefits are understood. However, the mechanism for implementing family-friendly policies such as paid family and medical leave was not as well understood or agreed upon by participants. Participants were aware of the benefits, but not sure how to balance the needs of business and employees without causing harm.

Family support programs such as home visiting and parenting education are generally viewed favorably, but some concerns were raised. Some participants were not familiar with either type of program, and for those who were familiar, concerns about cultural relevance, sensitivity, and fit were mentioned.

Some of our current systems that could support families and help prevent child maltreatment are not functioning as intended. Participants spoke about a broken mental health system where needs of families go unmet, and how families do not have the support they need, often leading to isolation—a risk factor for child maltreatment.

Young people give policymakers hope for the future, and the resilience of children inspires them. Participants mentioned how they are encouraged by the curiosity of children, and that while older generations paved the way, they believe that young people are questioning the status quo and will be a driving force for change. They also referred to current movements around prevention and ACEs as a source of hope, and that it is encouraging to them that people are paying attention to important issues like child abuse and neglect. The conversations brought a sense of optimism for the participants, and they felt that the current moment is full of possibilities.

In summary, child maltreatment causes suffering to children and families, and can have lifelong consequences. The responsibility of preventing child maltreatment is not limited to caregivers, and everyone has a role in creating safe, stable, and nurturing environments where all families thrive. Policies reflect our values as a society, and by making investments in children and families, we can strengthen them and support their well-being. Hope is believing that change is possible, and one theme was common across all interviews: the prevention of child maltreatment is possible, and it is up to all of us to make this a reality.

For more information on the Policymaker Perspectives on Child Maltreatment Prevention in NC study, contact Melea Rose-Waters, Policy Director, at mrosewaters@preventchildabusenc.org. You can find a webinar from May 2022 discussing the high-level themes here. You can find a short guide on taking action, summarizing this study’s findings and implications in Appendix A: Taking Action!
Introduction
Child abuse, neglect, and dependency—often referred to collectively as child maltreatment—refer to a set of adversities experienced by young people that include physical, emotional, and sexual abuse; physical, educational, emotional, supervisory, and medical neglect; and dependency, where a young person either has no caregiver or their caregiver is unable to provide the child with the care that they need.

In the United States, about 15% of children are estimated to experience child abuse or neglect annually, and about 25% of children are believed to experience child abuse or neglect at some point in their childhood. In North Carolina, 4.34% of children were assessed for allegations of abuse and neglect in 2020 alone—data which may be an underestimate given limited interactions with families during the pandemic. Child maltreatment can result in negative outcomes across the lifespan of a child and their family, with immediate, short-term, and life-long impacts. These impacts manifest in a variety of ways at the individual, family, community, and society levels.

Children of color are also disproportionately impacted by the child welfare system. Black children represented 14% of the US child population in 2020, yet 23% of the foster care population. Similarly, Indigenous children (counted as American Indian and Alaskan Native) were 1% of the US child population in 2020, yet 2% of the foster care population. BIPOC (Black, Indigenous, and People of Color) children are also disproportionately affected by encounters earlier in the child welfare system. While about a quarter of all children (26.3%) are estimated to experience a Child Protective Services (CPS) investigation by their 18th birthday, this rate is nearly double for Black and Indigenous (Native American) children (46.8% and 50.2%, respectively).

Child abuse and neglect, as well as family separation by placement into the foster care system, can result in a child experiencing chronic, toxic stress. Chronic stress can result in an allostatic load that has lasting, harmful effects on the child’s development reverberating into adulthood with impacts on the individual’s immune system, self-regulation of emotions, and biological responses to stress leading either to an overactive or dampened stress response. Children who have experienced abuse or neglect on average tend to have lower educational attainment, employment, and earnings. They also experience higher rates of substance use disorders and mental health diagnoses than those who did not experience child abuse or neglect.

All of these negative effects of abuse or neglect have financial consequences. One estimate suggests that people who experience child abuse or neglect incur an average individual lifetime expense of $830,928 in treating the many different effects of the maltreatment. Direct financial costs of abuse and neglect include acute medical treatment, mental health care, child welfare system expenses, and some law enforcement costs. The indirect costs of child abuse and neglect result from consequences of a child’s experience of abuse and neglect, including receipt of special education services, early intervention services, and interactions with juvenile delinquency systems during childhood. Additional indirect costs in adulthood include the use of emergency or transitional housing for adults experiencing homelessness, mental and physical health care, adult criminal legal system involvement, and lost worker productivity. While interacting with all of these services and systems demonstrate extensive impacts on their own, the financial burden of these immediate and downstream consequences of child maltreatment was estimated to be about $80 billion for one year. This high cost has a direct impact on a societal level—having $80 billion tied up in trying to respond to a preventable problem limits the ability of systems to provide in ways that help families thrive, instead focusing only on reacting to problems as they occur and maintaining the minimum level for survival. Additionally, the intergenerational transmission of trauma that can occur within families, where parents who were maltreated as children repeat the cycle with their own children, and community fragmentation due to child welfare system family separations both contribute to increased social isolation and further compounds adversity.

Policymakers carry the responsibility of ensuring that public investments improve the lives of children, families, and the communities they live in. Implementing research-backed policies and programs that have been shown to prevent child abuse and neglect can have both immediate and long-term positive impacts. Policymakers cannot be expected to be experts in every topic, and they rely on researchers, constituents, the populations they serve, staff, colleagues, and their own personal experiences to inform their decision-making process.

What do policymakers know about child abuse prevention? What do they know about adverse childhood experiences and their lifelong impacts? What do they know about the influence that social factors can have on health outcomes? And what do they know about specific evidence-based policies and programs that are linked to child abuse prevention?
To the knowledge of this project’s research team, there has not been a study conducted in North Carolina to attempt to answer these questions by interviewing policymakers about their knowledge and perceptions of child abuse, childhood adversity, how environments impact well-being, and specific policies that have been linked to child abuse prevention.

The following paper will take the reader on a journey beginning with the context of when the interviews were conducted. Next, there is background information on the key topics of the questions that were asked during the interviews, including the landscape of the policies covered in the study. Then, the paper moves into the methodology of the study and takes a deep dive into the data analysis and implications of the findings. This section includes many direct quotations from the participants. Included in the Appendix A: Taking Action! is a document that offers a snapshot of opportunities to take action based on the findings.

**Context**

Headlines in the news and social context influence what is in the forefront of our minds daily, and the events that were occurring during the time of the interviews for this study likely contributed to some of the themes and points that the participants made. The interviews occurred from November 2021 through February of 2022. The world was in year two of the COVID-19 pandemic (beginning in March 2020) and paid leave was a common topic in the news as workers and employers tried to find the balance between following COVID recommendations from the CDC, allowing employees to take time off to recover if they were ill or to care for sick family members, and keeping businesses open and fully operational. The pandemic shined a light onto inadequate and often nonexistent leave policies for frontline workers. Parents were navigating both temporary and permanent childcare closures due to exposure, and while the pandemic normalized working from home, only around one third of workers reported that they worked from home more frequently during the pandemic than they did before\(^2\). The option to work from home is closely correlated to income with those who earn more having more flexibility to telework, which is also associated with having access to paid sick leave. Workers with the lowest wages were working jobs that interfaced with the public often (service industry, hospitality, retail, etc.) and were left with choices that were impossible to make – go to work sick or stay home and miss out on pay (potentially leading to a domino effect of financial disaster). Many workers, mostly women, opted to leave the workforce altogether during the pandemic, unable to juggle the demands of work and caregiving in environments that lacked family-friendly policies.

Tensions were high during the time of the interviews. Mask mandates were being lifted in schools and COVID-19 vaccines were available for certain age groups. Support of mask mandates and vaccines often fell along political ideology and the political parties could seemingly find very little that they agreed upon.

In addition to the underlying current of discontent from the pandemic, the country was facing a racial reckoning in the aftermath of the murder of George Floyd while in police custody in May of 2020. In 2021, over 200 Black people were killed by police\(^3\). As protests erupted well into 2021, images of the National Guard teargassing demonstrators filled the news, and pictures of businesses that had been damaged and sometimes destroyed during the protests evoked feelings of anger in some, and justification in others.

The study team did not ask questions specifically about race during the interviews but recognize that the topics discussed carry the weight of how race and racism are at play in our systems, and how our systems have harmed people of color. There is a disproportionate number of children of color involved in the child welfare system. The original Adverse Childhood Experiences (ACEs) study was conducted with mostly white people and did not delve into how oppression contributes to creating Adverse Community Experiences that can lead to toxic stress. The history of isolating communities of color into pockets that lack resources and opportunities contributes to Social Determinants/Drivers of Health. Family–friendly workplace policies are out of reach for more people of color than their white counterparts. Home visiting programs bring forth concerns of surveillance of participants (particularly over-surveillance of communities of color). The cultural competency of home visitors and parenting educators is questioned, and the distrust of systems is a legitimate concern for Black, Indigenous, and other People of Color (BIPOC).

How race impacted the results of the interviews is not a research question for this study, but it could inform the implications and future research in a profound way. The research team invites readers to keep the social context and current state of affairs in mind while reviewing the findings and to acknowledge that race informs our perceptions, experiences, fears, and hopes.
Key Terms & Background
What are ACEs?

The term 'ACEs' is frequently used to reference the collection of traumatic experiences that one may face during childhood. The term was initially coined as 'Adverse Childhood Experiences' following a 1990s Centers for Disease Control and Prevention (CDC)-Kaiser Study that examined the impacts of childhood adversity on lifelong health for over 17,000 adults. In the original study, there were ten experiences classified to be ACEs. These ten original ACEs categories are physical, emotional, and sexual abuse; physical and emotional neglect; mental illness in the household; violence perpetrated against a child's mother; parental separation or divorce; incarceration of a relative; and substance abuse in the household. These ten ACEs are displayed in categories in the graphic below from the Robert Wood Johnson Foundation:

As the number of ACEs increases, so does the risk for negative outcomes. Effects over time of these exposures to adversity are summed in this graphic from the CDC:

Stressful events do not typically occur in a bubble, and the impacts can carry over into other parts of one's life. For example, a child who has witnessed domestic violence may be dysregulated at school, leading to compounded stress from disciplinary action (particularly if educators are not trauma-informed). The impact of toxic stress can have a ripple effect throughout a lifetime, as noted on the ACEs pyramid, and can ultimately contribute to an earlier death.

ACEs are associated with at least five of the top 10 causes of death and are incredibly common, with one in six adults having an ACE score of four or more. Exposure to toxic stress caused by ACEs can disrupt healthy brain development, affect social development, compromise immune systems, and can lead to substance misuse and other unhealthy coping behaviors.
Adverse Community Experiences

Additionally, a newer category of 'Adverse Community Experiences' has arisen in recent years, highlighting the ways in which systems and community-level trauma or adversity have impacts on individuals. Adverse Community Experiences (or Adverse Community Environments) typically is used to refer to experiences such as poverty, structural racism, discrimination, unemployment, lack of affordable housing, and community disinvestment. Researchers at George Washington University developed 'The Pair of ACEs,' included below, to illustrate the relationship between adversity on both the individual and community, or societal, levels.

ACEs Movement in North Carolina

The NC Healthy and Resilient Communities Initiative, led by the NC Partnership for Children, aims to reduce childhood adversity, increase protective factors and positive childhood experiences, and promote systems change. The Initiative has identified over 40 local coalitions that are actively working in their community to reduce or prevent ACEs and build resilience. Launched in 2019, the Initiative aims to:

1. Reduce multiple forms of childhood adversity, including negative social and environmental drivers of health.
2. Increase protective factors and positive childhood experiences (PCEs) for children, families, and communities.
3. Promote Systems change, through community infrastructure and cross-sector collaborations, for preventing and responding to exposure to toxic stress and trauma.
Social Drivers/Determinants of Health (SDOHs)

What Are Social Drivers/Determinants of Health?

The social drivers or social determinants of health (SDOHs) are non-medical factors external to individuals that impact their health and well-being. As described by Anthem Blue Cross Blue Shield, these drivers include:

- where you live,
- access to grocery stores and transportation,
- your social circles and community,
- your education,
- your job, and
- your access to various types of health care.

Similarly, the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (DHHS) group SDOHs into the categories of healthcare access and quality; education access and quality; social and community context; economic stability; and neighborhood and built environment. Included to the right is a graphic depicting these categories from the US DHHS Office of Disease Prevention and Promotion’s Healthy People 2030 Project.

The conditions that influence SDOHs are not only limited to individuals, but also include the forces and systems that shape the conditions of everyday life. Economic policies and systems, development agendas, social norms, social policies, and political systems can impact SDOHs. The non-medical factors of SDOHs can have a bigger influence on health and well-being than health care or lifestyle choices, and estimates show that between 30-55% of health outcomes are correlated with SDOHs.

The Connection Between ACEs, SDOHs, and Racial Equity

ACEs (referring to Adverse Childhood Experiences) initially were conceptualized based on individual level factors within families and homes, exploring the ways that traumas at this level have impacts across the lifespan. However, this frame of reference does not capture the entire spectrum of traumatic or adverse experiences in childhood, and this is particularly true for communities that have been oppressed, under-resourced, and targeted by racist structures. Subsequent studies and discourse identified gaps, particularly in how the traditional definition of ‘ACEs’ failed to fully represent the experiences of adversity felt by Black, Indigenous, and Hispanic/Latinx children, who disproportionately experience systems-level factors that directly affect their well-being, compared to white children. These factors can include the SDOHs, which can create negative conditions that lead to Adverse Community Experiences.
What is Prevention?

The U.S. Department of Health and Human Services’ Child Welfare Information Gateway defines prevention as “methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of well-being, or promote desired outcomes or behaviors.” Child abuse prevention strategies reduce risk factors for abuse (such as families who are isolated or caregivers with untreated mental health issues) and promote protective factors. There are three different categories of prevention – primary prevention, directed at the general population to prevent maltreatment before it occurs (universal); secondary prevention, targeted to individuals or families that are considered to be at high risk of maltreatment (high risk); and tertiary prevention, which targets families where maltreatment has already occurred (indicated). In primary prevention, protective factors outweigh or buffer against risk factors, and contribute to children growing up in safe, stable, and nurturing homes that are free of neglect or abuse. While some home visiting and parenting education programs work with families that are at high risk or have substantiated abuse or neglect, the intention of discussing these programs within this project is on primary prevention. See Appendix B: Primary Prevention Graphic for Prevent Child Abuse NC’s graphic that depicts the levels of prevention.

However, prevention can be difficult to define or explain, and demonstrating quantitative proof that something did not occur and proving that a particular strategy contributed to preventing a harmful act is challenging. This study was developed based on the best available evidence for identifying policies and programs to include in the interviews, and it is important to note that these are not the only strategies or approaches to preventing child maltreatment. Paid family and medical leave, home visiting, and parenting education programs were chosen as “best bets” for preventing child maltreatment, but these are certainly not the only ones with an evidence base to support them.

The Strengthening Families Protective Factors Framework is a research-informed approach to increase family strengths, enhance child development, and prevent child abuse and neglect. There are five key types of protective factors that can be described as strengths or characteristics of individuals, families, communities, and societies. Depicted below are the five protective factors included in this framework:
Family-Friendly Workplace Policies

What are Family-Friendly Workplace Policies?

Family-friendly workplace policies improve the balance between work and family while ensuring family economic security. They typically fall into two different categories—ones that are offered by workplaces or employers and those that are government policies. Both make it possible for employees to more easily balance family and work. Different types of family-friendly policies include fair and flexible scheduling, paid sick days, on-site childcare, pregnancy and lactation accommodations, and paid family and medical leave.

What is Paid Family and Medical Leave?

Paid family and medical leave provides job protections and full or partial wage replacement for employees who need to take time off from work to welcome a new child into the family, or to take care of longer-term medical needs for themselves or a member of their family (biological or chosen).

Benefits of Paid Family and Medical Leave

A growing body of research has documented the benefits of family-friendly policies like paid family and medical leave for both employees and employers. These benefits include reduced stress, improved economic stability, increased employee productivity, and improved employer recruitment and retention. Financial insecurity is a common source of parental stress, which in turn leads to a greater likelihood of child maltreatment. Concrete supports for families in times of need, particularly economic supports, are critical policy levers that support the prevention of child abuse and neglect.

Paid family leave has been linked to a significant reduction in hospital admissions for Abusive Head Trauma. Abusive Head Trauma, also known as Shaken Baby Syndrome, is the leading cause of physical child abuse deaths in children under age five in the United States. Babies less than one year old are at the greatest risk of injury from Abusive Head Trauma, and it accounts for about one-third of all child maltreatment deaths.

Access to Paid Leave

As of March 2021, between 7% and 40% of civilian workers in the US had access to paid family leave. The large discrepancy can be explained by the wage categories reported by the Bureau of Labor Statistics (BLS), ranging from lowest 10% of earners to highest 10% of earners—see the chart below based on BLS data.

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b Per the U.S. Bureau of Labor Statistics: “Statistics for private industry and state and local government are published separately and then combined to measure the civilian economy. Excluded from the civilian economy are workers employed in federal government and quasi-federal agencies, military personnel, agricultural workers, volunteers, unpaid workers, individuals receiving long-term disability compensation, and those working overseas. In addition, private industry excludes workers in private households, the self-employed, workers who set their own pay...and family members paid token wages.”
The highest 10% of earners have the largest proportion of paid leave at 40%, while the lowest 10% have only 7% – arguably the group that can least afford to take unpaid leave. The lowest wage category makes $12.00/hour (or $24,960 gross salary) while the highest makes $51.59/hour (or $107,307.20 annual gross salary)\(^5\). The current minimum wage in North Carolina is $7.25/hour\(^5\).

Overall, 23% of civilian workers had access to paid family leave in 2021, while the overwhelming majority – 89% – had access to unpaid leave\(^5\). Interestingly, the same percentages applied to private industry workers. The percentage of people who had access to paid family leave was slightly better for state and local government workers at 26%, while 94% of these workers had access to unpaid family leave\(^5\).

**Paid Family and Medical Leave in North Carolina Could Save Infant Lives**

A 2019 study from the Duke Center for Child and Family Policy found that a paid family and medical leave insurance program in North Carolina would reduce infant mortality, nursing home costs, and use of government assistance.\(^5\)

The research projected that a program offering 12 weeks leave with 80% wage replacement would:

- save 26 infant lives in North Carolina each year;
- keep 205 individuals out of nursing home care each year, cutting costs by between $16.7 million and $18.6 million;
- reduce the number of individuals needing public assistance through the Temporary Assistance for Needy Families (TANF) program by 956, saving $451,232 to $780,096 in North Carolina's TANF costs annually; and
- provide meaningful support for families addressing a loved one's opioid or other substance abuse addiction.

**Progress on Paid Family and Medical Leave in North Carolina**

According to a 2017 survey conducted by the NC Early Childhood Foundation and Blue Cross and Blue Shield of North Carolina, employers and workers in North Carolina agreed family-friendly workplace policies are good for businesses and families\(^5\). 94% of employees agreed that family-friendly practices give employers a competitive edge in attracting and retaining employees, and 71% of employers saw a high upside to these types of policies, with very little negative impact\(^5\).

Despite the potential benefits for children, families, and employers, North Carolina has made minimal progress toward passing paid family and medical leave that is accessible, meaningful, affordable, and inclusive. In 2019, Governor Roy Cooper signed Executive Order 95, which provides paid parental leave to some state employees, and includes most governmental agencies under his purview\(^5\). These agencies include the Office of Administrative Hearings, Department of Agriculture and Consumer Services, Office of the Commissioner of Banks, Office of the Secretary of State, Office of the State Auditor, Office of the State Controller, Department of Public Instruction, Department of Labor, Department of Justice, and The Administrative Office of the Courts.
The NC Paid Family and Medical Leave Insurance Act (H597/S564) was introduced in the North Carolina General Assembly 2021 legislative session, but neither the House nor Senate version made it out of committee for a hearing\textsuperscript{58,59}. At the time of writing this report, 23 counties and municipalities across the state have passed paid leave policies for City and County employees. In July 2022, the Chapel Hill–Carrboro City Schools District implemented a paid parental leave policy for their teachers and staff as a recruitment and retention strategy, becoming potentially the first school district in NC to adopt a paid leave policy\textsuperscript{60,61}.

**Paid Family and Medical Leave in the United States**

Nationally, eleven states and Washington D.C. have passed paid family and medical leave laws, and while there have been efforts to introduce bills in Congress, such as the FAMILY Act\textsuperscript{62}, the US remains the only of 41 industrialized nations in a Pew Research Center study that offers no paid leave\textsuperscript{63}. See below for a map of current US states with paid family and medical leave laws, from A Better Balance\textsuperscript{64}.

In 2020, paid family and medical leave was included as part of President Joe Biden's response to the COVID–19 crisis in the Build Back Better framework\textsuperscript{65}. Build Back Better was slated to be the largest, most comprehensive investment in social, infrastructural, and environmental programs since the 1930’s New Deal in response to the Great Depression\textsuperscript{66}. The paid leave provisions passed the House and were later removed in the Senate version of the bill.

The Family and Medical Leave Act (FMLA) of 1993 provides a limited subset of the workforce with 12 weeks of job-protected, unpaid parental and medical leave\textsuperscript{67}. However, this leave remains inaccessible to many, as those in low-wage-earning jobs, members of racial and ethnic minorities, people with lower educational attainment, and those who are not married are more often unable to afford unpaid time off from work\textsuperscript{68}. In North Carolina specifically, the leave protections under FMLA are not accessible to about 61% of the working population\textsuperscript{69}. 
Home Visiting and Parenting Education (HVPE)

What are Home Visiting and Parenting Education Programs?

Parenting education is typically delivered in a home setting (home visiting) or group setting (parenting education groups). Home visiting programs help parents gain basic parenting skills by matching new families with trained providers, such as nurses, social workers, or parent educators. Similarly, group–based parenting education increases the skills and knowledge of parenting and child development but in a setting outside of the home. Evidence–based parenting education, whether delivered in the home or in a group setting, has been shown to prevent child abuse and neglect. In the context of this paper, “family support programs” refers to voluntary home visiting and/or parenting education programs that are designed to strengthen protective factors, including parenting skills, increasing parental knowledge of child development, and increasing family functioning and problem–solving skills.

Family support programs work with families at varying stages of child development from birth to age 18 with many targeting preschool age children (ages three to five). This time during a child’s development can be challenging as an infant grows into a toddler and begins to walk, communicate, explore the world, and test boundaries. According to a 2015 environmental scan, 90% of family strengthening programs in NC may include families with children from birth to age five.

Early childhood home visiting programs are a specialized, two–generational way to holistically deliver parenting education in the home (or virtually), one–on–one with the primary caregiver(s). Depending on the program, home visitors may begin working with a family during pregnancy up to age five. Most begin home visits shortly after birth and the frequency of visits range from light touch (total of one to three visits) to more intensive (weekly visits) while parents are participating in the program. Home visiting programs are recommended as a cost–effective way to promote infant and child health, prevent child maltreatment, and improve family functioning.

Both types of family support programs offer evidence–based strategies to prevent child maltreatment and have been developed with child and family well–being in mind. 40% of all children confirmed as victims of child maltreatment in North Carolina are children under the age of five, and infants and toddlers are at the highest risk (also depicted in the graphic above), making home visiting and parenting education optimal for meeting families where they are during a critical time in their child’s development.
Home Visiting in NC

An extensive landscape analysis of home visiting in North Carolina was conducted by the UNC Jordan Institute for Families in 2018. Researchers identified 13 different home visiting programs (though there may be others that opted not to participate in the study), and the National Home Visiting Resource Center estimated that 5,825 families and 6,379 children participated in evidence-based home visiting services in 2016. Over 70% of the programs examined in the Jordan Institute's study reported having waitlists for services, and fewer than 1% of families with infants and toddlers were being served.

Examples of home visiting programs that are currently implemented in North Carolina and their impact on child maltreatment are:

- **Family Connects International** – Program participants had 44% lower rates of child maltreatment investigations during children's first 24 months of life, compared with parents who did not receive the program.

- **Nurse-Family Partnership** – Nurse-Family Partnership is associated with a 48% relative reduction in rates of child abuse and neglect.

- **Parents as Teachers** – Researchers found a 22% decreased likelihood of substantiated cases of child maltreatment as reported by Child Protective Services data when comparing two groups of children born to first-time mothers who participated.

- **Healthy Families America** – In a study looking at outcomes up to age seven, school-age children of young, first-time moms who enrolled in Healthy Families America early in pregnancy were 49% less likely to experience an indicated Child Protective Services (CPS) report. HFA has demonstrated a reduced recurrence of child maltreatment by 1/3 among families with prior CPS involvement.

Home Visiting and Parenting Education System Design in NC

The NC Partnership for Children currently leads an effort to develop a Home Visiting and Parenting Education (HVPE) System that supports statewide expansion of home visiting and parenting education services. The NC HVPE System Action Plan calls for better coordination across state funders and programs to build and maintain a system that remediate racial and economic inequities through the equitable access points, quality, and distribution of services by:

- collecting and using data across funders and program models to assure services are targeted where there is need and to measure and track outcomes;

- assuring dedicated resources are spent in the most effective way;

- improving the quality of services through professional development and continual improvement based on family feedback and impact measures;

- reducing administrative burden of community service providers who may currently need to report separately to different funders as they combine funding to serve families; and

- supporting community level system-building to coordinate all home visiting and parenting education services as well as connect them with other early childhood services such as childcare, preschool, health, and mental health to improve family access to services.

Parenting Education in NC

Parenting education is an effective tool in the prevention of child abuse, by building families' protective factors with a particular emphasis on the factors of 'parental knowledge of child development and parenting skills' and 'social and emotional competence of children'. These programs engage parents in learning and developing parenting skills,
understanding their developing children, building community with other parents, and troubleshooting parenting difficulties.

Parenting education programs, much like home visiting programs, are not reaching all of the families in need in North Carolina, and service availability is highly dependent on where a family lives. Rural communities tend to have fewer options available, if any at all, than more suburban or urban areas. There are seven main parenting education programs, including a mix of both evidence-based and research-informed programs, with the most predominant ones being Triple P, Incredible Years, and Strengthening Families Program.

Examples of parenting education programs that are currently implemented in North Carolina and their impact on risk and protective factors that prevent child maltreatment are:

**Triple P** – Population trials in the United States and Australia have shown that using Triple P’s public-health approach to parenting support can have significant impact at a community-wide level including reduced rates of hospital and ER admissions from child abuse injuries and slowed rate of substantiated child maltreatment cases.

**Incredible Years** – Parent programs have resulted in increased nurturing parenting, decreased harsh discipline, more parent/school involvement, and decreased behavior problems.

**Strengthening Families Program** – Participants reported increased family bonding, positive parenting skills, and increased family communication.

High-quality, peer-reviewed research—including a meta-analysis of randomized, controlled trials (a gold standard for scientific evidence)—has determined that the use of parenting programs is an effective public health approach to the reduction of child maltreatment and that such programs should be widely adopted into practice. Additionally, a systematic review of reviews by the World Health Organization named parenting education as one of the four most promising approaches to child maltreatment prevention around the globe.

**Environmental Scan of North Carolina Family Strengthening Programs**

In a 2015 environmental scan, family strengthening programs were defined as “a primary or secondary prevention program that was available to parents/caregivers of children birth to 18 with a goal of achieving outcomes in one or more of the following areas: increased parenting skills/knowledge of child development; improved health; increased access to social support; prevention of child maltreatment; or improved school readiness. All programs were available to families from July 1, 2014, through June 30, 2015.” The scan included home visiting and parenting education programs that are evidence-based, evidence-informed, or promising. While the report can provide a snapshot of both home visiting and parenting education programs that were being implemented from 2014-2015 in the state, it does not give us a clear picture of the landscape today. At the time of the report, family strengthening programs were being implemented in all 100 counties in NC. However, the number of families served by these programs is not clear.
Why Paid Family Leave, Home Visiting, and Parenting Education?
Prevent Child Abuse NC includes family-friendly workplace policies as well as family support programs like parenting education and home visiting as priority strategies to increase protective factors that prevent child maltreatment. In designing this study, the available evidence was considered for policies and approaches that promote child and family well-being. While there are many policies that are important investments, the primary policy strategy for this study was narrowed down to paid family and medical leave, and the priority investment is increased investments in home visiting and parenting education. Opportunities in the existing policy landscape also were considered in determining priorities. There is a coordinated effort in support of family-friendly workplace policies among advocates across different sectors, and a home visiting/parenting education system action plan has been developed. Below are examples some of the statewide and national frameworks and initiatives that recommend paid family leave, home visiting, and parenting education as effective strategies that help families thrive.

**North Carolina Early Childhood Action Plan (ECAP)**

NC Department of Health and Human Services (DHHS) released the Early Childhood Action Plan (ECAP) in 2019 with 10 priority goals for children from birth through age eight. The bold vision behind the plan is to catalyze both public and private action to provide all children in North Carolina a fair opportunity to grow up healthy and safe in nurturing families, schools, and communities.

Reducing the percent of children age birth to eight who have experienced ACEs is a target, with a goal of a downward trend by 2025. Several of the CDC’s recommendations for preventing ACEs are strategies within the ECAP including promoting evidence-based home visiting programs, parenting education programs, and family-friendly workplaces.

**Healthy Opportunities in North Carolina**

NC DHHS currently has a pilot program underway called Healthy Opportunities that aims to address Social Determinants of Health. This private-public partnership between community partners, philanthropy, healthcare, and the state has a mission of “improving health, safety and well-being for all North Carolinians.” The framework includes a statewide map of SDOHs by region, standardized screening questions, a statewide resource platform, incorporating SDOHs strategies into the Medicaid 1115 waiver, developing pilot programs, building infrastructure to support a Community Health Worker Initiative, and examining better ways to streamline cross-enrollment in existing key benefit programs. Services in the three pilot regions launched in March of 2022 and home visiting and parenting education are both included in the fee schedule for approved services.

**Essentials for Childhood Framework**

The Essentials for Childhood framework was developed by the CDC to share strategies that prevent or reduce the likelihood of child abuse and neglect. Essentials for Childhood is a public health approach, similar to the population level approach that is recommended to change SDOHs, and the framework is included as a strategy that the CDC recommends for addressing SDOHs. The Essentials for Childhood framework recommends both strengthening economic supports for families through family-friendly workplace policies and enhancing parenting skills to promote healthy child development through early childhood home visiting and parenting education programs. North Carolina is an Essentials for Childhood funded state and the Essentials partners have increasing access to family-friendly workplace policies as one of their target areas of work.

**CDC Technical Packages for Violence Prevention**

In 2016, the CDC released a technical package, entitled *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, with five strategy areas focused on preventing child maltreatment. One strategy was strengthening economic supports to families, which included family-friendly work policies, while another was enhancing parenting skills to promote healthy child development, through the approaches of early childhood home visitation and parenting skill and family relationship approaches.

Disclaimer: This project was partially funded by Essentials for Childhood. See acknowledgements page.
In 2019, the CDC released another technical package, entitled *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*, with strategies and approaches that leverage the best available science on the prevention and mitigation of the harmful impacts that can be caused by ACEs. There are six overarching strategies including economic supports to families and ensuring a strong start for children. Family-friendly workplace policies are a recommended approach for increasing economic supports and early childhood home visiting is one way the CDC suggests we can ensure a strong start for children.

**Prenatal-to-3 State Policy Roadmap**

The Prenatal-to-3 Policy Impact Center, housed at Vanderbilt University, provides guidance to state leaders on the most effective investments states can make so that children thrive from the start. The annual roadmap is grounded in research and includes five effective policies and six effective strategies. The Prenatal-to-3 State Policy Roadmap includes paid family leave as “an evidence-based investment that states can make to foster equitable opportunities for infants and toddlers.” Additionally, both paid family leave and home visiting programs fall under the goal of Nurturing and Responsive Child-Parent Relationships in the roadmap.

**Healthy People 2030**

The US Department of Health and Human Services has named Social Determinants of Health as one of their key priority areas in Healthy People 2030. The objectives of Healthy People 2030 are categorized by five overarching objectives: Health Conditions, Health Behaviors, Populations, Settings and Systems, and Social Determinants of Health. SDOHs objectives first appeared in the Healthy People initiative in 2020 and include economic and social policies that shape the places where people live, work, and play. The Community Preventive Services Task Force recommended early childhood home visitation programs to reduce child abuse, especially in high-risk families.
THE STUDY:
Policymaker Perspectives on Child Maltreatment Prevention in NC
**Methodology**

Bellwether Methodology

The project was designed based on the Bellwether Methodology, developed by the Harvard Family Research Project\(^1\). The Bellwether Methodology involves conducting the interviews in a funnel format, starting with broad questions, and ending with very specific policy questions. A key component of the methodology is that the participants are not made aware of the specific policy topics ahead of the interview but are instead only given a general idea of the topic of conversation. Participants were informed that they would be interviewed about their “perspectives on preventing child maltreatment” and “the status and future directions of policies and programs in North Carolina related to children’s well-being,” but were not told that they would be specifically asked about paid leave policies or home visiting and parenting education programs. Additionally, this methodology specifies that participants are recruited to include both champions for the policy topics and issues discussed, as well as some without a clear connection to or stance on the policies and issues.

**Phase I Pilot**

A phase I pilot study was conducted in Fall 2020 through Spring 2021 to test the project’s methods, identify edits to the research and interview questions, and troubleshoot any potential challenges with the design ahead of embarking on the full study, or phase II. During the pilot phase, an initial interview guide was drafted following the funnel format typical to the Bellwether Method and reviewed with two state legislators—a Republican and a Democrat—for feedback. Adjustments were made to that version of the interview guide before it was tested in phase I pilot interviews with participants.

For the pilot, eligible participants were elected officials serving on town/municipal councils or boards, including mayors, or elected officials serving on county commissioner boards. These participants were also sampled following the Bellwether Method. A total of seven participants were interviewed for the pilot phase, in interviews that lasted between 30 to 60 minutes each. This interview data was transcribed, coded, and analyzed by the study team. Based on the results of the pilot study, the research questions and interview guide were adjusted slightly to ensure that the second phase of the study adequately fulfilled the project goals.

The four revised research questions used for the second phase of the study were:

1. What do North Carolina policymakers know about adverse childhood experiences (ACEs), adverse community experiences, social drivers of health (SDOHS), and their impacts on health and well-being?
2. What do NC policymakers know about primary prevention of child abuse and neglect, and how is primary prevention connected to their role?
3. What sources of information and beliefs influence NC policymakers’ decision making?
4. What are NC policymaker perceptions of polices that have been linked to primary prevention and the potential paths forward for these policies?

These questions were designed to fulfill the project’s overall goal of identifying the challenges and opportunities for policy work around child maltreatment prevention, addressing Adverse Childhood Experiences, Social Drivers/Determinants of Health, and informing advocacy strategies around paid family and medical leave and home visiting and parenting education.

**Phase II Design**

This study was reviewed and approved under expedited review by Salus IRB for Protocol 1A. Phase II of the study utilized interview data collected by the research team between November 2021 and February 2022.
Sample and Recruitment Procedures
Eligible participants for phase II of the study were North Carolina policymakers at the state or local level. For the purposes of this study, “policymakers” was a term defined to be inclusive of policy-creators (e.g., legislators, council members, other elected officials), policy-implementers (e.g., leaders in various state agencies and entities), and policy-influencers (i.e., individuals with influence and sway over what policies are adopted and implemented).

Potential participants were contacted by email and invited to participate in the study. If they agreed, they were scheduled for an interview over Zoom with two members of the study team. Participants were recruited in order to develop as representative and diverse of a sample as possible. As per the Bellwether Method, participants were also recruited so that the sample was inclusive of both existing champions and those who were not identified as existing champions. Given the diverse perspectives of participants recruited for this study, 25-30 was the sample size anticipated for reaching saturation.

Interview Procedures
Interviews were conducted virtually over Zoom with two interviewers on each interview, and the interviews each lasted approximately one hour. The research team conducted 26 interviews with policymakers in North Carolina over the course of four months. Participants were provided with an informed consent ahead of their interview and were asked for their verbal consent after a review of the consent at the beginning of the interview. Interviews were then conducted in a semi-structured format, following the interview guide while leaving room for adaptation to follow the natural course of the conversations. Following each interview, the interviewers completed reflexive and process memos, as well as thematic memos for any emerging themes.
**Data Collection Instrument**

The study was conducted using semi-structured qualitative interviews that followed a detailed interview guide (see Appendix C), structured off the above four key research questions. In accordance with the Bellwether Method, the interview guide was structured in a funnel format. Per this design, the questions started with broad topics, progressively narrowed focus, and the later ones centered specifically on the two policy topics of interest—paid family and medical leave, and home visiting and parenting education. The interview opened with a question about the needs of participants’ communities. The next, early questions focused on participants’ general understanding of child maltreatment, prevention, ACEs (both forms), and SDOHs. The middle of the interview typically narrowed focus slightly to explore participants perceptions of their own roles in prevention, as well as what sources of information they viewed as helpful and unhelpful. Toward the end of interviews, interviewers examined participants’ perceptions of the two focal policies, paid leave and HVPE. Each interview then closed with a discussion of hope.

A typical sample size for a qualitative study is 10 to 20 interviews, at which point researchers will often reach a point of saturation where common themes have emerged and no new themes are arising from the data, rendering additional interviews largely redundant. Saturation was reached with few new themes emerging around interview 23—although there was new and valuable content discussed in the final interviews, there were few new themes that arose from the data after that point.

**Qualitative Coding and Analysis Process**

Data coding and analysis was conducted using an approach based on thematic analysis, along with some components of grounded theory. The interviews were transcribed and de-identified, after which all members of the study team reviewed transcripts to familiarize themselves with the data. Transcription and familiarization happened concurrently while interviews were ongoing. A codebook from the pilot study was reviewed and simplified for the second phase analysis, with edits to better fit the revisions made to the research and interview questions.

Coding was done in the software Dedoose, starting with the initial process of coding using the adapted pilot codebook, comprised of a blend of inductive and deductive codes. Some additional deductive codes were added to fit anticipated themes based on the revised research and interview questions. The adapted codebook was tested on transcripts by research team members, and open coding was done line-by-line by two team members on one transcript each to evaluate whether any additional codes were needed in the codebook to answer the research questions. The combination of these processes resulted in a set of codes which were edited and re-sorted into a full codebook.

Coding was conducted as an iterative process on all of the transcripts. Following coding, data was also entered into matrices for comparative analysis based on the codes, as well as separate matrices for each of the research questions. Memos were also used in the analysis process for identifying themes within the data.

**Study Sample Demographics**

Twenty-six total policymakers participated in this project. Participants came from across the state, with representation of each of the four regions assigned as “Western,” “Central,” “Triangle,” and “Eastern” as divided below:
Of those interviewed, 19% were from Eastern NC, 38% from the Triangle region, 35% from Central NC, and 8% from Western NC. The participants were also asked demographic questions about how they self-identified in a variety of categories. See the table below for the demographic breakdown for the sample.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
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<tr>
<td>Asian American</td>
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<tr>
<td>White or Caucasian</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Female</td>
<td>17 (65)</td>
</tr>
<tr>
<td>Male</td>
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<tr>
<td>Government/Other Work Level</td>
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</tr>
<tr>
<td>Local (County or Municipal)</td>
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</tr>
<tr>
<td>State</td>
<td>19 (73)</td>
</tr>
<tr>
<td>Elected Office</td>
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<tr>
<td>No</td>
<td>10 (38)</td>
</tr>
<tr>
<td>NC Region</td>
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</tr>
<tr>
<td>Eastern</td>
<td>5 (19)</td>
</tr>
<tr>
<td>Triangle</td>
<td>10 (38)</td>
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<tr>
<td>Central</td>
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<tr>
<td>Western</td>
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<td>Democrat</td>
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<td>Seniority (Years in Position)</td>
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<tr>
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<td>10 (38)</td>
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<tr>
<td>Senior (9+ years)</td>
<td>7 (27)</td>
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Findings & Implications

Adverse Childhood/Community Experiences (ACEs) & Social Determinants of Health (SDOHs)

Adverse Childhood Experiences (ACEs)
The concept of adverse childhood experiences and the term 'ACEs' were fairly well recognized among participants. Many referenced the film, "Resilience: The Biology of Stress & The Science of Hope," when discussing their familiarity with adverse childhood experiences. Given the frequency with which the "Resilience" film was discussed, it seems that this has been an effective tool for educating people about ACEs.

Additionally, most participants could describe ACEs using either full and nuanced definitions (sometimes listing the original 10 categories of ACEs), or with more general, yet still accurate descriptions. Some examples of participants' discussions of ACEs included one who explained, "I learned from the movies and other things that toxic stress is really what can harm children. We all deal with different amounts and kinds of stress. Some stress is good, and some stress is normal. And then there's toxic stress that is just something that can really, really deteriorate a child's brain, really, over time."

As noted in "Resilience", Dr. Jack Shonkoff from Harvard Center on the Developing Child coined the phrase "toxic stress" to describe the kind of stress that overwhelms the developing brain of a child and can disrupt typical development. It is stress that is ongoing and unbuffered, while tolerable stress is also traumatic in nature, the impacts can be mitigated by the presence of a caring adult. In the case of toxic stress, the adversity is extreme, long-lasting, and unbuffered by the presence of a caring adult. The science of ACEs is relatively complex with not all adversity being equal, an undefined amount of adversity that is harmful, and the environmental factors that influence a child's response to toxic stress (such as caring, nurturing relationships). However, it does seem that many of the policymakers who participated in this study have an understanding of the ACEs science. Demonstrating this familiarity, another participant described,

“So, I've been receiving quite a lot of information about ACEs, adverse childhood experiences and also adverse community environments. I know that certain experiences that children go through can be traumatic and can impact their ability to form relationships, engage appropriately, perform in school, things in that nature. And I know you can take sort of an informal test to determine what your ACE score is, and the higher the ACE score, the more detrimental that can be to the developing child.”

And a third discussed how,

“I think what happens to us in childhood creates an imprint – you know, in my layperson's language – creates a psychological, emotional, cognitive imprint of some sort. And it stays with us, particularly if it's unprocessed. And then, life's experiences may force it to be processed, sometimes in helpful, unhelpful ways. But I think that impact, imprint, is always there.”
Overall, this familiarity with adverse childhood experiences and ‘ACEs’ suggests that there has been a successful breakthrough of messaging on the topic, and that it continues to be one that resonates with policymakers. Participants were able to not only describe ACEs by giving specific examples of childhood adversity, but also describe the dose-response relationship of ACEs, or the compounding impact that experiencing multiple ACEs can have on a child, and that the harm can last a lifetime.

Adverse Community Experiences (or Environments)
When shifting the focus to Adverse Community Experiences, fewer participants were immediately familiar with the term. Most were able to come up with an answer, although it was clear that for some, this was through deduction after discussing ACEs and guessing what the same acronym but with "community" would mean. Others were completely unfamiliar, as one stated, "I don't think I've heard that term." The issues of housing, poverty, substance/drug use, and gun/gang/neighborhood violence all came up repeatedly – and all of these tied to issues that many participants described earlier during their discussion of their own community’s needs.

For example, one participant described, "When I think of Adverse Community Experiences, I think of poverty. That's one of the first things I think about... I think of gun violence. I think of the use of drug – the sale of drugs and persons who live in those neighborhoods."

Another explained,

“That’s a new term. I’ve never heard that before. But I can imagine, what immediately comes to mind are things like an adverse would be, let's say, the closure of a community center, the extrajudicial killing of somebody by law enforcement... having a new roadway cut through your neighborhood — those would be the kinds of things that sound like that might get to where the much larger community is impacted by something that's really kind of outside their control.”

Other issues that came up in this section, but less frequently, included lack of affordable healthcare, food deserts, and inequitably resourced schools. Some also defined Adverse Community Experiences as tied directly to issues of structural racism and inequities. Multiple participants, notably who all identified as Black, African American, or Afro-Caribbean, discussed the murders of George Floyd and Ahmaud Arbery, extrajudicial killings by police, and videos of Black people interacting with and being harmed by police in this section as well. The interview guide did not include any questions
that specifically named race or racism, however the impacts of racism, particularly the structural dimensions of racism, were clearly important to participants. These interviews took place during November 2021 through February 2022, coinciding with ongoing public discourse following many widely publicized incidents of racial injustice and brutality which brought systemic/structural racism and anti-racism work into more widespread conversations.

Social Determinants of Health (SDOHs)

Social Determinants of Health, or SDOHs, were recognized only slightly more frequently than Adverse Community Experiences. One participant demonstrated this by commenting about SDOHs, “Haven’t heard that so much. I’ve come across it in some reading, but not as well versed as I am with just a general term of ACEs.” When asked about social determinants of health, many expressed that they were familiar with them, however the definitions then provided were a bit scattered. Some defined these determinants on the individual level, describing household hunger, whereas others defined these on the systems level, discussing things like food deserts.

A few participants tied SDOHs to Maslow’s hierarchy of needs and how it is important for people’s basic needs to be met before they can consider other levels of success. Maslow’s hierarchy of needs, depicted below, is a theory that delineates different levels of needs that must be met before each subsequent level is achieved, with physiological and safety needs comprising the base levels of the pyramid.

Maslow’s hierarchy of needs

One participant discussed Maslow’s hierarchy in the context of SDOHs and ACEs, stating,

“In Maslow’s hierarchy of need, if we’re not meeting the basic bottom tier of just shelter and safety and food then you’re not gonna be in a situation where kids are gonna thrive and families are gonna thrive. So, I’m very familiar with the ACEs work and the Social Determinants of Health that can assist in trying to of course protect kids and help them thrive and recover for some of the ACEs that occur to them in their formative years.”

Comparing Adverse Childhood Experiences, Adverse Community Experiences, and Social Determinants of Health, it seems as though ACEs (childhood) is the most commonly recognized and understood term. Next, ACEs (community) was a term that some hadn’t heard before, however many were able to figure out what it referred to through deduction. Lastly, Social Determinants of Health was a term that had a broad spectrum of familiarity amongst participants. One participant explained their familiarity with SDOHs as, “I’m peripherally familiar… Social Determinants of Health to me would be I guess socioeconomic status. Those who tend to be middle class probably do much better.” Others ended up giving definitions of SDOHs that would more often be considered ACEs (either variety), like drug use in the home and domestic violence. Multiple of those who guessed at definitions for SDOHs tied it to socioeconomic statuses/background. Lastly, some were very familiar and gave near-dictionary definitions.

A couple of participants also connected SDOHs specifically to geographic locations or zip codes, referring to how where people live can have effects on their health, opportunities, and other outcomes – a topic that is also covered in the
“Resilience” documentary and in research by the Opportunity Insights project. One described how,

“A couple of years ago, [an organization] did a presentation on the extent to which our zip codes were more accurate determinant of health outcomes than your genetics. That kind of stuff is just flooring. Had my parents had cancer and high blood pressure and diabetes and all these other things, where I lived was going to impact my outcome even more than that was just so sobering.”

Finally, while not a broad theme, one participant also discussed how they do not like the phrase “social determinants of health” because of how the terminology of “determinant” made it seem as though the outcomes were set based on these SDOHs, as opposed to being changeable. They stated,

“So, if you look at the social determinants, and I actually don’t like that phrase very much. And I know the reason why it exists. But we have to look at more than what the social determinant is for outcomes. Outcomes really depend on so many different things... The word determinant is a little difficult because it gives the impression to people that the outcome is set.”

**Lifelong Impacts**

When discussing the overall impacts of these factors – ACEs and SDOHs – on lifelong health and well-being, nearly all expressed the belief that the impacts of events in childhood last long beyond childhood and into adulthood. One theme that came up was the concept that ‘resilience’ was a bit overstated, with some traumas leaving lasting effects even with support. They explained, speaking about child sexual abuse,

“That is a lifetime problem. It’s not something that goes away. It can be mitigated, thankfully, with good counselling, good support structure, understanding, and being believed is oftentimes one of the biggest things... I just don’t accept that children are resilient and so parents can get away with a lot of things because their kids will somehow adapt and do well. I think those ACEs are there, and it may not manifest itself during childhood, but there’s gonna be a burden that that child will carry.”

This participant saw the lasting impacts for a child of experiencing trauma as something that never truly goes away – referring to sexual abuse – although others discussed the importance of intervention and treatment to help children recover, highlighting the ways circumstances can be improved.

**ACEs & SDOHs IMPLICATIONS**

Given the participants’ familiarity with ACEs, referring to Adverse Childhood Experiences especially, it seems that messaging and education in that topic area has been successful. Advocates may want to continue using ACEs not only as a foundation for building shared understanding, but also to ensure structural issues are incorporated into the conversation. This can be through the use of Adverse Community Experiences/Environments, or Social Determinants of Health, as the familiarity seems to be similar between the two. Doing so will help link understanding to the systems–level causes of issues and avoid reinforcing that they end up in the individual blame frame of mind. Similar recommendations have been made based in messaging research, as in the FrameWorks Institute’s report on Reframing Childhood Adversity: Promoting Upstream Approaches – encouraging avoidance of the “family bubble” communication trap which incorrectly reinforces the idea that parents are solely responsible for the outcomes of their children.

ACEs (both childhood and community) are being described similarly to SDOHs, and there is an opportunity for exploring messaging that provides clarification about the experiences of ACEs and the conditions that define SDOHs. Further exploration is needed to determine if there is a benefit to using one term instead of the other with specific audiences and in relation to policy recommendations. Currently both terms of Adverse Community Experiences/Environments and Social Determinants of Health seemed to lead most participants in this study to think of similar topics.

Advocates can build upon the familiarity with both terms and focus on providing policymakers with solutions that are both prevention and intervention–focused. Presenting policymakers with solutions to prevent or mitigate the potential impacts of ACEs and SDOHs may be a better starting point for advocacy efforts instead of education on general science. Policymakers also seemed to grasp the lifelong impacts of these various adversities, and some emphasized this themselves. It may therefore be effective to reinforce the lasting impacts of failing to prevent childhood adversity when communicating the importance of an intervention.
Additionally, there may be a difference in how people from different racial (and likely other) backgrounds typically conceptualize and define ACEs and SDOHs. It is possible that there may be a difference due to the disproportionate impact that many types of adversity have in Black, Indigenous, and other communities of color. There has been criticism of the ACEs movement’s early emphasis on individual/household level adversities, as failing to account for systemic oppression and discrimination that those in BIPOC communities often face. These factors are better accounted for in newer models, such as SDOHs or community-level ACEs – suggesting that using these models to communicate about childhood adversity may be more universally applicable and inclusive of the experiences of more communities.

Lastly, some felt that overemphasis on the concept of resilience could overshadow the lasting effects of experiencing childhood adversity – discussions which offered some insights into potential messaging about the adversity that children face. When discussing childhood adversity and resilience, such as experiences of child abuse and neglect, it may be helpful to clarify that resilience does not mean that maltreatment is acceptable or tolerable, and instead include language highlighting how children are resilient, but they shouldn’t HAVE to be. This type of messaging may resonate better across audiences.
Prevention

Contributing Factors
Poverty, stress, and generational cycles all came up frequently as explanations of how and why child abuse and neglect happen. For example, one participant explained factors contributing to child abuse as, "I think that stress certainly is a huge contributing factor to child abuse. I think that poverty, homelessness, I mean there's a list of things that lead to child abuse. And I think that we have adults who have some severe mental health issues as well." Another explained factors contributing to neglect,

"I'm gonna get to poverty as kind of really is one of the biggest drivers of all of this... And so, when money is tight and people get frustrated and they don't have access to money, they don't have access to a strong social safety net, they don't have access to mental health support, whether it's counseling, whether it's medication. And so, I think it ends up being all those outside pressures and stresses that are layered on top of caregivers, I think, that's the biggest driver for abuse."

Additionally, one explained how generational cycles contribute to maltreatment by expressing that, "Well, I think hurt people hurt people. And I think that stress and trauma that adults have experienced make them not know how to deal with children in an appropriate way."

Responsibility
Participants varied greatly in the degree of responsibility they place on parents – with a few explicitly stating they believe parents are failing their children and not appreciating them, such as one stating that, "I don't know how you do that. Something's wrong. Something's wrong with the person. I don't know how you do that [abuse your children]." In contrast, many others stated that the causes are most often not the result of individual responsibility, but societal and system responsibility. One described this by stating that, "I don't think any parent starts out wanting to harm their child. Secondly, I think it's environmental, families that don't see the light at the end of the tunnel of how do they get out of poverty?"

Overall, participants seemed to focus more on systems-level factors than on placing absolute blame or responsibility on parents for child maltreatment. The nuance of this distinction was summed up by one participant who explained, "I don't wanna absolve people of their actions, their responsibility for their actions. But at the same time, if we took a few of those weights off of them, maybe they wouldn't be so quick to abuse or to neglect. And I think a lot of times, neglect comes from – depending on what you're talking about – it becomes where people are just stretched too thin." Here, the participant acknowledges that actions have consequences for which people should be responsible, but that there are bigger factors at play in why actions are chosen.

Another theme was that mental health and untreated mental health issues (including substance use disorders) were factors contributing to child abuse and neglect. This was often tied together with statements about how the mental health system is "broken." One expressed this, and explained how it impacted people as, "We have a completely unfunded mess of a mental health system in this country, and so I think we set people up to fail."
Preventing vs. Responding

Participants discussed how North Carolina and the broader system focuses on response to child abuse and neglect, not prevention, as one explained, “We are better at responding than preventing. We are great at incarcerating people. And so, prevention – if you look at so many of our policies and so many of our laws, so few of them are actually about prevention.” An interesting dimension to this distinction arose in the fact that many participants mostly described approaches that would be considered ‘downstream’ or intervention, as opposed to prevention. Specifically, a lot of the participants were able to discuss prevention, its importance, and even some examples of primary (or secondary) prevention, with the upstream analogy (“I think the analogy of are you catching the kids at the bottom of the waterfall and saving them from drowning in the pool at the bottom, or are you getting upstream and helping them not even fall down the waterfall to begin with?”) even used by a few participants to explain prevention.

However, many of the discussions of prevention stayed fairly general, focusing on how prevention is important and a good investment, but with fewer providing clear, actionable strategies for prevention. This trend became more evident when asking participants about their own role and the role of government in prevention, as many of these responses ended up focusing on child welfare interventions. For example, one participant described prevention as,

“I do think we think about how much time our kids spend in school, how much time they spend in daycares for working parents, that I think a lot of that prevention, in knowing the signs, that unfortunately falls on the shoulders of those who are with our children most during the day. And having a better system of acknowledging and reporting and dealing with it.”

Here, the participant is describing an important element of either secondary prevention or response, focusing on the identification of warning signs of or precursors to maltreatment, but they are not describing primary prevention, in which strategies prevent maltreatment from ever occurring on a broad scale.

It is worth noting, though, that not all participants struggled to describe primary prevention approaches. For example, one explained,

“If we really wanna prevent crime, then we have to go back to the roots of where crime occurs, why crime occurs. And those are, I mean, a criminal, a violent event is sociological, it’s physiological, it’s psychological, and it’s situational. All those things have factors. And if we’re gonna reduce a violent event, then we have to reduce those factors. The more factors, the less likely it is.”

Here, their focus is on identifying the many different factors that may create environments that lead to maltreatment, and centering efforts on intervening to prevent those factors from ever contributing to create risk for maltreatment.

Community also came up as a few described what is involved in prevention, by describing the importance of the involvement of the community in those efforts. One described how, “I think the prevention part comes in with the supports in the community, affordable childcare, the education, the having communities of having support so that people feel, even at the worst of times, that there is someone that they can go and talk to, and there won’t be a consequence, a punishment for it.” This discussion of community’s role in prevention may connect well to the understanding of community and broader systems-level factors for adversity.
PREVENTION IMPLICATIONS

The implications of the majority of participants defining child abuse and neglect to be caused by poverty, stress, and generational cycles are that it gives a glimpse into how they might understand prevention. Even those who may not have clearly described primary prevention approaches in later responses may be receptive to prevention approaches that target these mechanisms leading to child abuse and neglect, given their understanding of them as root causes or contributing factors. For example, it may be helpful to explicitly connect policies and other primary prevention approaches to how they could reduce poverty, stress, and generational cycles of adversity.

While many participants consider child maltreatment to occur at least in part due to system-level failings, instead of just on individual parents’ or families’ failings, it may still be helpful to ensure any conversations explicitly name systems-level factors that contribute to maltreatment. This implication is similar to what is discussed above for the ACEs/SDOHs implication of helping to connect understanding of adversity to broader factors, and the recommendation by FrameWorks Institute to avoid “family bubble” thinking.

Lastly, while ACEs messaging has broken through, there is work left to do on messaging around what prevention is and how to achieve it. Specifically, it seems the messaging that “prevention is possible and important” has been adopted, but some need help taking it the next step. More coordinated, consistent messaging and clear policy recommendations are needed on what exactly can be done upstream to ensure the best outcomes for children and families.
Role of Government & Role of Self

The responses here underscored how truly nonpartisan child abuse and neglect prevention is — everyone believed they personally had a role in prevention, and that government had a role in prevention (whether or not they believed government was currently filling that role). For some, the two were intertwined, as one described, “I mean, in my role as a legislator, it’s to identify where we can act. Where we can maybe enact policy, where we can tweak things maybe to include some things.”

Interestingly, despite many participants’ clear descriptions of the concept of prevention and its importance in the previous questions, multiple participants described this role involving response more so than prevention — either explicitly naming that is where the government’s focus is currently, or seemingly inadvertently describing activities that represent response instead of prevention. One who explicitly named the government’s role as primarily response explained that,

“I think government definitely plays a role... I think it is difficult for government to be proactive, although there are some programs. I think they’re probably more in the space of being responders at this point... I think that’s probably the primary role for government, although I would like to see the government get more involved in education about what environments, stable family environments primarily, lead to a more protective and nurturing environment for children.”

However, despite seeing that as the government’s current primary role, this participant does name some ways in which they could see the government involved in prevention — such as educating people about safe environments for children. It is unclear if this is referring to something like home visiting and parenting education programs, but it represents an opportunity to explore deeper the perspectives of those who initially express beliefs about limited roles for government in prevention.

The main theme for government’s role was in funding, typically describing how governmental funding for programs would help prevention. When discussing funding, participants often tied it to how the government does not adequately fund or invest in such prevention. One described, “We don’t invest in it the way that we should. I think we have a tendency in government to invest at the tail end after everything’s been screwed up.” Similarly, another explained, “From a large picture, [the role of government is] funding all the social programs we need to support folks in the community. If government did what I would like for them to do, we would fund the prevention programs we were talking about.”

Some participants described the role of government as connected to creating a social safety net, while a few emphasized that the role of government here was limited or that there was only so much the government could do without what they perceived as unconstitutionally reaching into families’ personal lives. This difference largely distributed along expected lines of political ideology, but all of the responses involved nuance that did not suggest rigid thinking. For example, one participant who felt that government’s role was more limited explained how,

“There are certain things I don’t think that we really unfortunately can legislate. You can’t legislate a father staying in the home and raising its child... And so, I would like to say we have a lot more opportunities to help than not, but I think there are opportunities that we can take advantage of and try to set policy for and try to...”
While this participant sees a limit to what the government can intervene on, there remain a number of areas where they appear to be supportive of governmental approaches that could prevent child maltreatment.

**ROLES IMPLICATIONS**

All participants, regardless of party affiliation, location, rural/urban, or any other demographics believed they had a role to play in child maltreatment prevention, and that the government does as well. This underscores the universal relevance of child well-being, and the importance of engaging with all different types of people in conversations about this topic – it is not a partisan or otherwise divided issue. While policymakers will all have their own experiences and perspectives, they likely all believe in the importance of preventing child maltreatment and may be open to identifying areas where they do see a role for themselves and/or for the government. Advocates for policies that prevent child maltreatment and other forms of childhood adversity should not count policymakers out based on preconceived notions of the policymaker’s beliefs – it is likely that some common ground can be found on these issues.

While policymakers do feel strongly that government does have a role in prevention, they often associate prevention with the removal of a child after the harm has occurred instead of focusing on strategies that are linked to supporting families to prevent maltreatment from ever occurring. There is a need for all types of prevention, yet most investments are made in secondary or tertiary prevention. It is unclear if the nature of the work of policymakers contributes to their framing of prevention (i.e., laws are often made to establish rules, ensure our safety, and protect our rights). Providing policymakers with clear and attainable strategies to prevent child maltreatment, combined with education on primary prevention, may be necessary to move the concentration of investments from intervention to prevention.
Sources of Information

General Sources
There were many different information sources described by the participants, although a few in particular were mentioned throughout the interviews – constituents; lobbyists and advocates; staff; colleagues; and data or other information that they read. When making difficult decisions, participants described relying on these sources, as well as subject matter experts and their own knowledge, beliefs, and values.

One participant in an elected role described their many information sources as,

“News. News reports. Lobbyists… And so, lobbyists and advocates, but also – I try to make… a concerted effort to really be out in the community visiting schools, visiting health care clinics, talking to non-profit and community leaders to really understand kind of what those issues are… and just from constituents, hearing from constituents… As wonderful as lobbyists can be, they've got a perspective that they're pushing. And so, I think it's incumbent upon us to go out and get other sources. Just like we expect a journalist to get corroborating evidence or information, we need to do that, too.”

Lobbyists were mentioned multiple times; however, as in the above quotation, some qualified their reliance on lobbyists. A few participants also distinguished between those they saw as lobbyists versus advocacy groups. For example, one participant discussed lobbyists instead in response to the question about 'unhelpful sources of information', commenting that they preferred advocacy groups, stating, “I didn't really mention lobbyists in that group of sources because – I don't know. Lobbyists are tough because some of them are good sources and reliable sources of information. But I always tend to take what they tell me with a grain of salt, because I know they're obviously there to lobby for whatever the topic is. I tend to listen to advocacy groups more.”

There is an undercurrent here of trust – these participants were very careful about who they trust for information – whether talking about lobbyists, new sources, or social media. One participant explicitly named trust as a factor in their information sources, explaining that,

“It becomes a trust and credibility issue. And there are some people at the General Assembly who I trust and who I'm willing to put my faith in. And then there are others that, they'd better come to me with multiple peer-reviewed studies before I'll even begin to think that they're giving me the truth. So, credibility and claim and reputation, but it's actual how you've behaved in the past goes a long way.”

Constituents and those with lived experiences relevant to issues were discussed as sources of information in a few different ways – primarily as a direct source, as policymakers sought out to understand the perspectives of those in their communities or whom they serve in their roles. However, it was also brought up that constituents’ opinions through polling were impactful in policymakers’ decisions, as it matters to them how the constituents feel they are doing. One participant expressed, “But the families with lived experience and youth with lived experience were the biggest source of information to help me make informed decisions about the direction we were taking,” explaining how important these voices were to their decision-making process.

Many participants also talked about relying on their staff and their own research, through data and other materials they read. These were illustrated by different participants describing, “So, I consume a lot of just direct data.” “My legislative staff, they help me out a lot… And if I need to know something that's detailed, I may go to certain agencies – research agencies, whether it's a college university, whether it's going to be some of the webinars that I've been a part of… Sometimes I just google to see what's going on and then read it,” and, “So, I read a lot. But also, you have to count on experts. So, I count on staff a lot. Talented staff.”
When making decisions, many participants also described seeking out subject matter experts, colleagues, or others they trust, specifically for making difficult decisions. One participant who is a legislator explained how they took in information to make decisions as, “I feel like I have a pretty good compass about the things that I support and the ones that I don’t. Unless it’s a topic I completely know nothing about, and that happens. Then I have to rely on my colleagues, too, because a lot of my colleagues are subject matter experts in areas that I am not.” Here, they describe relying on their own knowledge and beliefs, but also consulting with colleagues in the legislature who hold different areas of expertise, to inform their decisions.

Lastly, often decision-making was influenced by participants’ own knowledge, values, and “compass” – as described in the above quotation. Another participant described many sources that they rely on in decision making, starting with, “So, you’re using your value system...,” while another explained that in making a particularly challenging decision, “You’ve gotta know what you believe in, and you’ve gotta stand up for it, right?” Another participant who is a legislator described a specific instance of making a tough decision on a vote, explaining their process as, “So, after a lot of thought, and research, and soul searching, I decided...”. These participants described relying on multiple sources outside of themselves, but their own knowledge and values were an important factor in their decision-making.

Unhelpful Sources
A major theme around what sources of information were unhelpful were those sources that policymakers perceived to be biased, untrustworthy, to have an agenda, overly negative, or received by the policymaker as a “barrage.” Many participants talked about their lack of trust in news networks, specifically those perceived as particularly left or right-leaning. Additionally, multiple participants discussed how they were particularly turned off from hearing from people or organizations perceived to have an agenda or ulterior motive, specifically one that seemed to be concealed. They talked a lot about the importance of trust when talking about their source of information – such as how they had people who they trusted that they would go to for information. Sources that participants did not trust were frequently described as unhelpful – those perceived as laden with bias, misinformation, or hidden agendas – most often news networks, individuals with agendas, and social media. One participant explained a few of these as, “Well, I never watch network television. I don’t even put the TV on. I don’t do that. And I’m very cautious about what media I consume. I really don’t read a lot of stuff on social media.”

Additional types of unhelpful information were those that were received as a “barrage” – whether through varied sources or through targeted mass emails. One explained, “The only thing I think is unhelpful is the barrage of information that comes at you,” while another expressed what was unhelpful...

“...The only thing I think is unhelpful is the barrage of information that comes at you.”
was, “Mass emails. When I get 400 hundred emails, it’s obviously someone clicking a Google form or whatever. Those things are typically counterproductive, I would say.” Similarly, one participant explained how with the amount of information pertinent to their job, it was not helpful when they were presented with complex, dense information because they simply did not have the time to sit and analyze it for the important components.

**Negativity also arose as a source perceived as unhelpful** when seeking out information or trying to make decisions. Participants described how negativity did not provide them with a path forward and did very little to make the case for what those sources did want to happen, since they were overly focused on negativity or attacking those perceived to be on the other side. One participant explained what they perceive as unhelpful information sources to be “people whose argument is sort of trashing the other side. It’s like, you need to make your argument on the merits of your argument, not on diminishing the people who are counter to you. So, that’s a big thing that’s not helpful.”

As mentioned above, **social media came up frequently as an unhelpful source of information.** Social media was discussed a few times within the participants’ discussions of misinformation and biased/slanted information, as well as separately. In addition to the perception that social media drove misinformation, it was also described as simplistic and polarizing by one who explained, “I find memes and social media posts... I mean, honestly unhelpful. I don’t repeat them, even if they maybe perhaps ideologically align with my thinking. I think they further polarize people, and they’re simplistic and unhelpful.” Another participant explained their perception as, “You know, I think social media has really created some of this, and drives a lot of I wanna call it, false information, and drives what people think is researched information. But it’s just an opinion, and filtering that out can be really difficult at times.”

**INFORMATION SOURCES IMPLICATIONS**

The consideration that appeared to be most important for information shared with policymakers is that it **comes from a trusted source,** underscoring the importance of developing authentic relationships with policymakers and their staff. In circumstances where there are multiple potential messengers, **it may be helpful to determine which source has an existing, trusting relationship with the policymaker.**

Policymakers actively seek information from a variety of sources (colleagues, researchers, media, constituents, people with lived experience, etc.) and are reading and listening to their sources. They are motivated by different avenues of learning, and many mentioned that they look for information from all sides of an issue. Some rely heavily on data, while others are moved by stories and headlines in the news (though there is nuance with what policymakers perceive as trustworthy versus untrustworthy in media sources). Information shared needs to be concise, easy to digest, and contain a mix of stories and data in order to meet the variety of learning styles of policymakers.

Credibility was mentioned several times, and **when that trust is broken or questioned, policymakers move onto other sources that they perceive as more trustworthy.** This consequence of broken trust underscores the importance of being reliable when sharing information with policymakers. It is important to ensure that all information shared is factual and that the sources for any data shared are known.

Additionally, social media and mass emails can be tools to use in advocacy, but given their perceptions by policymakers in this study, **it may be helpful to determine when other approaches will be most effective and reprioritize time and energy accordingly.** Social media was most frequently described as an unhelpful source of information, and one participant described mass emails as counterproductive. Each of these tools still have uses in advocacy and movement building, such as in drawing public attention and sharing information widely, but they should be used with intentionality. It is important to consider the audience, or who you are trying to reach – as described by most participants, social media is likely not the best way to reach most policymakers, but it may be the best way to reach constituents or community members while building a grassroots movement for an issue. Additionally, given the perceptions of bias and misinformation in content shared on social media, it may help to ensure posts on these platforms are factual, straightforward, and unbiased.
Paid Family & Medical Leave (PFML)

Overall Familiarity with PFML

Before exploring perceptions of paid family and medical leave specifically, participants were asked their thoughts on “family-friendly workplace policies.” Many – 18 of the 26 – participants discussed paid leave, parental leave, family leave, or another version of the same policy in response to this question, indicating success by advocates in linking paid leave to being a family-friendly workplace policy. For multiple, PFML was the very first thing they thought of when hearing the term. For example, one responded with “I think of generous postnatal, postpartum leave where people get paid after they have a baby, either the mother or the father... I also think about being able to take leave if you have a parent who’s severely ill, who’s had surgery, something like that...” Another explicitly stated, “First and foremost, I think of paid parental leave, and paid leave for caregiving...”

For the most part, participants were relatively familiar with ‘paid leave’ as a concept when asked to define it. However almost all participants described it using general terms and did not seem to know of the type of policy that advocates have been working toward in NC, which is PFML that offers 12 weeks of leave, with job protections, sufficient wage replacement, inclusive definitions, and uses an insurance model. For example, one responded to the question about how they would define paid family and medical leave as, “I’m not really up on all of that kind of stuff. I’ve never practiced in employment law. And that’s more of a federal level question,” and another participant explained, “I think of generous postnatal, postpartum leave where people get paid after they have a baby, either the mother or the father... I also think about being able to take leave if you have a parent who’s severely ill, who’s had surgery, something like that...”
“This is outside of my area of expertise, but I would define it as there’d probably be some policy implemented in the workplace where a triggering event would allow you to have a leave period where you would continue to be paid and there be a guarantee that your job would still be there for you when you return from leave, and that you wouldn’t be placed in any kind of disadvantage for taking the leave.”

This second participant, despite their disclaimer that paid leave is outside their expertise, actually does touch on a few key components of a comprehensive PFML policy. There were also some participants who seemed more familiar with paid leave policy specifics, such as one who stated, “It would be money, and it would be that your job would be guaranteed to be held for you and paid for a certain period of time. At the moment, right now... I would think at least three months would be a baseline for what we should get in this country.” Here, they are referencing some of the important components of a comprehensive PFML policy, such as 12 weeks (three months) of leave and job protections while taking leave – which the prior participant above also mentioned.

Additionally, a few participants referenced ‘FMLA’, or the Family and Medical Leave Act, when answering questions regarding paid leave. The leave provided under FMLA is limited in scope, only covering employees in larger companies, and offering job protections for 12 weeks but with no pay. It is unclear whether these participants were using ‘FMLA’ to refer to the model that they prefer, or if they were simply referencing the existing program with which they were familiar, to mean family and medical leave generally.

Multiple participants connected their familiarity and perceptions of paid leave to personal experiences that they had with taking leave – most often parental leave, but also other forms. Those who had not had access to paid leave spoke of the challenges they faced as a result, while those who had been provided with paid leave spoke to the benefits of it. One such participant who did not have paid leave described how, “When I was pregnant with my... kids, we didn’t have paid parental leave in North Carolina. I had to use all of my sick leave and all of my vacation week that I accrued... It meant that I had to work overtime in order to accrue that.” Another spoke about the financial stress and health impacts of taking unpaid leave, explaining how, “I think about when I had a newborn, and I didn’t have paid parental leave. It was unpaid, and for eight weeks I had no income. Fortunately, we prepared for that, but still, it’s very stressful. And how that impacted everything from my own sleep to nursing a baby was not healthy for [the baby].” In contrast, a participant who did have access to paid leave spoke about the physical and professional benefits of the leave, noting that, “So, in all transparency, I took advantage of paid parental leave when my second child was born and enjoyed that time very much. It was definitely appreciated, because there wasn’t a lot of sleep at the time with an older one and an infant... And so, I think just giving families the time to adapt and adjust to that new environment at home, 1.) Can make a huge difference in the workplace, because obviously... I certainly felt some appreciation and some loyalty to the company for being able to do that. And then, I also felt like I wasn’t just pushing through work that maybe wouldn’t have been as good at that point in time, because my focus really was elsewhere. And so, I appreciated that time to be able to take that and to do that.”

As in the above quotation, a few spoke about how the type of leave they were offered impacted decisions that they had made professionally about staying in or leaving jobs. The above participant felt deepened loyalty to their company for having access to leave, while another explained how they stayed in a job as, “When I had... my kids, I got four and a half months paid... it’s frankly one of the reasons I stayed in [the job] as long as I did.”
Paid Leave & Prevention
When asked about how family-friendly workplace policies, and specifically paid leave, prevent child maltreatment, the mechanisms described most often were: enabling safer care arrangements; allowing time for bonding; and providing a safety valve to minimize the stress experienced by families. Some, but not all participants were able to describe a connection between paid leave and the prevention of child abuse and neglect.

Speaking about safer care arrangements, one described how, “I think it would dramatically decrease both [child abuse and neglect] because instead of leaving a child possibly alone or with a person that’s questionable, the person…the mother or father themselves could stay home and take care of the child.” Expanding on this, another described, “But, when you’re young and desperate and you don’t think you have a lot of options, you’re gonna make some really compromised choices, right. And, to me, neglect and abuse come in a lot of different forms.” Both of these participants, along with others, focused on the risks posed to children by being placed in informal or inadequate care arrangements when parents do not have access to paid leave.

On the topic of time for bonding, a participant described the preventative impact of paid leave as, “Well, certainly, attachment is a big thing. If a parent can spend... it’s just that time bonding and making a connection and an opportunity to create a relationship that hopefully can get them through those hard parenting [moments] and be enough to prevent [abuse and neglect].” This participant suggests that the bonding time allowed by paid leave leads to stronger parent-child attachments that protect against maltreatment. On the other side of the same concept, a participant described how a lack of paid leave may contribute to maltreatment as,

“I would say that because we don’t have adequate maternal and paternal leave after children are born, they’re not able to have that bonding time with the parent. And I think that makes a huge difference going forward. If you don't have that dedicated time, both for the mother and the father and the child. I think it's important for all of those people. It's not just important for the baby. It's important for the parents to feel that connection to the child and really just get their feet under them and figure out how to be a parent if it's their first time.”

The last main theme that arose connecting paid leave to prevention was that it provided a form of safety valve for the stress that parents might be experiencing with a new child. Some described this as related to the pressure taken off by parents being able to be home while learning to care for a new child, while others connected it to easing a financial stressor on families – and some tied it to both factors. A participant described these (and more) ways in-depth that paid leave can ease stressors on families as,

“...if in the new time if you had two parents that were able to be home, as opposed to one, in those very early, exhausting days, that would be hugely impactful for families. But even in circumstances where there's just one parent able to be home, and those are usually exhausting early days, to not have to worry about money, to not have to worry about if you're going to be able to keep your kid insured and fed, or having to choose between keeping your kid insured and fed, and bonding and being with your kid – and again, we talked at the beginning about contributing factors – it’s stress. It’s economic stress, physical stress, emotional stress, postpartum issues, physically, when you’ve had a child. All of those factors can be lessened with paid leave, and just allows so much more flexibility... I could just think of so many different factors that are – your physical recovery and the connection to physical wellness, and mental wellness. If you’re not physically well, that might lead to not being able to deal with your circumstances, which could then lead to child maltreatment.”
A few did not see a clear connection between paid leave and the prevention of child maltreatment. For one, this perception seemed to be tied to a belief that it would take more than paid leave alone to solve, as they expressed that, “I don’t think that’s gonna make a difference in child abuse prevention. I mean, it might make them a little less stressed, but I don’t think that’s . . . I just don’t see it as a high thing that’s gonna make a difference.” But for two others, there was a perception that there is no connection between paid leave and child maltreatment prevention at all, as expressed by one who said,

“I don’t really see a correlation between the use or non-use of FMLA [the Family and Medical Leave Act] or any of those resources. I don’t see that directly correlating with the root causes of abuse or neglect... So, the parents that really... that want their children back, that are making the effort to communicate with the people that advocate for them, that are working for them, to get their children back, they do end up reunified. I mean, it takes some work... So, I don’t really see FMLA, or a company being family-friendly or not, being much of a barrier...”

Overall, there were a few participants who did not see any connection, but the majority of participants saw some connection between paid leave and preventing child maltreatment, whether through enabling safer care arrangements, allowing time for bonding, or providing an outlet to minimize the stress experienced by families.

Paid Leave Concerns
While most participants described benefits of family friendly workplaces and paid leave, there were also some concerns expressed about paid leave. Common themes for concerns focused on the impact of paid leave on small businesses, the challenges some businesses face with hiring temporary replacement staff, the need for balance within policies, and a general concern about a policy being able to meet the differing and unique needs of various businesses and industries.

One key theme was a concern about the impact that a paid leave policy would have on small businesses, and related concerns about creating a ‘mandate’ on businesses. One offered their perspectives by describing,

“That’s a little difficult for me to put my arms around because I don’t wanna dictate to a business, necessarily, how they have to run their business. The state could be a little more subtle with a tax credit, or something within the business that makes it easier for them to do things like that. For those who do not have the financial resources, then it might be a role for the state to help funding some programs... one thing I’m very cautious about doing is laying more burdens upon business than are reasonable... And we’re coming off of this – I hope we’re coming off of this two-year pandemic, where some businesses have just closed permanently, others are still hanging on by a thread. So, let’s have the conversation about it but I’m not sure what we can get done legislatively right now.”

Another discussed challenges with replacing staff as, “I think the only concern I have is when we give paid leave... will
employers have the resources to be able to add staff to pick up the work so that we can have that balance.” A participant described the complexities of replacing staff and the differential impact for small versus large businesses as,

“So, I certainly think there’s value in doing and having [paid leave], I don’t know that I have an opinion honestly on whether or not it should be required. I think there are certain circumstances and certain industries out there where it’s extremely difficult. So, for example, I own and operate [a small business]. I can’t just go off the shelf, find a six week or whatever replacement... And so, it makes it extremely hard for a business like ours. There are businesses out there, large, corporate 500 companies that somebody could be gone for six weeks and they wouldn’t really even notice. So, I definitely think there’s a competitive advantage for those companies that can offer it and can afford to do so. For those smaller, I mean, especially the mom-and-pop shops and the other things that are out there, I mean it can be extremely hard. So, I don’t know that there is a right answer on kind of forcing it, but I definitely think there’s value in having those programs.”

Here, the participant is expressing that they see benefits to offering paid leave at the same time as discussing the concerns and challenges they foresee with implementation.

One other concern mentioned by a participant is that people would abuse or misuse the program. Specifically, they explained, “we’ve seen it with FMLA, where people abuse it. And I mean, in my role, I’ve seen it a number of times, where people have abused it. They count down how many days they have, and then the next year, they’re looking at when that drops off so they can take it again. So, I think there has to be some really, really strict rules.”

‘Balance’ was a word that came up repeatedly in the discussions of paid leave. Most often, participants were speaking about the need to balance what they saw as competing needs for these policies, such as the needs of employees for balance between work and family, or the need for employers to have balance between financial sustainability and supporting their workforce. One participant spoke about their concerns with providing paid leave as an employer, connected to the concern described above about filling positions while staff are out on leave. They explained that, “I think for an employer it’s tough. Because quite honestly, we have all these contracts, and we still have to get the work done. So, it’s a matter of that balancing of how you’re gonna get the work done.” Another participant elaborated on challenges faced by employees and employers, describing,

“When you don’t have [paid leave], and the parent has to either resign and/or take leave without pay, then the family suffers immensely. So again, it’s a delicate balancing act. Right now, we’ve not had our state reach the level that I would like for them to reach when it comes to the benefits packages for parental leave... Do you do it? Do you not do it? And if you do decide to do it, how much time is equitable and fair?”

Despite these concerns, it’s notable that these participants did not seem to be clearly opposed leave, but instead believe in a need to account for the concerns they expressed, such as having balanced policies with well-defined rules and enforcement, so the program is not misused. Interestingly, even while discussing their concerns, participants repeatedly mentioned benefits of or positive sentiments about paid leave.

**Participant Ratings of PFML**

Participants were asked to rate what priority, on a scale from 1-10 (with 1 being lowest and 10 being highest), they felt that paid leave should be to the state of North Carolina. The largest portion participants rated paid leave as a high priority with ratings of 8/10 or higher, including multiple rating paid leave as a 10/10 priority. Many more rated paid leave as a medium priority, between 5/10 to 7/10. No participants rated paid leave below a ‘5/10’, however, four did not provide any clear rating.

Of the high ratings (8/10 to 10/10), many emphasized that paid leave is not a standalone issue and that there are other priorities at the same level of importance. Multiple participants specifically named health care access and Medicaid Expansion as a priority that they would rate similarly highly. One participant explained how they could not choose it alone as a top priority, commenting that “That’s a hard question, because I think it’s like a 10, but it’s also – I do have to give something else up to tell you it should be. I need a list of all the priorities in order to really rank them. I can’t rank it by itself, but it’s hugely important.” Another participant shared that their rationale for a high rating was based
on paid leave being a workforce strategy, explaining, “I think it has to be a 10. I mean, if we’re really going to value our employees and again, I’m going to use that phrase, recruit and retain top talent. It has to be at the top of the priority list... We don’t want to lose really incredible talent to our state.”

Those who ranked paid leave as a medium priority, 5/10 to 7/10, often similarly acknowledged that there were many priorities needed in the state, and for these participants, paid leave did not rise to the very top of those priorities. One explained, “I don’t know if I can take [paid leave] alone because I think it has to be a piece of a package rather than just paid family leave. So, for that reason, I probably would put it at like seven... Might even be six now that I’m thinking about food and housing and everything else.” Others spoke about how it was a mid-level priority as they saw a need for balance in the policy, such as one who commented that, “So, it’s a balance because you wanna honor the commitments that these employees have to their families and how important that is, but you also have to balance that against we have to be good stewards of taxpayer resources.”

There were a few participants who did not provide a clear rating for how highly they would prioritize paid leave for the state. A couple explained their perceptions with comments such as, “I don’t feel like I’m qualified to answer that,” and “I would say it should be one of the things that is prioritized by an employer, but should it be – should paid FMLA be more important than a person being able to work in a non-hostile working environment? I don’t think so...” It is possible that some of these participants chose not to rate paid leave because they did not currently see it as a policy that should be implemented by the state, while others simply did not feel well enough informed about paid leave to make an assessment.

**Paid Leave’s Path Forward**

Participants had many ideas for how to move paid leave forward, primarily falling into a few overall categories. **The themes for paid leave’s path forward included keeping the conversation at the forefront, building momentum from the local and county levels, finding ways to build bridges to those who have expressed hesitation or opposition to paid leave so that they might support it, and exploring a policy for state employees.**
When asked about the path forward for paid leave, some participants talked about how important it was to continue to talk about the need for a paid leave policy, especially after the recent potential for federal movement on the policy seems to have stalled. One expressed that, “Legislatively, we have to continue to fight for it. Those of us who are on board, we must continue to push it,” while another suggested, “Doing what y’all are doing. You’ve gotta keep talking about it. You’ve gotta keep pointing it out. You’ve gotta talk about it... But you’ve gotta let [elected leaders] know how it’s gonna benefit them.” While these two are talking about having advocates of the policy (including legislators) keep the conversation alive, another pointed out the importance of constituent voices. This participant explained a belief that,

“Well, one thing that would help is if a huge number of the constituents of people that are on...in the majority party which is the Republicans right now [in NC], emailed or called their legislator to express the desire for [paid leave]... it’s not a partisan issue, it affects every single person in the state... So, I think we need to get the word out and get folks to talk to their legislators.”

The voice of constituents is powerful, and this particular participant points out that paid leave is not a partisan issue – which held true amongst the sample of participants in this study. **Participants across the political spectrum expressed that they believe in benefits offered by paid leave**, and the differences between the major parties only became evident when discussing concerns related to the specifics of the mechanism by which a paid leave policy is implemented.

Connected to building constituents’ voices in support of paid leave, another theme that arose was the need to focus on **building momentum for paid leave from the local and county level**. There has been a growing movement toward adopting paid leave policies within individual businesses as well as local and county governments, as discussed above in the Progress of Paid Family and Medical Leave in North Carolina section. One participant explained how they imagine this strategy to move paid leave forward as, “I think as more and more counties do it, I think that it will catch on. Again, I think that we need to have additional resources to be able to do that. But I think it’s gonna become a norm.” This description ties with the advocacy approach where sustained and growing local action can further the conversation in state and federal government bodies.

Lastly, a theme arose that advocates need to **work with businesses and other uncommon advocacy partners**, including some of the groups that have historically complicated paid leave's path. One participant suggested the path forward includes big companies and NC's Chamber of Commerce publicly supporting a policy, saying,

“Getting the North Carolina Chamber of Commerce on board... I feel like if they spoke out and really got on board with this, they could get a lot of their members to get on board. I think that some of these newer companies that are coming into our state, like Apple and Google and Amazon. I think those big companies do support these types of policies, and I'm hoping that they can be also down at the legislature, talking to people... So, I think it's really just a matter of getting the big players, the businesses, the corporations on board with it because [current supporters] talking about it, and people who don't have the ear of leadership, is not probably going to be a path forward. We have to get people who do have their ear and will listen.”

Another spoke similarly about bringing businesses and Chambers of Commerce along, focusing specifically on smaller businesses explaining that,

“I think we need to start with small businesses and Chambers of Commerce. I think that big and large corporations can afford paid leave and they do, and that's how they attract some of the best talent... What ends up happening is that people don't even have that profit margin and choose that they just can't do it. And so, I think we need to reframe the discussion around, ‘You can't afford not to have paid leave, especially with regards to small businesses.”

This participant then went on to describe how offering paid leave is an important recruitment and retention strategy for small businesses who are often acutely impacted by the costs of employee turnover.

Lastly, a legislator who was hesitant to mandate paid leave for the private sector (although supportive of approaches that might incentivize in the private sector) did suggest paid leave to be a policy that the state should consider. They expressed that,

“I think the state in and of itself is one of those – and I'll call us kind of an employer, a large employer – where
for the most part, we would have the opportunity to be able to absorb that, and to provide for that. And I think that's something that the state should certainly be considering if we – to be honest, I don't know what our policy is now, or if it varies based on agency and department from department. But it's certainly something we should be looking at.”

Here, they discuss a possible path forward for paid leave that involves expanding access to those employed in state government roles. While some state employees currently have access to paid parental leave, as described in the Progress of Paid Family and Medical Leave in North Carolina section, not all do.

**PAID LEAVE IMPLICATIONS**

Family-friendly workplaces messaging has broken through – the majority of policymakers in this study identified paid family leave as a family friendly workplace policy. Policymakers were also generally familiar with the concept of paid leave, but many were not very familiar with details of this policy or mechanisms by which this policy could be implemented broadly. This gap provides advocates an opportunity to educate policymakers on effective mechanisms for comprehensive paid leave policies, such as the insurance model, to increase understanding and decrease resistance.

People seemed to reference their own experiences with paid (or unpaid) leave when thinking about the policy. This may indicate that story sharing could be a particularly effective strategy in paid leave advocacy, tapping into shared experiences and encouraging empathetic mindsets. Most policymakers in this study seemed to understand many benefits of paid leave, including the recruitment and retention benefits for employers. These benefits can be highlighted to help find common ground.

Paid leave was most commonly understood to prevent child abuse by enabling safer care arrangements, allowing time for bonding, and providing a safety valve or outlet to minimize the stressors experienced by families. A few policymakers did not see a clear connection between paid leave and child maltreatment prevention. These may be helpful frames to use in communicating about the importance of paid leave with those who already see the connection, and in drawing connections for those who do not already see them.

As described, many of the participants discussed benefits or positive sentiments about the programs, even while discussing their concerns. This tension highlights that much of the challenge with paid leave may not necessarily be in convincing policymakers that it has benefits or positive impacts, but with providing a practical path forward that is not perceived as harmful to businesses and that suits businesses’ varying circumstances. Considering the frequent use of the word ‘balance’ to discuss considerations for paid leave policies, there may be an opportunity to talk about paid leave mechanisms that would provide balance – both for employees and for employers. One such way would be to focus on passing policies for governmental employees at various levels, while another would be to lean into the insurance model of paid leave that limits the burden on businesses and provides a fairer shot for smaller businesses to compete with large businesses in providing this important benefit.

Given the largely positive sentiment about what family and medical leave does for families and for businesses, there is an opportunity to encourage policymakers to move toward supporting, and ultimately acting on these policies. At the local level, this may involve building momentum for paid leave by supporting local (county and municipal) leaders in implementing paid leave in their communities, and at the state level, this could involve identifying new supporters for the policy on both sides of the aisle – especially amongst those who name families as important to them and central to their policymaking. Advocates can help also move paid leave forward by: Keeping the conversation about the importance of paid leave going publicly, working with the business community and Chambers of Commerce to identify and address their concerns with policy proposals, and exploring avenues for securing expanded access to paid leave for those employed in state government roles.
Home Visiting & Parenting Education (HVPE)

Overall Familiarity with HVPE

Home visiting and parenting education were topics that solicited a wide variety of responses – from some recognizing and naming them right away as child maltreatment prevention strategies, occasionally before the interviewers ever mentioned HVPE, to others who were completely unfamiliar with them.

A few participants were unfamiliar with HVPE, such as one who explained, “Early childhood home visiting... I don't know. Unless it's a child in foster care going to their home, original family, or a parent visiting a child during the early – who’s not in the home. I'm just not clear. I'm not, for me – in all frankness, I'm not familiar with that term.” Additionally, this participant seemed to reference the child welfare system, mentioning foster care, when trying to define what HVPE might be. Multiple participants specifically thought of the Department of Social Services (DSS) or Child Protective Services (CPS) when asked about HVPE. For example, another participant described, “When I think about that, early childhood and home visiting, that is for one of two reasons: there's an issue within the family; there's a problem. Child protective services, I think of those.” While those working in DSS or CPS may visit homes or provide parenting education, this falls outside the context of the early childhood home visiting and group-based parenting education and suggests that some associate HVPE with downstream intervention by the child welfare system instead of upstream prevention programs separate from the system.

Other participants fell into a middle category of having some familiarity with HVPE, but not expressing in-depth knowledge about the programs. One such participant replied to a question about what they think of when they hear the term parenting education with, “Parenting education? Teaching people. Like I said, they don't come with an instructional manual. So, somebody should try to teach them what to do with this thing.” A recurring theme among these answers is demonstrated by this participant’s sentiment that children do not come with instructions. For example, another expressed a similar belief, noting that, “I think it can be parental education after a child is born, just teaching them about how to be a parent, whether it’s bathing, feeding, diapering, all the things that – Anybody can be a mom, and nobody gives you lessons.” While it is unclear from their responses whether these participants are aware of existing parenting education programs, it is evident that they understand the general concept of these types of programs.

While more of participants’ responses seemed to focus on parenting education, there were also those who described what home visiting would look like. One participant discussed how they believed home visiting might look, as, “Someone in the community that comes out and visits with a new parent, or someone who maybe has a 2, 3, 4-year-old who needs some help or guidance around early childhood, and is worried about their child preparing for school, and making that transition. So, I think there’s a number of different things that could be under that umbrella.”

Of those who knew about home visiting and parenting education, many referenced a specific program or model with which they were familiar. For home visiting, the most referenced program was Nurse-Family Partnership – for example, one participant commented, ”Well, I think of Nurse-Family Partnership immediately.” Triple P (the Positive Parenting Program) was most frequently discussed when participants were asked about their familiarity with parenting education, such as with one participant who commented, “They have a program here in [county] called Triple P, the parenting program.”
HVPE & Prevention

Participants had a variety of theories about how HVPE programs prevent child maltreatment, with the mechanisms described as family observation, teaching parents what to and not to do, and providing families with supports and resources. In comparison to paid leave, participants were much more readily able to connect home visiting and parenting education to child maltreatment prevention.

A few participants focused on how programs, especially home visiting programs, would be helpful for prevention by observing what was happening within families and homes. For some, this observation seemed to refer to seeing what is happening in homes in a way that would enable the visitors to coach and educate families, as in one participant’s comment that “when you have a home visitor, the parent education part of home visiting is to help them understand child development and it’s got someone coming to your home every week. So, I think that’s a pretty – I mean I think a home visitor who’s really good... a good home visitor is gonna see things and hear things.” However, for other participants, they seemed to be referring more to home visits as a form of surveillance of families that would catch potential maltreatment or negative parenting practices. In one such instance, a participant explained,

“First, I think it’s sometimes very necessary to have someone from the outside assess the best interests of the child and make sure that those environments are safe... Because there's a lot of neglect and dependency that might not raise to the level of a criminal violation like child abuse, but it's nonetheless not a safe environment for the child. And so, home visits should ferret out some of that.”

Notably, perceptions of home visiting as a form of surveillance were discussed by other participants as a concern, particularly in communities that already experience disproportionate surveillance by governmental entities such as law enforcement. See the HVPE Concerns section below for a more in-depth discussion.

Related to the above description of how observing families could lead to programs educating parents, another theme that arose was that home visiting and parenting education could prevent child maltreatment by teaching parents both what to do and what not to do. One participant explained, “Well, I think knowledge is power, and I mean just from a very basic standpoint I think there’s plenty of child abuse and neglect that occurs because people just didn’t know that’s what they were doing.” This participant points out education at a basic level that can be helpful for parents about what not to do, while some others spoke about education tailored to navigating particular and challenging ages and developmental stages, such as toddlerhood. Another participant described how, “I don’t know if training is the right word, but at least a resource to say, ‘This is happening. What’s a better way to handle it?’ You know, 2-year-olds can be exhausting. My daughter was in the ‘Terrible Twos’ for five years. It’s frustrating, so having guidance on how to deal with a 2-year-old from somebody else.” Lastly, a participant explained how they believed these programs were beneficial, stating,
“I think it’s a start. I think it’s a great start. Depending on the kind of education that’s offered, parents are given a lot of tools and a lot of hands-on information about what to do with a child that is fussy, or that has a medical problem, or that has – or that’s just being a baby and crying. That can be really frustrating for either of you parents.”

Lastly, a very common theme was that the supports and connections available to families through home visiting and parenting education programs could contribute to better outcomes and the prevention of child maltreatment. These supports included the connection with another person for help, as one explained, “People are transient. They move, they relocate. They may not have that family connection to bounce things off of or even to give them relief from childcare. So, I think that could be helpful to have. I think of that being a support that comes maybe after you have a baby.” A subtheme here that arose across interviews was that HVPE programs could help to fill in as supports for families who are more disconnected from family and friends’ help than typically in the past. Another participant echoed this sentiment, describing how,

“Well, I mean, because we live in a young community, I think – and people come here from all over the country... And they come into a community where they don’t have their parents, they don’t have aunts and uncles, they don’t have children. And so, they don’t have that support network. And I think that challenges us. And I think parent education is something that, sometimes, you learn from families, from family members, like your mother and father or your aunt and uncle, or your grandmother and grandfather. And when they come here, they simply don’t have it. So, how can we educate them? How can we provide services?... And so, I think they’re extremely important.”

Similarly in the theme of supports and resources, others also discussed how these types of programs can build supportive relationships for families – specifically, parenting education programs can create networks amongst parents, and home visiting creates a trusting relationship between the family and the home visitor. One described this as,

“The best kind of parenting classes are classes that are really more building a network amongst a peer support group, among families, right? Who have an opportunity to talk with each other, and share their frustrations, share their goals and aspirations, learn from each other, and who really just takes support and solace from each other. If it’s more of a one-on-one relationship in a home visiting setting again, that relationship with a trusted partner who they can kind of share some of their worries and fears, and kind of talk through things, get information that might help them alleviate some of their needs”.

HVPE Concerns
While participants were readily able to draw connections between HVPE and child maltreatment prevention, there were also concerns that emerged. Themes in this area generally focused on concerns with programs’ cultural fit and relevance for families, sensitivity to having a program intervening in people’s homes, ensuring proper training and qualifications for home visitors, and guaranteeing that programs delivered were high quality. Additionally, there were some challenges with the use of the terms ‘home visiting’ and ‘parenting education’ to refer to these types of programs, evident through both concerns expressed directly by participants and through some confusion about what types of programs these terms referenced.
The cultural relevance, fit, and sensitivity of programs came up repeatedly in discussions of concerns with home visiting and parenting education programs. This particular concern ranged from emphasizing the need for a diverse and sensitive staff delivering programs, to the norms reinforced by programs. One participant explained their perspective with,

“I mean, there has to be some cultural training around what teachers are going to experience when they go in and do home visits and there’s also some personal training that needs to occur so that you can understand why your belief system is what it is and all of us are impacted by lived experience and we can’t help when, what I call, our baggage shows up.”

This participant is particularly focused on ensuring that providers are well-equipped to understand various cultures. Another took it a step beyond training staff on cultures, describing how they saw programs would benefit from diverse staffing as “Whatever program we had would need to make sure it had some sort of a diverse population of instructors or educators or what have you. So, that you could match like cultures or ethnicities or races. I just think that would be really important.”

In addition to the identities and cultural training of program staff, a few others discussed the need for programs themselves to fit different religious, racial, or cultural norms of families. Two participants described how they specifically have concerns about if programs could reinforce Eurocentric or white-dominant norms for families, with one describing how,

“With regards to the cultural norms… we just have a very Eurocentric view and a lot of providers, and if we don’t diversify the staff and the providers in the communities, which oftentimes are people of color that are being targeted… because it’s an overlay of poverty in the child welfare system, then we’re never going to actually be able to address those issues. So, I would like a hell of a lot more diversity and attention paid to parenting, and not one size fits all cultural competency with regards to that.”

Another explained, “Positive parenting again, not necessarily defined by white America… And being open, listening to that... It’s understanding the family and not responding but interacting with a family based on their context, based on their needs, and providing opportunities from a knowledge and skill perspective to help them with what’s important to them.” Similar to this participant, others also discussed the importance of services being relationship-based and how important it is that programs are not overly prescriptive, but instead adaptable to individual families’ needs and priorities.
A theme that arose around home visiting concerns specifically focused on entering someone’s home and critiquing their parenting — a very personal and sensitive practice. One comment along this line was, “I think I have a bit of visceral reaction, even though I recognize the benefit, but I just think the government in people’s homes makes me nervous.” Similarly, another explained how, “People get real touchy about their kids. I know I do. And I think it’s really hard to try to tell people or teach people how to raise a kid... I think we’re getting better about it, but... I think that we just need to be more open to different types of parenting.” Participants seemed to recognize that the service being delivered during home visits provided benefits, and their concerns in this area focused on how the support was offered – emphasizing a need to be sensitive to how vulnerable families are in this situation. Another participant summed this sentiment with, “I would imagine that there would be some level of discomfort to a person having someone come in their home just because it could feel invasive. And, you’re opening yourself up to criticism and critique. So, I do think that it needs to be mindfully and thoughtfully and kindly done. It needs to be an additive to parenting, not a correcting to parenting.”

Another main theme of concerns about HVPE focused on whether programs were evidence-based and staffed with well-trained and qualified home visitors and educators. This theme tied in with earlier concerns about cultural fit of programs and the sensitivity of entering someone’s home, with one participant commenting that their concerns were, “None, except for the effectiveness. I could see it being harmful if there was a lack of cultural competence, for example, or a lack of adequate training and skills.” Another focused on the need for programs to be evidence based specifically, stating that, “We have to stick with approaches that are evidence-based that can show improve their outcomes. So, I think if a program can show improve their results, I can be more open to it then.”

A couple of participants also expressed hesitation or concerns with the terminology used to refer to home visiting and parenting education programs. One expressed how they find the term of ‘parenting education’ to suggest programs that are prescriptive instead of relationship-based, explaining that, “Parenting education, I’ve moved a little bit away from using that term... I mean, to me, when I hear parenting education... I think more about educating parents about a child’s development, kind of more pushing in information to them, rather than sort of building a relationship with them, and building on their strengths and their questions, and sort of their goals for their children.”

Challenges with using the terminology of ‘home visiting’ also became evident with many of the participants mistaking it as referring to visits from DSS or CPS involved in a child welfare intervention, as well as the hesitation that some participants expressed at having interventions in someone’s home. One described their reaction with, ‘I think any time you’re talking about going to someone’s home and checking in on them, that can feel pretty loaded.’ It is possible that the terminology may turn off potential supporters before they can be engaged in a conversation, based in preconceived notions they may develop about what ‘home visiting and parenting education’ means.

Overall, the main theme was tied to a general sentiment behind many of the concerns expressed about home visiting and parenting education was tied to a concern that programs be delivered well. This high-quality delivery includes having diverse and well-trained staff implementing evidence-based models that are adaptable to families’ needs. Despite having some concerns, the participants generally held positive opinions of home visiting and parenting education programs. Additionally, the terminology of ‘home visiting and parenting education’ may pose a challenge to engaging some people in conversations.
Participant Ratings of HVPE

When asked to rate their priority level for HVPE for the state of North Carolina, as with paid leave, most also rated it as a high priority of 8/10 to 10/10, however there was a wider spread of ratings for HVPE – with some rating it as a medium priority (5/10 to 7/10) and a couple giving low priority ratings (4/10 and lower). Additionally, multiple participants provided separate priority numbers for home visiting and parenting education – with two rating them very differently from each other. Six participants also did not provide a clear rating of their priority level for either home visiting or parenting education.

Most participants indicated that they believed HVPE should be a high priority to the state of NC, citing the need for truly preventative strategies and a belief that it would help address the state’s current infant and maternal mortality rates, among other reasons. One participant who rated both home visiting and parenting education as an 8/10 priority explained, “Cause again, I think that we would see some real prevention. What’s the best way to stop something from happening? Not go in afterwards and fix it afterwards. Start early. Start before the problem solidifies. Start in the environment where the most impact can happen, which is in the home with the children.”

Ratings in the mid-range did not have a clear trend or theme but did reflect those whose overall reaction to home visiting, parenting education, or both was not particularly strong. For example, one who seemed to have a mostly positive opinion of home visiting rated it as a 5-6/10 because, “When I think of a resource constraint... given finite budget and finite personnel, I don’t know if the home visit is something that we could easily accomplish.” This participant was concerned enough about the resource (financial and personnel) needs of implementing home visiting programs that this brought their overall prioritization of HVPE to the mid-range.

Both low priority ratings were by participants who gave mixed ratings – one who rated home visiting much lower than parenting education, and one who did the opposite. The one who preferred parenting education rated it as a 7/10, compared to a 3/10 for home visiting, due to distrust that they felt with having “the government in people’s homes.” The participant who preferred home visiting explained that,

“We, all of us need parenting coaches... So, I would say a 10 [for home visiting]. Parenting education: 4. I really don’t hold high value in that. I mean if that’s the only option that we have and it’s cheaper and that’s why we have it, okay. It’s better than nothing, but I would rather just have somebody working with the family independently.”

Six participants did not provide clear ratings for HVPE, with some citing the concern described above about the need for programs to be high quality as a reason that they could not give a definitive ranking. One described this hesitation as, “I think the answer to that is depends on the quality of the program.” Others hesitated to give a firm ranking, as they felt there were other considerations to whether HVPE would be beneficial – such as whether there were adequate resources in a community, explained as, “Well, I think they should be a really high priority as long as we have the resources there to do something after we identify the problem... I think the worst thing is to identify a problem, let’s say try to do an intervention, and then there’s not the support there to ensure success or at least give a chance of success to the family.”
HVPE’s Path Forward

Two key themes arose around what could be the path forward for home visiting and parenting education in North Carolina – **educating legislators and policymakers about the programs to increase awareness and focusing on increasing funding and resources for these programs.** These two approaches work well in tandem with each other, as increasing policymakers’ awareness about HVPE could naturally be followed by efforts to secure increased funding allocations for the programs, and multiple participants discussed these two together. One other potential component of a path forward that arose from a few of the interviews as a suggestion that **parenting education could be incorporated into the high school curriculum for all students.**

When discussing the path forward of policymaker education, participants spoke mostly of educating legislators and other elected officials, with a few specifically mentioning executive branch roles or local officials. One participant discussed the path forward as,

> “I think education of legislators or policymakers about how important it is. I don’t think a lot of people know a lot about it, bringing in people that are doing the work to talk about what they do and how successful it’s been. We always like to see results and data, so if they had those kinds of things to show that they have home visiting or parenting education and they’ve gotten this feedback from parents saying it’s really helped them...”

This participant specifically mentioned the importance of including stories about how programs have impacted parents and families, highlighting the importance of hearing from constituents and those with lived experiences – a topic discussed in the sources of information section above. One participant who had served in the legislature expressed their familiarity with and support for HVPE as connected to outreach when they were in office, including a site visit they were invited to with a program – underscoring this as a promising path forward. Another described specifically how local officials should be a target of this education as well, commenting that the path forward was to, **“Make it a priority. Get the [elected officials]. And this is really good at the county level. That’s where you need to focus, because of this [is] kind of public health. Which in North Carolina is what the counties do.”**

Many discussed funding and resourcing these programs in conjunction with policymaker education. One explained, **“If we put it on the radar for elected officials, they have a better understanding of what the challenges are. And hopefully, that helps in providing more resources where they’re needed most,”** while another who was very familiar with home visiting and parenting education described,

> “Well, I mean I think there needs to be more funding across multiple home visiting models. And you start with the General Assembly appropriating that, or simultaneously you have a Department Secretary. Right? I mean you have cabinet level secretaries who put this as a priority. You have the governor put this as a priority. And then the cabinet. And then it sort of cascades from there. But I think having funds available from the state level and the local level to leverage federal resources that are out there for home visiting and parent education is critical.”

Aside from these themes, one participant also offered a qualified response about the path forward for home visiting and parenting education in North Carolina. They explained, **“Well, that’s really hard to say because I think one of the things that we have to understand is that there is no one-size-fits-all. And so, I think in some situations it should be a super-high priority and then in other instances, it may not be as needed. So, I don’t think that trying to require that as a mandate across the state.”**
mandate across the state.” Their hesitation seems to be grounded in a concern about the need for programs to be suited to particular communities and families’ needs, instead of using one universal approach – underscoring the importance of having a system of varied programs available to meet families’ unique needs. They also seem somewhat concerned about creating a statewide mandate, perhaps with a hesitation about what the role should be of government in this space. The participant quoted above discussing cabinet secretaries also provided a response that spoke of a path that would address some of the concerns with the role of government, stating that,

“And then I think trying to figure out within the private sector just sort of the connector points to industry and sort of captains of industry... And so, you gotta help connect the dots so that maybe then those industries are gonna invest in this. And you got public and private dollars that are being leveraged to create or strengthen this ecosystem in our community... It’s also creating an infrastructure. I think that’s definitely within government’s role to create that kind of an infrastructure, whether it’s an early childhood department or cabinet or whatever that might look like.”

A few participants also spoke of how they believed it could be beneficial to consider incorporating some parenting education into the curriculum for all high schoolers. This approach was described as a way to ensure that more people are well informed about parenting practices prior to ever becoming parents – which could be a form of primary prevention. One participant described that, “We don’t have a kind of a standard approach to learning to be a parent. You learn by trial and by error. For most parents. And so, maybe there’s a better way out there – we added literacy to the high school education requirement a few – financial literacy. Maybe there should be something out there about family and parenting as well.”
HVPE IMPLICATIONS

There was a wide spectrum of familiarity with HVPE programs. Many policymakers also associated HVPE with child welfare system interventions. Policymakers who were familiar with HVPE often referenced a specific program or model with which they were familiar, sometimes from program outreach or site visits. **Education for policymakers is needed about HVPE generally and distinguishing between the HVPE and child welfare interventions.** These efforts can clarify the voluntary and preventative nature of HVPE programs. **Having specific programs or models involved in outreach and offering site visits appears to be an effective form of policymaker education.**

HVPE programs were understood to prevent child abuse primarily by observing families, teaching parents what to and not to do, and providing families with supports and resources. Most policymakers in this study were readily able to connect these types of programs with child maltreatment prevention. Less education is needed in this area, except to **highlight the mechanisms for prevention that encourage understanding of how all families need help sometimes, instead of seeing HVPE as something that would only benefit some families.**

Policymakers were concerned about HVPE programs’ ability and willingness to adapt to communities’ and families’ cultural norms and needs. This is an important consideration for HVPE programs and the overall system and underscores the need to prioritize a system with a variety of programs, as not all programs are a good fit for all families. Some policymakers were also uneasy with programs that intervene in families’ homes. **It may help to emphasize the trusting relationship developed between home visitors and families, as well as the voluntary nature of such programs.**

Policymakers expressed concerns about the quality of HVPE programs and qualifications of home visitors. It may help to **highlight the abundant research and data demonstrating positive outcomes of HVPE programs** in communications, and to reference policies—such as the bipartisan, federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program—that emphasize evidence-based programs and ongoing evaluation. The terminology of ‘home visiting’ and ‘parenting education’ did not resonate for all policymakers in this study, and others were misled by the terminology to think of other types of interventions. Consistent terminology for these types of programs is needed. Given the concerns expressed, it **may help to use an umbrella term that captures the relationship-based nature of these programs, such as ‘family support programs,’ to open conversations before delving into further descriptions of HVPE programs.**

Policymakers rated HVPE as a top priority less consistently than paid leave and spoke frequently about the number of other important priorities for improving families’ well-being. Advocates can help overcome this challenge by **framing HVPE as one component of a more comprehensive approach to prevention.** Advocates can also move HVPE forward by educating policymakers about HVPE programs to increase awareness and support; focusing efforts on a clarified ask, advocating for increased funding and resources for programs as an investment instead of a mandate; and exploring the feasibility, benefits, and downsides of incorporating parenting education into the state’s high school curriculum.
Sources of Hope

Each of the interviews closed with a conversation about hope, and one theme arose over and over again – that children, their futures, and their resilience are a huge source of hope for people. A subtheme of this hope for children was that some participants drew hope specifically from children and young people's interest in equity, change, and their rejection of the status quo. In addition to children and young people, other sources of hope that were discussed included the growing awareness and discourse around adversity, ACEs, and prevention; an overall sense of possibilities for the future, growth, and change; and people's faith.

When speaking about children and young people as a source of hope, some spoke of their own children, as with one who said they found hope in, "I guess just seeing my own kids and their potential, and their hearts to do good," while others referred to young people more generally, as with another's comment that, "I think that's probably what gives me the most hope for the future is knowing that children are very resilient... If we give them the supports they need, they'll be there. They can become resilient adults, too." Others still spoke about how people's willingness to work to better children's futures provided them with hope – one participant explained this source of hope as, "I guess, the human spirit, the resilience of the human spirit, and the goodwill of people. And the love of children. I mean, I think, hopefully, there will always be a significant number of people that will rally for children no matter what, and that that will continue as a part of the human dynamic."

Another dimension of how participants found hope in children and young people was their observations of how young people seem committed to creating better futures for themselves and the world. One explained, "And I'm excited for the future for these kids. That's what gives me hope. When I'm having a bad day or when things are tough, I just look at all them and it's all good." Another participant elaborated further on what they are seeing young people do specifically that gives them hope, explaining how,

"I have an incredible amount of hope for the younger generation. I think about my children who are young still... but what they... talk about, and what questions they ask, and what assumptions they do not make about people, and just I don't know. I have hope in that. I have these conversations a lot with other parents too, some like me and some different than me, that I'm hopeful for our young people who stay inquisitive and stay interested in advancing equity for all, right."

Another theme that arose repeatedly was the hope participants found in the current movements around understanding prevention, ACEs, and other forms of adversity. A participant described, "I'm also very optimistic about these kinds of conversations. About the policy agendas that are being put forth, even at the federal level, which directly impacts a lot of obviously the work that I'm doing that's translated down into state legislation and to state investments." Here, they describe how the current discourse has helped to move work forward. Another participant described how increased public understanding about ACEs and, while they did not name it explicitly, SDOHs contribute to their feelings of hopefulness. They explained this hopefulness as,

"The fact that we're talking about ACEs, that we're never not gonna know this again. We're never shutting this box. We're always gonna know that the food kids ate mattered, that the environment that they grow up in mattered, that the water they drank and the schools that they went to. We're never shutting that box again. And I think that is such powerful stuff."
For some, hope arose from a more general sense of possibility and potential. One participant explained how they find hope in, “Possibilities. The unknown. I know that probably sounds really crazy, but it’s what we don’t know, and how we address the unknown that gives me a lot of hope. I think it’s exciting.” This hope for the untapped potential of the future was further elaborated by a participant who described how, ‘I do still believe we are in a moment of possibility, and we’ve got to stay the course for those of us that want to progress in the way that we, as a community, treat each other, and protect each other, and respond when things don’t go right. I still believe that is the place of momentum.’ For this participant, they seemed to be particularly hopeful for momentum for change, and that fueled their belief in the possibilities of the future. Speaking about change and things getting better, one summed up a common sentiment with, “Well, you’ve gotta have hope, and I think that’s what gives me the proper perspective, because the opposite of hope is despair... I really believe in the quality of mankind. And so, I’ve gotta have hope. I’ve gotta be optimistic that this society is gonna get better.”

Lastly, a few participants spoke about how important their religious faith was as a source of hope. One explained succinctly that they found hope in, “My Christian faith, number one,” while another found hope in “Believing in a great creator. I believe that all of us have been destined to do certain things in life if we follow that destiny. And even if we get off track, we’ll get back on track at some point.” These participants described how their faith played a key role in how they found motivation and hope for the future.

**HOPE IMPLICATIONS**

Hope is an emotion that motivates people to action and helps to overcome emotions that cause people not to act, such as fear and overwhelm. Incorporating hope into advocacy and messaging is helpful in encouraging action. Policymakers in this study felt especially hopeful about children, their futures, and their resilience. Advocates can tap into this deep well of hope for children and young people to find common ground and better move policymakers — and other advocates — to action.

Many policymakers also find hope in current movements around prevention, ACEs, and change, despite the heavy topics inherent to these discussions. **Messaging that is strengths-based, centers promise for the future, and the idea that outcomes are changeable may resonate best,** instead of an over-reliance on negative statistics and deficit-framing. This, as well as earlier concerns about overreliance on children’s resilience, present an opportunity to incorporate discussions about Positive Childhood Experiences and Healthy Outcomes from Positive Experiences (HOPE) into conversations.
Commonly Used Terms

Across the interviews, there were a few terms that participants used repeatedly, suggesting that these terms were especially connected to how the participants conceptualized the content of the interviews. The current state of affairs during the timeframe of the interviews (2021-2022) was discussed at in the context section of this report. There are several key terms or concepts that were mentioned often from the participants in their answers. For this part of the analysis, we did not count times that the interviewees used the terms in clarifying questions, nor did we count times when “prevent” was used in referring to “Prevent Child Abuse NC.”

The most commonly used term that we identified was *prevent* (or related terms such as preventing, prevented, prevention, etc.). Prevention was mentioned 248 times throughout the interviews. The second most commonly used term was *environment* or environmental and was mentioned 120 times. Often, this was in context to the environment a child lives in or the environment a child is exposed to in their community. Many terms were used to describe *mental health*, including mental health treatment, mental health services, mental health resources, and others. Terms and phrases related to mental health were mentioned 117 times and 20 different phrases were used when discussing mental health. Different types of *violence* (domestic violence, gun violence, physical violence, racial violence, etc.) were mentioned 59 times, and *substance use* was mentioned 30 times. The concepts of *trust*, distrust, and mistrust came up 28 times. Lastly, *COVID-19* and the *pandemic* were mentioned 25 and 35 times respectively.
Limitations & Future Research
Despite intentional efforts to recruit the most representative sample possible, there may be some limitations with the generalizability of these findings given the demographic breakdown of the sample of participants. The sample had slightly less representation from the Western portion of North Carolina than other geographical regions of NC – 8% of the sample came from Western NC. Additionally, the sample was skewed slightly toward those who identified as female or women, representing 65% of the sample. The sample also did not include any participants who identified as Hispanic or Latino/a/x. And lastly, the sample includes an overrepresentation of those who identified as affiliated with the Democrat party, with 19% of the sample identifying as Republican, and 12% identifying as either Independent or Unaffiliated. Due to this limitation, it is possible that the findings and implications may not apply as fully to policymakers who are from Western NC, identify as Hispanic or Latino/a/x, identify as men, or who identify as Republican, Independent, or Unaffiliated. However, each of these groups were included in the sample and contributed perspectives represented in the themes and included throughout the findings and implications sections. See the demographics section for more details and a table with the breakdown of the sample of participants.

Additionally, as recruitment outreach came from Prevent Child Abuse NC, it is possible that those who agreed to participate in the study were already more inclined to hold favorable opinions of the topics discussed. However, participants were intentionally sampled to include those who were both existing champions for the policies and issues discussed as well as those without evident connections to or public stances on the issues and policies discussed.

Based on the findings, several potential topics for future research or exploration became evident. One is examining the use of evidence-based policymaking in North Carolina. Policymakers shared that they do rely on experts to help inform their decision-making process, but if policies or legislation are being introduced based on the best available evidence is unclear.

Next, while the benefits of paid leave, home visiting, and parenting education are well-documented, more exploration is needed on how these policies and programs can specifically improve outcomes for Black, Indigenous, and People of Color. Future research could examine how these policies and programs can contribute to a comprehensive package that enhances racial equity and creates environments in which every family has the opportunity to thrive.

Additionally, parenting education in high school was mentioned by participants as a way to move upstream in efforts to educate young people before they become parents. Exploring opportunities for integrating more parent skill-building and general education on child development through the public school system may provide insight on the best available curriculum as well as the most effective way to implement this type of program.
Conclusion
Child maltreatment can have devastating, lifelong consequences, and policymakers are key decision makers for public investments that can prioritize the prevention of abuse and neglect. However, these futures are not set, and policy approaches exist that have been demonstrated to improve outcomes and prevent child maltreatment. These policy approaches include comprehensive paid family and medical leave and investments in evidence-based early childhood home visiting and parenting education.

The results of this study provide a basis for what policymakers in North Carolina know about child maltreatment prevention, Adverse Childhood Experiences, Adverse Community Experiences, and Social Determinants of Health. Policymakers shared about their decision-making process, how important trust is for their sources of information, and how they prefer information to be shared with them. Policymakers discussed their perceptions of specific policies and programs that can prevent child abuse, and their ideas for potential paths forward.

The findings provide insight on messaging that has broken through, and the need to clearly connect policies and prevention strategies. There is opportunity to educate policymakers on primary prevention and a willingness from policymakers to explore policy solutions that they may not have previously considered to prevent abuse or neglect. While there were concerns raised about paid leave, home visiting, and parenting education, they also recognized the value and benefits of these policies and programs. Importantly, hope and young people provide inspiration and a fuel a belief that the future will be better than today.
Appendix A: Taking Action!
Taking Action!

This section includes a summary of the implications, providing a snapshot of actions that advocates, researchers, policymakers, allies, and other community members could take based on the findings of the study. See the full text on findings and implications for further discussion.

Adverse Childhood/Community Experiences (ACEs) & Social Determinants/Drivers of Health (SDOHs)

- Messaging and education on ACEs and toxic stress has been successful. ACEs can be a foundation for shared understanding: use community ACEs and/or SDOHs to direct understanding to the systems or structural level.
- Policymakers need clear, actionable solutions that are prevention focused.
- Policymakers understand the lasting impacts of childhood adversity – this may be an effective tool in motivating action on prevention.
- Resilience is important, but it is key to acknowledge that people should not have to be resilient.

Prevention

- Policymakers most often defined child maltreatment’s contributing factors as poverty, stress, and generational cycles. They may be most responsive to interventions that target these factors.
- In order to encourage policymakers into systems-level thinking instead of individual and family-level blame, conversations and materials can explicitly name factors on this level.
- Policymakers believed prevention was important and possible, but many needed guidance identifying mechanisms for primary prevention, instead of secondary or tertiary.
- More coordinated, consistent messaging and clear policy recommendations are needed on what exactly can be done upstream to ensure the best outcomes.

Role of Government & Role of Self

- All policymakers in this study believed they personally had a role to play in child maltreatment prevention, and that government had a role to play. Policymakers of all backgrounds can be engaged in conversations on this topic.
- Policymakers often associated government's role with child welfare system interventions. There is an opportunity to provide policymakers with attainable strategies for upstream, primary prevention, to help build increased understanding of additional roles for policymakers and government in prevention.

Sources of Information

- Information must come from trusted sources, or it will likely not be considered.
- Once policymakers lose trust in an information source, they likely will not return to that source. Information shared must be accurate and unbiased to maintain trust.
- Policymakers largely relied on people for information, underscoring the importance of developing authentic and trusting relationships with policymakers and their staff.
- Policymakers seek information from a variety of sources – information shared needs to be concise, easy to digest, and contain a blend of stories and data.
- Social media is typically considered by policymakers to be an unhelpful information source that...
is not trusted. Social media may be useful in building grassroots advocacy, but not as useful in sharing information with policymakers.

- Mass emails can be counterproductive, especially for policymakers that are not already identified champions on an issue. Exercise caution in using this approach.

**Paid Family & Medical Leave**

- Advocates can continue using family-friendly workplace messaging in discussions of paid leave, as this messaging has broken through and frames conversations on the benefits.
- Advocates can educate policymakers on effective mechanisms for comprehensive paid leave policies, such as the insurance model, to increase understanding and decrease resistance.
- Story sharing may be a particularly effective strategy in paid leave advocacy.
- The many benefits of paid leave, especially for businesses, can be highlighted in messaging and advocacy to help find common ground.
- The child maltreatment prevention mechanisms of enabling safer care arrangements, allowing time for bonding, and providing an outlet to minimize the stress experienced by families may be helpful frames to use in communicating about paid leave.
- Messaging and education efforts need to communicate about mechanisms for paid leave that would provide balance and not be perceived as overly burdensome for businesses.
- Advocates can help move paid leave forward by:
  - Keeping the conversation about the importance of paid leave going publicly.
  - Building local momentum by working to support counties and municipalities in passing paid leave policies.
  - Working with the business community and Chambers of Commerce to identify and address their concerns with policy proposals.
  - Exploring avenues for securing expanded access to paid leave for those employed in state (and potentially other) government roles.

**Home Visiting & Parenting Education (HVPE)**

- Education is needed to develop more widespread familiarity and understanding of HVPE, and to distinguish HVPE from child welfare interventions.
- Program/model outreach and site visits may be effective forms of policymaker education.
- Education efforts and messaging can highlight the mechanisms for prevention that encourage understanding of how all families need help sometimes.
- Cultural fit and relevance are important considerations for programs and the overall HVPE system — emphasizing the importance of a HVPE system with a variety of models, as not all programs are a good fit for all families.
- Advocacy/education can address concerns about interventions in homes by focusing on the trusting relationship developed between home visitors and families, as well as the voluntary nature of such programs.
- Advocates can address concerns about program quality by highlighting the abundant research demonstrating positive outcomes and referencing policies such as the bipartisan, federal MIECHV Program that emphasize evidence and evaluation.
- Consistent terminology for these types of programs is needed — given the concerns expressed, an umbrella term that captures the relationship-based nature of these programs may be helpful, such
as ‘family support programs,’ as well as aligned messaging.

- Advocates can help overcome hesitations about perceived competing priorities for families' needs by framing HVPE as one component of a more comprehensive approach to prevention.

- Advocates can help move HVPE forward by:
  - Educating policymakers about HVPE programs to increase awareness and support.
  - Focusing efforts on a clarified ask, advocating for increased funding for programs as an investment instead of a mandate.
  - Exploring the feasibility of incorporating parenting education into the state's high school curriculum.

**Hope**

- Incorporating hopeful messages into advocacy is helpful in encouraging action.

- Advocates can tap into the particularly powerful shared hope for children and their futures in how they communicate with policymakers, to find common ground and frame conversations in a positive way.

- Messaging for prevention and ACEs that is strengths-based, and centers promise for the future and the idea that outcomes are changeable may resonate best.

- Messaging and education efforts can incorporate discussions about Positive Childhood Experiences and Healthy Outcomes from Positive Experiences (HOPE) in conversations to provide concrete examples of reasons to be hopeful.
Appendix B: Primary Prevention Graphic
What is Primary Prevention of Child Maltreatment?
Stopping child abuse or neglect before it happens.

**PRIMARY PREVENTION**
Stop abuse *before* it occurs.
- Family strengthening & parent supports
- Universal home visiting
- Increasing economic supports for families
- Family-friendly workplace policies

**SECONDARY PREVENTION**
*Immediate* responses to target at-risk populations.
- Early Head Start
- Targeted home visiting
- Family First Prevention Services Act

**TERTIARY PREVENTION**
*Long-term* responses to stop abuse and neglect & minimize consequences.
- Foster Care
- Mental health & substance abuse programs

*FOR MORE INFORMATION CONTACT:*
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Interview Guide

TRANSITIONAL STATEMENT: We’re going to start with asking about you and the community you live/work in.

- What do you think are the biggest needs in your community?

TRANSITIONAL STATEMENT: Next, I have some questions for you about Adverse Childhood Experiences, also known as ACEs and Social Determinants of Health, and their impacts on health and well-being.

- What have you heard about adverse childhood experiences, also known as ACEs?
- What can you tell us about how you think experiences in childhood impact a person’s life?
- How familiar are you with the term social drivers/determinants of health?
  - How would you describe social determinants of health?
  - How do you think social drivers/determinants of health impact health and well-being of children?
- What social determinants of health do you think might be contributing to child abuse and neglect in North Carolina?
- What do you think of when you hear the term adverse community experiences?
  - How do you think adverse community experiences impact children?
  - Or What kinds of adversity that occur at the interpersonal or community level or more broadly do you think impact childhood experiences, health, and well-being?

TRANSITIONAL STATEMENT: Now I have some questions for you about the causes of adversity in childhood.

- What do you think causes or leads to child abuse and neglect?
- What do you see as the difference between preventing and responding to child abuse and neglect?
  - How do you think child abuse and neglect can be prevented?
- What is the role of government in preventing child abuse and neglect?
  - What do you see as your role in your current position, if at all, in preventing child abuse and neglect?
- What information do you think would be helpful for you to know to be able to prevent child abuse and neglect?

TRANSITIONAL STATEMENT: Now I have some questions for you about how you learn new information to help you make decisions.

- What would you consider to be your guiding principles or core values?
  - Probe for them to explain/define what these mean to them.
- Typically, what sources of information do you rely on in your role?
  - What do you do if those sources of information are in conflict with each other?
  - Could you tell us about a time you received contradicting information and had to make a decision?
  - What sources of information do you find unhelpful when you are making decisions in your role?
- If they are a decision-maker or elected official:
  - Could you tell us about a difficult vote or policy decision you had to make and how you went about making your ultimate decision?
TRANSITIONAL STATEMENT: Now we are going to transition to talking about some specific policies.

Family-Friendly Workplace Policies

- What do you think of when you hear family-friendly workplace policies?
- One type of family-friendly workplace policy is paid family and medical leave. How do you define paid family and medical leave? What is included?
  - How do you think paid family and medical leave affects families?
  - How do you think family-friendly workplaces, like paid family and medical leave, prevent child abuse and neglect?
- How often have you been involved in conversations or heard about family-friendly workplace policies in the past year?
  - If they have: What was the context? (news/media, directly involved in implementing family-friendly workplace policies, personally using family-friendly workplace policies, etc.)
- On a scale of 1 to 10, with 10 being the highest priority, how much of a priority should paid family and medical leave be to the state of North Carolina?
  - Can you walk me through how you landed on that number?
- What would you see as a path forward for increasing access to family-friendly workplace policies such as paid family and medical leave in North Carolina?
- What concerns do you have about paid leave? (a probe or a main question if it doesn't come up)

TRANSITIONAL STATEMENT: Next, we're going to shift to talking a bit about home visiting and parenting education.

Home Visiting and Parenting Education

- What do you think of when you hear early childhood home visiting?
- What do you think of when you hear parenting education?
- How often during the past year have you been involved in conversations or heard anything about early childhood home visiting or parenting education?
  - If they have: What was the context? (news/media, directly involved in decision-making around implementing home visiting or parenting education, hearing about services in their community, etc.)
- For the next few questions, we'll be referring to parenting education delivered through home visiting as well as parenting education delivered in a group or class setting.
  - How do you think parenting education prevents child abuse and neglect?
  - What additional information are you interested in learning about home visiting and parenting education?
- On a scale of 1 to 10, with 10 being the highest priority, how much of a priority should home visiting and parenting education be to the state of North Carolina?
  - Can you walk me through how you landed on that number?
- What would you see as a path forward to expanding access to parenting education (either in community or in-home settings) in North Carolina?
- What concerns would you have about home visiting and parenting education? (a probe or a main question if it doesn't come up)
TRANSITIONAL STATEMENT: We're moving on to our final questions now.

➤ What roles, identities, and experiences did you draw upon when answering these questions?
➤ Is there anything else that you wish researchers and advocates knew or understood about child abuse and neglect, child maltreatment prevention, the policies we discussed today, or any other topic that comes to mind for you?
➤ Is there anything else you'd like to share with us that we haven't covered yet?
➤ What gives you hope for the future?

TRANSITIONAL STATEMENT: As we wrap up, we have a few demographics questions for you. You can opt out of answering any of these questions by saying "I'd prefer not to answer" or "opt out."

➤ Just so we have it recorded, can you state your county of residence, gender, race or ethnicity, and political party affiliation? I can repeat those individually if you would like.
   ➤ What county do you live in?
   ➤ What is your gender?
   ➤ What is your race and ethnicity?
   ➤ What is your political party affiliation, if any?
➤ How many years have you been in your current role? And what is the official title?
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