



The Safe Environment for Every Kid (SEEK) Model: Helping promote children's health, development, and safety

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SEEK offers a practical model for enhancing pediatric primary care

Child maltreatment (CM) is an immense problem—more than 3.3 million reports involving about 6 million U.S. children are made to Child Protective Services (CPS) each year. There is ample evidence that no country is immune to this problem. Describing CM as a global epidemic is hardly hyperbole. The impact of abuse and neglect is also clear. Maltreated children are at risk for

much short- and long-term harm, including developmental/learning, social, physical, and mental health problems. These harms may persist into adulthood and manifest in an array of problems decades later. In addition to the human costs, societies pay dearly for this problem; the average lifetime cost per victim of nonfatal CM in the United States was recently estimated to be \$210,012.

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Not surprisingly, preventing CM has emerged as an important priority, ideally before it occurs. Doing so, however, has been challenging. Most of the research has been on home visiting and parenting programs. Some have had promising findings—a term connoting both appropriate caution and optimism but sometimes bandied about too generously. Daunting as it may be, the imperative to develop effective approaches remains. One area that offers an interesting opportunity is child healthcare, specifically, *pediatric primary care*. This term refers to the routine care or regular checkups provided to children, particularly in the first few years of life. Most countries have some system for helping ensure children are immunized, growing adequately, and getting off to a healthy start.

In the United States, there has been a helpful development in pediatrics. In 1975, Haggerty and colleagues coined the term *the new morbidity*. Advances in antibiotics, nutrition, and immunizations dramatically changed the landscape of child health in the United States, which allowed attention to be directed to problems such as the effects on children of divorce, parental substance abuse, and child abuse and neglect. This had implications for pediatric practice, as it allowed for a focus on psychosocial problems faced by many families. Many pediatricians, however, felt that they had neither the knowledge nor the skills to tackle these problems. In response, the American Academy of Pediatrics led a national effort, *Bright Futures*, to guide practice, including consideration of the child's critical environment in the home and family.

In this context, there are several reasons why pediatric primary care offers a valuable opportunity for helping prevent CM. Many children have multiple checkups, especially in the first

5 years. The focus of this care is on prevention and the early identification of problems. There has long been the understanding that it is not sufficient for health professionals to focus narrowly on just the child. Attention also needs to be paid to the home and family environment which naturally influence children's health, development, and safety. A useful advantage of pediatric primary care is that it does not have the stigma often associated with child welfare and mental health. Indeed, there is usually a good relationship between child health professionals and parents, which offers these professionals an excellent opportunity to learn about the family and help address identified problems. Arguably, with such an opportunity, there is a responsibility to help.

My colleagues and I sought a practical approach to take advantage of this opportunity to further enhance pediatric primary care and make it more responsive to the needs of children and families. We recognized that children's safety has long been a concern and so we extended the safety paradigm from smoke alarms and car seats to include other environmental hazards (i.e., social toxins), such as parental substance abuse. The Safe Environment for Every Kid (SEEK) model was thus developed to help practitioners identify and help address targeted risk factors for CM in families with young children. In this way, SEEK aims to strengthen families and support parents to promote children's health, development, and safety—and help prevent CM.

The Doris Duke Charitable Foundation has provided funds to disseminate the SEEK model, which has been recognized as a promising practice to reduce child abuse and neglect by the U.S. Agency for Healthcare Research and Quality on their Innovations website and is included in materials of the American Academy of Pediatrics' *Bright Futures*.

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