



2019 - 2020

Rooted in Relationships

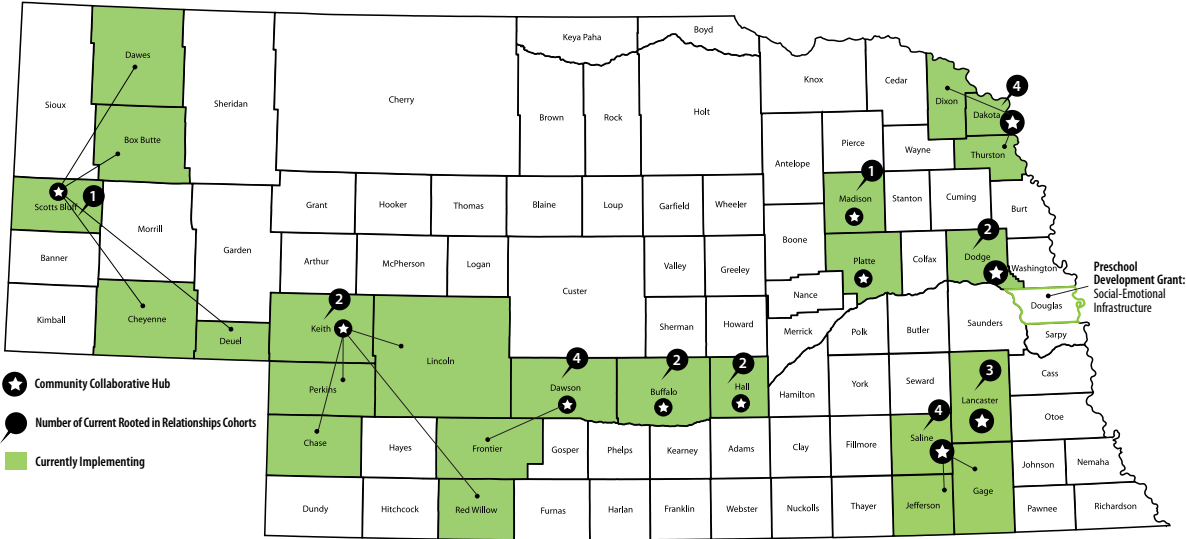
Executive Summary

Nebraska Children and Families Foundation

Rooted in Relationships

The Rooted in Relationships (RiR) initiative partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8. Each community has a multi-disciplinary stakeholder team that implements a long-range plan to **enhance the early childhood systems of care** in the community. The initiative also supports communities as they **implement the Pyramid Model**, a framework that promotes the social-emotional competence of young children, in selected family child care homes and child care centers. RiR also strives to **strengthen the system of care at the state level** through cross-system collaboration to build state infrastructure and capacity.

Rooted in Relationships Growth Map (Current)



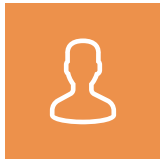
RiR currently supports 11 collaborative hubs in various stages of the initiative inclusive of planning, implementation and expansion: Buffalo, Dakota (Dixon and Thurston), Dawson (Frontier), Dodge, Hall, Keith (Chase, Lincoln, Perkins, and Red Willow), Lancaster, Madison, Platte, and Saline (Jefferson and Gage) Counties as well as the Panhandle (Box Butte, Cheyenne, Dawes, Deuel, and Scotts Bluff). Additionally, RiR is supporting planning in Douglas County as part of the Preschool Development Grant.

Evaluation

Quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on the Pyramid Model implementation and community-based systems work. RiR staff use the evaluation to continuously update processes to improve outcomes, reduce burden, and support communities.

Supporting Community Early Childhood Systems of Care

RiR Stakeholder Teams completed systems level planning and have initiated community specific strategies that may include:



Parent engagement activities



Public awareness activities about children's social-emotional needs

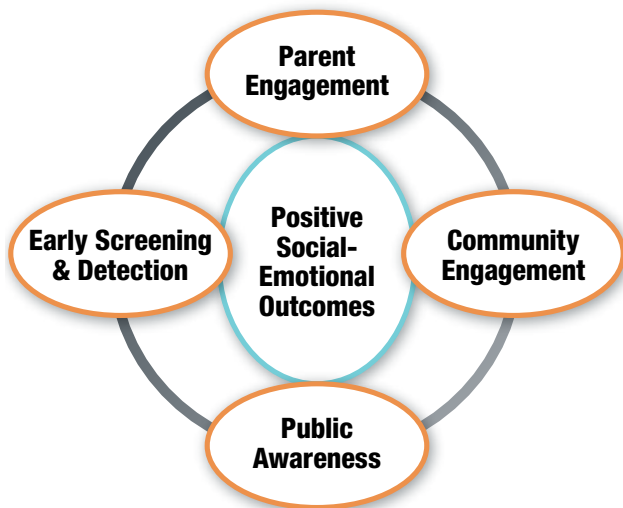


Promoting awareness of high-quality childcare








Parent education activities

Common Priority Areas across RiR Community Stakeholder Teams



Sample Activities:

-  Parenting classes, such as Parent Pyramid Module Trainings and Circle of Security Parenting, taught strategies to support children's social-emotional development.
-  A local children's museum hosted a family fun night.
-  A library provided family activity backpacks which could be checked out even when the library was closed due to COVID-19.
-  A community built outdoor story walks near local parks where families could be outside and read favorite children's books posted on large kiosk style displays.
-  One RiR hub sponsored a free drive-in movie, sharing their community's Pyramid videos prior to screening "Charlotte's Web."



4,787

families served directly



5,811

children served directly

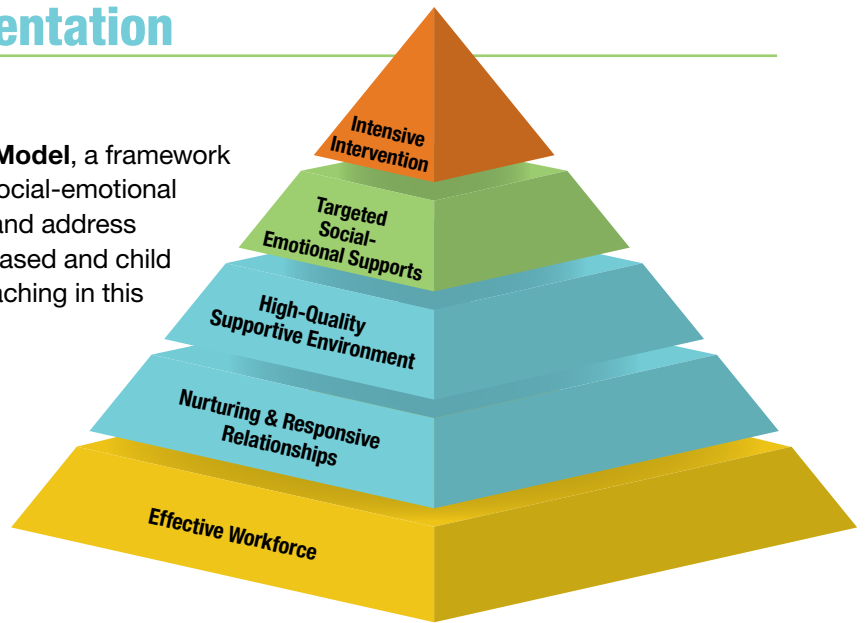
The Impact of COVID-19 on RiR Systems Work

COVID-19 limited in-person gatherings and as a result many of the cross-community strategies (Parents Interacting with Infants, Parent-Child Interaction Therapy, and Circle of Security Parenting) that had been planned by the communities were cancelled or postponed. COVID-19 also limited planned community events. Many of the communities modified their plans to support the families to address urgent needs caused by the pandemic.

Pyramid Model Implementation

All RiR communities support **The Pyramid Model**, a framework of evidence-based practices that promote social-emotional competence in young children and prevent and address challenging behaviors. Participating home-based and child care centers receive training and regular coaching in this three year implementation.

In 2020 **38 coaches** supported **215 center and home-based providers** in **118 programs** impacting over **2,120 children**



The Impact of COVID-19 on the Pyramid Model Implementation

When the COVID-19 pandemic hit Nebraska, child care needs changed for many families. Some child cares saw dramatic drops in their enrollment. Guidelines about teacher-child ratios, concerns about stemming the spread of the virus, and efforts to protect their own health led some providers to take a leave from work. Many child cares closed temporarily. Those that remained open limited visitors.

RiR coaches and program administrators had to rethink how to support providers when they needed it more than ever. Phone calls, text messages, email and most importantly video communication platforms, like Zoom, became essential to staying connected.

- 65% of coaches reported that at least one of the child cares they worked with closed temporarily.
- Coaching formats switched from in-person to virtual.
- Some coaches contacted their providers more frequently to provide additional supports.
- 94% of coaches emphasized the importance of self-care for providers and 67% reported concerns about their providers' mental health.



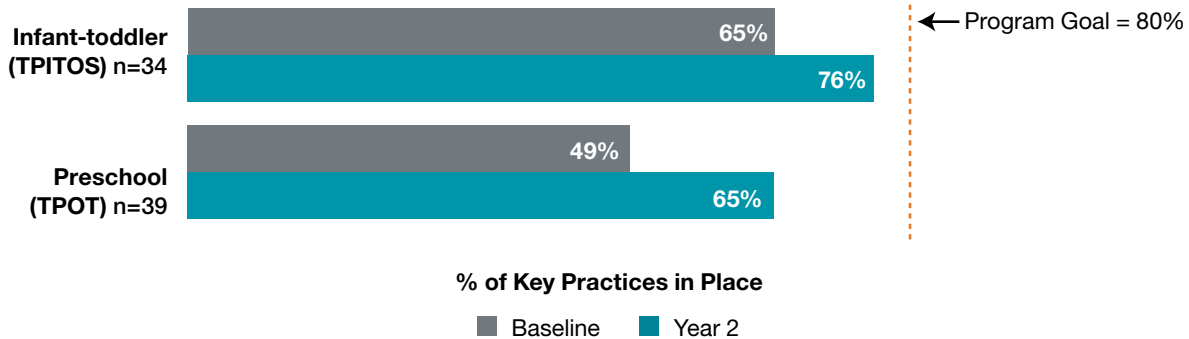
“We are in touch much more often, but for smaller bites of time. I learned quickly that our teachers really needed someone checking in often to see if they were OK and to give them some validation and uplift.”

A coach reflects on supporting providers

Pyramid Model Outcomes

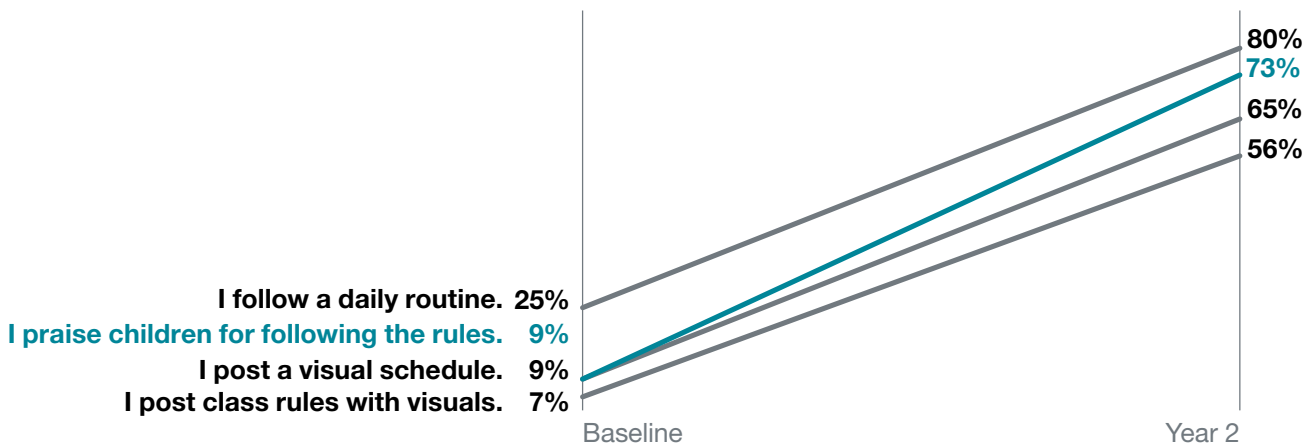
Classroom observations measured teacher practices in using the Pyramid Model.

On average, classrooms increased fidelity to the Pyramid Model over time.



Providers in Year 2 of RiR rated their Pyramid Model skills over time.

73% of providers report that they consistently praise children for following class rules by Year 2. n=44



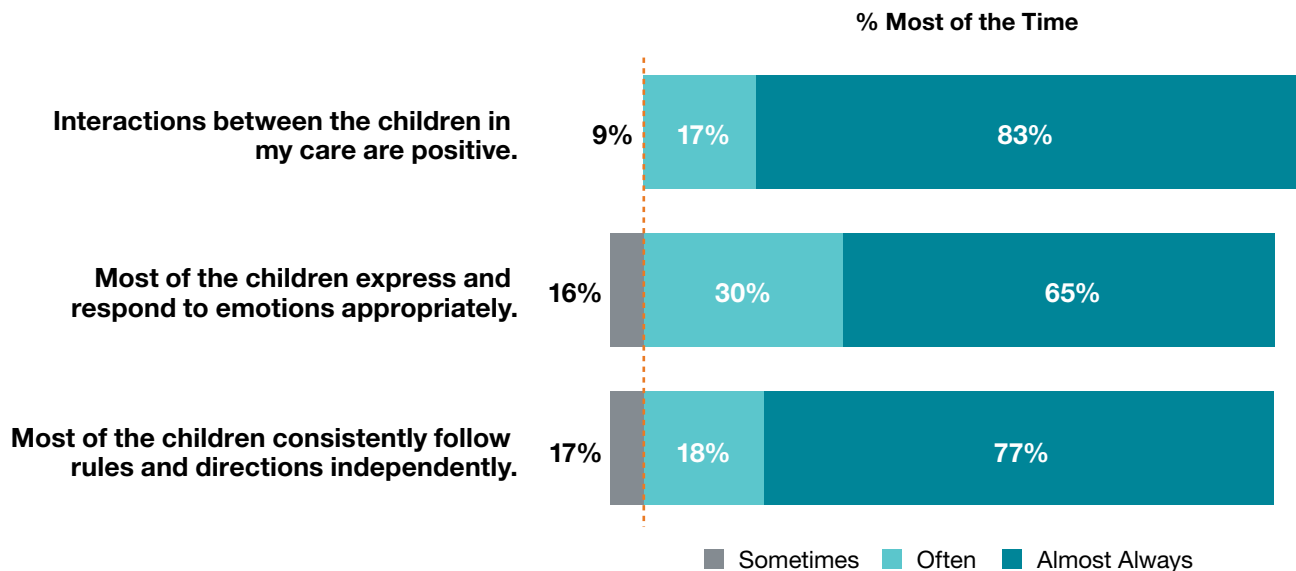
“It was good to know I wasn’t in this alone. My coach was always there for aid and to make suggestions. If she didn’t know for sure she asked others and never left me hanging.”

A provider reflects on coaching



After 3 years in RiR providers rated their children's social-emotional skills.

Providers find that the children in their care have strong social-emotional skills. n=23



Home based providers completed the Benchmarks of Quality to rate their use of Pyramid Model practices.

- At baseline, 4% met the goal for fidelity of the implementation.
- After Year 2 in RiR, 39% met the goal.
- By Year 3, 92% met the goal.



“Beginning the Pyramid Model was uncomfortable. It pushed me out of my comfort zone and forced me to think outside the box to how I could incorporate it into my in-home child care. It helped me let go and see amazing results in my children’s behaviors. My daycare families noticed such a large change. They brag to their friends how awesome these little toddlers are with their emotions and socializing. That makes me feel proud. I noticed my confidence grow and so did my patience.”

A provider reflects on the impact of RiR

Building Statewide Capacity to Support Early Childhood Systems of Care

- RiR, through cross agency collaboration, has helped to align activities across statewide initiatives. These established partnerships proved to be essential during the pandemic to support rapid mobilization.
- RiR and partners continue to standardize processes for coach training, methods of communication, strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives. A regional coach support system pilot is being expanded to enhance these efforts.
- RiR continues to support the development and expansion of the Nebraska Center on Reflective Practice (NCRP).
- Coaches from RiR and Step Up to Quality are completing the training process and RiR is now beginning to offer training to child care directors and home-based providers, thus supporting workforce development.
- RiR continues to collaborate to build and support systems that enhance early childhood mental health in Nebraska such as Child-Parent Psychotherapy, Parent-Child Interaction Therapy, Parents Interacting with Infants, and Circle of Security Parenting.

RiR builds the state capacity for Early Childhood and Pyramid Coaches-new coaches trained by year:



RiR strengthens the system of care at the state level through cross-system collaboration and partnerships to ensure alignment across initiatives and build state infrastructure and capacity. Key areas addressed this year:

- Collaboration across organizations and initiatives to mitigate the effects of the pandemic and provide additional supports for providers and families
- Increased focus on workforce well-being; development and access to resources
- Establishment of common coaching processes and professional development strategies
- Increased awareness and access to quality early childhood mental health services
- Collaboration across initiatives with focus on regional systems of support for Pyramid, inclusive of infrastructure development
- Addressing implicit bias and its effects on coaching and early-childhood suspensions and expulsions

RiR collaboration with statewide partners has resulted in **common processes** across initiatives and has **promoted alignment** of cross-agency activities.



“I have been teaching for over 35 years. The Pyramid Model has changed the way I organize my room, teach my students and manage their challenging behaviors, establish the atmosphere of my classroom with my staff, and serve my students’ parents and families. The result has been all positive. There are always more excellent practices to put into place; one school year is never enough. I have a much more comprehensive “tool box” in problem solving student behaviors as well as staff and parent/family issues that will serve me well in the future.”

A Year 3 provider reflects on RiR



Funding for this initiative is provided by the Buffett Early Childhood Fund (beginning in 2013), Nurturing Healthy Behaviors funding through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014 and Nurturing Healthy Behaviors Child Care Development Funds (CCDF) beginning in 2019.

Executive Summary prepared by
Barbara Jackson, Ph.D. & Rosie Zweiback, M.A.
Interdisciplinary Center of Program Evaluation
The University of Nebraska Medical Center's
Munroe-Meyer Institute: A University Center of Excellence for
Developmental Disabilities

