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## **MCH Innovations Database** Practice Summary & Implementation Guidance

# Resilient Children and Families Program (RCFP)



RCFP is a two-generation approach that alleviates family stress and the long-term impacts of adversity by promoting the social and emotional wellness of young children and the adults that care for them.



Location

Cincinnati, OH



Topic Area

Family/Youth Engagement; Health Equity; Mental Health/Substance Use; Service Coordination/Integration



Setting

Community-based programs serving families with young children i.e. child care, home visiting, homeless shelters



Population Focus

Child Health; CYSHCN; Cross-Cutting/Systems Building



NPM

NPM 6: Developmental Screening



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# Section 1: Practice Summary

## PRACTICE DESCRIPTION

The Resilient Children and Families Program (RCFP) strives to mitigate the long-term impacts of adversity for young children and the adults that care for them. Classified as a two-generation approach, RCFP provides training, coaching, and intervention services that support early childhood professionals in promoting children's social-emotional well-being and alleviating family stress. Partnering with early care and education programs, home visitation and community partners in Southwest Ohio and Northern Kentucky, RCFP advances best practices that promote resiliency, hope and healing through a robust early childhood community that is responsive to the critical needs of families. If trained appropriately, early childhood professionals can be harnessed to connect families to networks of support and protective factors that in the end will help us achieve our North Star: more resilient families raising children poised to live healthier lives.

Dating back as early as 1999, some of our community's highest quality childcare providers noticed a trend in the increased number of behavior related issues in childcare and preschool environments. This trend was further noted in a Cincinnati Enquirer article in February of 2004 that featured a story about five kindergarten students who were expelled. Expulsions in preschool and childcare settings eventually began to show up in communities across the country as highlighted in the article [published in \*Infants and Young Children Journal\* in 2006.](#)

In response, The Consortium for Resilient Young Children (CRYC) formed in 2005. CRYC is a collaborative of mental health and early childhood organizations. During this same time, United Way's Success By 6<sup>®</sup> Initiative conducted a community gap analysis in Greater Cincinnati and called for focused attention on higher quality childcare, increased awareness among parents and the role they play in their child's life, and a focus on the social and emotional needs of young children. Through this examination the following became quite clear 1) providers were not equipped with strategies, interventions, or prevention techniques to adequately address the social emotional problems exhibited by children 2) a greater understanding was needed on how to help children, families, and teachers cope when under such stress and 3) a more coordinated means of training and awareness was imperative across early childhood settings.

In its early years, CRYC explored other best practices and offered programming designed to improve social emotional supports for young children and their families. These experiences led to the development of CRYC's Resilient Children and Families Program (RCFP). For more information, visit our [website](http://www.resilientchildren.org) (www.resilientchildren.org)

Over half of the children in the Greater Cincinnati have been exposed to at least one adverse childhood experience (ACE). When left unaddressed, this stress can change the way the body and brain function, which can alter a child's capacity to learn and reason, develop healthy attachments, navigate social relationships, and fight off disease and infection (Shonkoff and Garner 2012). The effect of ACEs on child development is preventable. Nurturing relationships and supportive environments advanced by RCFP are essential protective factors that can buffer children from the impacts of toxic stress and ACEs. Yet access to these supports is often limited for children in Greater Cincinnati where adverse community conditions such as poverty and discrimination have increased family stress for generations. Recent research has also explored how a parental history of ACEs may undermine parenting and attachment, making it more difficult for parents to ensure children's healthy development.



## CORE COMPONENTS & PRACTICE ACTIVITIES

RCFP coaches – with expertise in early child development and mental health – work alongside early childhood professionals to advance its two-gen approach. Early childhood programs, that include preschools, child care programs, home visiting and Head Starts, receive training and consultation services from a designated RCFP coach. RCFP coaches provide guidance on the use of child-focused and parent-focused practices that increase professional’s expertise in promoting the social-emotional wellness and resilience of families and their children.

For young children, behaviors are feelings to be understood. Parents and providers often focus on ways to extinguish children’s behaviors verses acknowledging their broad range of emotions. RCFP’s child-focused practices are proven methods for helping children tap into and effectively manage their feelings and frustrations. The supportive environments advanced by RCFP ensures children work through their worries and fears, resulting in children better positioned to handle current and future challenges. In addition, for young children their attachment with caring adults is critical for creating a sense of safety, which is an essential source of comfort for children exposed to trauma and stress. RCFP provides instruction on ways to promote the critical parent-child, provider-child, and parent-provider relationships.

RCFP is built on the premise that healthy and resilient parents raise resilient children. RCFP parent or family focused practices provide ideas for assessing family needs and strengths, engaging families, and becoming a concrete support for families in times of need. Though many early childhood professionals recognize their capacity to impact children’s development, many are unaware of the role they can play in supporting families. Due to frequent contact with families, early childhood professionals can create critical relationships with parents and connect them to solutions, resources, and concrete supports. Results have shown that RCFP successfully increases the confidence of professionals in engaging and responding to the needs of the key adults in the lives of children.

Grounded in attachment theory and the Protective Factor Framework, RCFP advances early childhood developmentally appropriate and trauma-informed practices. The core components include assessment and understanding of social emotional needs, professional development, and individualized and program-level coaching designed to influence practice of early childhood providers.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Professional Development	Specialized Training: early childhood professionals receive instruction on RCFP’s framework, philosophy, and trauma-informed practices	At least 5 hours of training provided annually by RCFP Coaches (Early Childhood Specialists/Clinicians) that is applicable in a variety of settings (center-based childcare, home-based childcare, home visiting programs). Content increases professional’s knowledge and use of practical trauma-informed approaches for creating a supportive environment, attuning to the inner child, and promoting family protective factors.



<p>Coaching</p>	<p>Individual coaching focused on teacher/early childhood professional’s response to social-emotional needs of children and families.</p> <p>Leadership Coaching focused on ways programs can better promote the social emotional wellness of children, families, and staff</p>	<p>RCFP Coaches provides in-person or virtual individualized coaching twice a month that moves providers on a continuum of awareness (self-reflection) to mastery (change in practice). Coaching sessions include 1) observation of interactions between provider/child and provider/parent 2) Assistance in helping providers recognize and correct an interaction 3) Reflective feedback, exploration, and conversation and 4) Implementing teaching strategies or skill demonstration. The RCFP Validation Assessment and process aligns coaching with RCFP practices/standards.</p>
<p>Assessment</p>	<p>Early identification of stress in children and families to inform practice at program, child, and family level.</p>	<p>RCFP Coaches provide in-person or virtual individualized coaching that moves “decision-makers” on a continuum of awareness (self-reflection) to mastery (change in leadership practice). Key areas of focus are 1) creating networks of support and a responsive environment, 2) ensuring program structures and processes promote protective factors for children, families, and staff, and 3) tuning into the needs and resiliency of children, families, and staff. Strengthening Families Self-Assessment results inform an action plan for intentional promotion got protective factors.</p> <p>Formal assessment of children (DECA twice per year) and families (Family Wellness Survey annually) are used to identify and strengthen protective factors in children and families, inform practice and measure impact</p> <p>RCFP Coaches provide individual consultation for families and children exhibiting high levels of stress. Use reflective practice and motivational interviewing tactics to support families and early childhood providers in developing plans to</p>



alleviate stress or connect to additional resources as indicated.

\*\* We found this exercise to be so beneficial in how RCFP approaches our work, we conducted a session with our coaches and other partners for a [deeper analysis on our core components](#).

## HEALTH EQUITY

Research shows children experiencing multiple ACEs have a greater risk for negative health outcomes later in life that include mental illness, substance abuse, and cardiovascular disease. Efforts to elevate family wellbeing must address the impacts of stress, trauma, frustration, and isolation. The National Center for Children in Poverty recommends providing professional development and training for early childhood professionals on trauma-informed strategies for responding to children who have experienced trauma and building partnerships and connections with community service providers to support children and families (Bartlett et al. 2017).

Childhood exposure to abuse, neglect and other forms of household stressors can have psychobiological effects that are toxic to the developing brain. As these experiences accumulate over the life course, these effects may undermine parenting and attachment, making it more difficult for parents to manage normal behaviors of young children. Furthermore, for young children, the parent's history of ACEs can increase the risk of children experiencing intergenerational patterns of stress and transmission of trauma. For families with a trauma history, it is often difficult to trust or ask for help. RCFP provides instruction on fostering empathetic, trusting relationships between professionals and families. Our experience is once these relationships are built, families become more hopeful, are more likely to engage in services and ask for help.

In 2016, RCFP joined a Cincinnati-based collaborative called Joining Forces for Children (JfC), a cross-sector collaborative that focuses on building resilience and preventing adversity in children and families. To better measure the presence and impact of ACEs on the families and children served by their childcare provider, RCFP in collaboration with JfC developed the Family Wellness Screen. Completed by families, the survey asks parents about their own exposure to ACEs, whether they suffer from depression, how resilient they are, and how attuned they are to their child's emotional needs.

Between August 2017 and May 2018, a group of childcare providers from six childcare centers and four home-based day care programs were recruited to administer the survey. Trained in [motivational interviewing](#), these providers sought to engage parents in collaborative conversations designed to build rapport, lessen stress, and promote their resiliency. The childcare providers collected 159 wellness surveys as part of a pilot study with Cincinnati Children's Hospital. Sixty percent disclosed that they had ACEs, and 53 percent said they had other risk factors that could potentially affect their children, such as feelings of depression and the fact that they used what the survey called "harsh punishment."

According to [the study](#), which appeared in the Early Childhood Education Journal in 2019, parents with ACE scores of 3 or more were nearly 1.5 times more likely to have a risk of current adversity in their family. Childcare providers reached out to 97 of these parents. Of those contacted, 75 were steered to additional support such as mental health services, food, and housing assistance, and/or parenting education programs. Another seven parents asked



for referrals. After receiving support and referrals, 94 parents completed a wellness survey that “showed significant improvement” in family resiliency and protective factors.

Data from the Family Wellness Survey and the training received by childcare providers informed a framework developed for providers to use during motivational interviews to further promote a families’ protective factors. This mutual approach builds relationships, trust and overall better child and family health and has become a foundational tool within RCFP.

## EVIDENCE OF EFFECTIVENESS

It is the premise of RCFP that we develop pathways to child and family well-being by promoting Protective Factors. Through the implementation of strength-based strategies, organizations support and nurture Protective Factors for families. This practice results in resilient and responsive parents/caregivers who able to lessen the negative impact of childhood stress and support the development and early learning of their young children.

RCFP measures program effectiveness with the following tools:

- **Pre/Post Staff Survey** – This tool captures the frequency and confidence staff have in using RCFP practices that help strengthen protective factors. The pre-survey data is used to inform coaching and identify where staff need additional training and support. The post-survey when compared to the pre-survey illustrates the impact of coaching and training. Data is collected through the self-report of staff and results are aggregated based upon the program/organization.
- **Family Wellness Screen (FWS)** – an evidence-informed assessment of family wellness developed by RCFP in collaboration with JfFC, that measures past adversity, current levels of stress, resilience, satisfaction with life, and parent-child relationship. This assessment ensures a two-generation lens is applied in understanding the parent and positions early childhood programs to better elevate family wellness and resilience. Families with indications of stress receive a follow-up or motivational interview, which will include connection to additional resources as needed.
- **Devereux Early Childhood Assessment (DECA)** – validated, strength-based measure of child social-emotional health has been a standard CRYC practice for 12 years. The DECA focuses on identifying key strengths and provides research-based strategies to promote children’s resilience.
- **RCFP Validation Tool** (developed by CRYC) – an evidence-informed assessment of practice that promotes young children’s social emotional development in five areas: creating and maintaining supportive environments, attuning to the inner child, promoting attachment, and helping children cope. The tool is administered by an evaluator who 1) observes provider during interactions with children, 2) documents provider practice on a continuum of learner to master, and 3) reviews results with provider, coach, and leadership to develop coaching priorities and a plan.
- **Strengthening Families (SF) Self- Assessment** (developed by the Center for the Study of Social Policy) – provides baseline of practices that promote protective factors and areas for improvement at the program level used to form an action plan and determine program capacity to achieve progress.

RCFP practices aligned with attachment theory, trauma-informed care, and the Strengthening Families Protective Factors Framework are integrated within early childhood organizations resulting in the following family and child success measures:



Goal	Outcome/Performance Measure	Measurement Tool
Early Childhood staff increase their knowledge of the protective factors and ways to promote these factors within their scope of services with young children and their families.	94% of early childhood staff report increased knowledge of the protective factors	Professional Development Evaluations
	65% of early childhood staff report consistent use of practices that promote protective factors	RCFP Staff Survey (Comparison of pre- to post-surveys)
	97% of early childhood staff report increased comfort in engaging parents	
	98% of early childhood champions report increased confidence in the abilities to promote protective factors	
Children’s Social Emotional Development and Protective factors are strengthened	54% of children’s social emotional development is assessed	DECA (pre-assessment) (Covid program closure impacted collection)
	66% of children assessed with “area of need” demonstrated improved social emotional skills by the end of the program year	DECA (pre- post-assessment)
	91% of children are assessed as age appropriate on social emotional scale	DECA (post-assessment)
Families’ Protective factors and resilience are strengthened	100% of parents’ resilience and current stress is assessed	Family Wellness Survey
	80% of families with potential for toxic stress participate in a motivational interview	
	95% of parents report being more attentive to the needs of their children as they reported frequent use of practices that promote children’s social emotional development.	Family Wellness Survey (post-assessment)

## Section 2: Implementation Guidance

### COLLABORATORS AND PARTNERS

For families living in poverty and experiencing discrimination, their stress is heightened by intergenerational and community factors that contribute to disparities in health, education, and wealth. Understanding these conditions requires a shift toward a more “upstream” perspective—that is, addressing the community conditions, policies and forces that influence individual choices and shape an individual’s health, and do so in unequal ways. ([Goodman et al., 2014](#)).

RCFP advances the use of upstream and downstream prevention services focused on what families need to address their current situation/crisis while also helping families build their support network and capacity to remain hopeful and responsive in the future. While RCFP is effective in elevating protective factors that have been proven





to buffer children and families from the long-term negative impacts of stress and adversity, it is imperative that RCFP seek opportunities to address the root causes of health inequities, such as the social determinants of health or the community conditions that contribute to these disparities.

Our approach of engaging community partners in RCFP, contributes to creating community initiated systems of care where community partners create more access points for families to heal from past traumas, create support networks and obtain needed mental health therapy and trauma-informed primary and secondary prevention services. In addition, as organizations and community partners come together to promote the social emotional wellness of their community, the opportunity to advocate for changing conditions that contribute to increase stress will become evident.

Practice Collaborators and Partners		
Partner/Collaborator	How are they involved in decision-making throughout practice processes?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Early Childhood Professionals (Childcare, Head Start, Home Visitation, Public Preschool)	Childcare directors/program managers partner with RCFP coaches to set the direction of programming. This includes review of data that is used to inform RCFP action planning, identification of coaching priorities, selection of participating staff, and changes to be made in daily practice. This group also provides perspective to inform system level alignment across various practices and identifies regional needs for improvement of services.	Yes. Providers are key partners in coaching component of program. They receive direct benefit and can apply to real-life classroom setting.
RCFP Coaches	Shared decision-making through reflective supervision informs how RCFP Coaches adapt their style, approach to each provider's needs to ensure trust and relationship building.	Yes. Because of our self-reflection approach, coaches must adapt their own styles, behaviors based on the practice outcomes
Families	Option to participate in Family Wellness Survey to share their own experiences and stresses that may be affecting their child's development and behavior. Individual consultations between early childhood providers and parents can create a mutual understanding and strategy	Yes. Families provide key insights to identify stressors which inform core components of RCFP.



<p>Funding &amp; Research Partners</p>	<p>Local and state funding organizations such as United Way, Ohio Children’s Trust Fund, and Cincinnati Children’s Hospital ensure accountability of outcomes, continuous improvement, expertise in measurement and research, as well as assistance with advocacy efforts at the state level.</p>	<p>No. While this group does not have lived experience, their financial and research support allows RCFP to measure data that is reflective of lived experiences of key target populations.</p>
<p>Consortium for Resilient Young Children (CRYC)</p>	<p>Original group of partners that oversee RCFP and other programs under the CRYC umbrella. CRYC provides overall guidance, insight and collaboration opportunities across programs focused on improving social-emotional wellness in young children and families.</p>	<p>No. However, this group remains up to date on latest trends, research, and program outcome data to apply to the RCFP practice.</p>

## REPLICATION

RCFP has traditionally provided training, individualized coaching, and on-site intervention services to child care and preschool programs. To expand the reach of this program beyond child care, CRYC launched a pilot to replicate the RCFP model in four family-serving organizations. The priorities for this pilot were to:

- Advance the social emotional wellness of children and families experiencing adversity and stress through the promotion of resiliency and protective factors.
- Apply RCFP’s multi-generation strategies within a diverse set of programs that serve young children and their families.
- Preserve quality of service and ensure best outcomes for families and children by maintaining RCFP’s best practices.
- Support the capacity of organizations to integrate RCFP practices into their daily operations.
- Build a network of professionals committed to promoting community and family resilience.

Organizations selected to participate were required to:

1. Demonstrate alignment with core values needed for the successful integration of RCFP into daily practices (refer to Readiness Index included).
2. Identify two-three staff members to actively participate in individualized coaching and consultation services. These staff members must have the capacity and role necessary to train and coach staff within your organization.
3. Participate in data collection and the completion of the following assessments within established time lines.
  - a. DECA pre- and post-surveys
  - b. Staff pre- and post-surveys
  - c. Family Wellness pre- and post-screens
  - d. Strengthening Families Self-Assessment
4. Engage families and community partners in the work of RCFP by:
  - a. Introducing RCFP to parents and community partners.



- b. Creating connections between RCFP coaches, community resources and parents.
- c. Inviting parents and community partners to participate in RCFP activities (self-assessments, workshops, etc.)

### Lessons Learned

RCFP has traditionally been offered to child care programs. With the replication project we learned the following:

- Early Childhood programs that have regular access or contact with families are easier to engage and better positioned to apply RCFP strategies. The more predictable the services are the more impact RCFP has in influencing practice.
- Leadership and staff need to be ready and open to coaching and reflective feedback. When there is trust between leadership and staff, the feedback from RCFP is more likely to be implemented.
- Recruited organizations had different desired outcomes related to enrolling in RCFP. For the programs where desired outcomes were better defined, RCFP was successful in providing relevant resource, tools, and strategies. For organizations that had broader focus, too much time was taken to continue to clarify the role and anticipated impact.
- By introducing two-gen strategies, early childhood staff could see the role they can play in supporting family wellness; thus expanding perceptions of their ability to support family resilience and self-sufficiency.
- RCFP coaches developed improved capacity to offer training and coaching through virtual/online options. To engage additional community partners in RCFP activities we developed an array of virtual opportunities – **Bouncing Forward** – that was available May – July to a broader audience of early childhood partners.

### Next Steps:

The goal of the replication project was to develop the capacity of internal champions to lead the integration of RCFP strategies into each organization's service delivery. After 15 months, it is evident that additional training and coaching is needed to reach this goal. The following steps are proposed for the next year:

- Conduct face-to-face observations of staff interacting with families so that coaching can be enhanced by more in the moment feedback.
- Engage leadership/champions and staff in shared reflective supervision to build the capacity of champions to offer coaching.
- Continue to enhance ways to promote social emotional development through existing program practices and curriculum.
- Revisit results of Strengthening Families self-assessments and offer adjustments strategies as services reopen.
- Adapt the RCFP validation tool for environments outside the classroom. This will provide alignment with theoretical beliefs in social emotional development and family engagement.

## INTERNAL CAPACITY

In order to successfully replicate this RCFP, another agency/collaborative would need to have the capacity to develop the following:

- RCFP integrates best practices in early child development and mental health. As such it is critical that those advancing RCFP have expertise in developmentally appropriate practice, early childhood mental



and trauma-informed care. Over the course of the past 15 years of our work, we have discovered that effective coaches and program coordinators must not only have knowledge of early childhood mental health, but also must have an understanding of how early care settings operate and what quality programming looks like.

- RCFP advances a coaching model, it is necessary that those designated as coaches/trainers have experience or are trained in strength-based coaching practices. As such a system for providing reflective supervision and ongoing professional development for the coaching team to ensure continuous improvement and consistency in service delivery
- As RCFP is a two-generation approach, it is essential to have a foundation of family engagement that honors the essential role of parents and primary caregivers.
- Partnerships in the early childhood community to help assess community need and promote the program
- A group of early childhood education programs with a commitment to being coached and implementing change in their practice. RCFP has developed a Readiness Index (link here?) to help the replicating agency to determine the readiness of EC programs in their community.
- Support from local and private funding sources in the absence of state funding.
- Capacity to implement a comprehensive evaluation plan.

## PRACTICE TIMELINE

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Create RCFP Team of Early Child Education and Mental Health Organizations or Providers	3 months	Lead and Fiscal Agent
Train Team on RCFP Best Practices and Strength-Based Coaching	3 months	Lead and Fiscal Agent
Identify Target Population and Tailor Evaluation Plan	1 month	RCFP Project Team
Secure Funding	4-6months	Lead and Fiscal Agent



## Phase: Implementation

Activity Description	Time Needed	Responsible Party
Recruit Community or Early Childhood Partners	2 months	Lead and Fiscal Agent
Conduct Observations and Collect Child, Family and Program Baseline Assessments to create Professional Development and Program Action Plan	2 months	RCFP Project Team Designated Coach and Recruited RCFP Partner Organization
Offer Foundational RCFP Training to Build Knowledge and Awareness of all Staff	2 months	RCFP Project Team
Identify Staff and Launch Individual and Leadership Coaching	1 – 2 years – depending on size of program	RCFP Project Team Designated Coach and Recruited RCFP Partner Organization
Identify Children and Families at Risk for Toxic Stress and Provide Tailored Intervention Services	1 – 2 years – depending on size of program	RCFP Project Team Designated Coach and Recruited RCFP Partner Organization
Conduct Ongoing Supervision for RCFP Coaches	Ongoing	Lead and Fiscal Agent

## Phase: Sustainability

Activity Description	Time Needed	Responsible Party
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Collect Post Data and Measure Program Impact on Staff Practice, Program Culture and Family Wellness.	After completion of year 1	Lead and Fiscal Agent, Program Evaluator
Integrate RCFP Practices into Daily Routine and Program Expectations	1 year following completion of implementation phase	RCFP Project Team Designated Coach and RCFP Partner Organization's Leadership
Engage Program champion in Coach-the Coaches Activities	1 year following completion of implementation phase	RCFP Project Team Designated Coach and RCFP Partner Organization's Champion
Offer Ongoing RCFP Networking Opportunities for Partner Organizations that have Successfully Integrated RCFP into Programming	Ongoing	RCFP Project Team Designated Coach and RCFP Partner Organization's Leadership and Champion

## PRACTICE COST

RCFP has traditionally accessed funding that enabled us to offer services at no cost to early childhood partners. This has included private foundations, United Way funding and State funding dedicated to the prevention of child abuse and neglect. Cost of program will vary based upon number of coaches and number of programs to be served. Overall our cost annually per program is \$12,000 - \$15,000 per year. The budget below shows direct costs based on serving 15 early childhood programs and does not include overhead, occupancy, insurance etc.

Budget			
Activity/Item	Brief Description	Quantity	Total
Program Leadership	Program Director and Coordinator responsible for program oversight, grant management,	1.5 FTEs	Salaries and Benefits \$130,000



	training of coaches etc.		
RCFP Coaching	Early Education or Mental Health Clinicians trained to deliver RCFP Coaching	1 FTE (designated to up to 10 programs) .50 FTE (designated to 4-5 programs)	Salaries and Benefits \$110,000
Coaching Resources	Tools and materials used to provide training and coaching – typically on-site	Workbook, sensory items, Meet Me Where I Am RCFP Guidebook, etc.	Mileage for bi-monthly sessions \$500 per program for coaching resources
Program Evaluation	Evaluator Systems for collecting early childhood and RCFP assessments – DECA, Survey Monkey etc.	.20 FTE	Salaries and Benefits \$40,000
<b>Total Amount:</b>			<b>\$200,000.00</b>

## LESSONS LEARNED

After 5 years of offering RCFP, we learned the following that will impact future RCFP service delivery:

- Early Childhood programs that have regular access or contact with families are easier to engage and better positioned to apply RCFP strategies. The more predictable the services are, the more impact RCFP has in influencing practice.
- Leadership and staff need to be ready and open to coaching and reflective feedback. When there is trust between leadership and staff, the feedback from RCFP is more likely to be implemented.
- Recruited organizations had different desired outcomes related to enrolling in RCFP. For programs where desired outcomes were better defined, RCFP was successful in providing relevant resource, tools, and strategies. For organizations that had broader focus, too much time was taken to continue to clarify the role and anticipated impact.
- By introducing two-generation strategies, early childhood staff could see the role they can play in supporting family wellness; thus, expanding perceptions of their ability to support family resilience and self-sufficiency.



- RCFP coaches developed improved capacity to offer training and coaching through virtual/online options

In addition to successfully implement and sustain RCFP, we have developed an advisory committee focused on the following strategies:

**Strategy 1:** Sustain and grow the work of Resilient Children and Families Program.

- Secure funding to retain the impact and grow the reach of the Resilient Children and Families Program.
- Increase access to RCFP products across Southwest Ohio and Northern Kentucky.
- RCFP is recognized as a best practice by 2022.

**Strategy 2:** Continuously innovate to grow our impact and respond to needs in our community allowing us to remain relevant

- Ensure RCFP practices achieve equitable results for ALL children and families.
- Increase community access to RCFP resources and best practices through web-based and on-line resources.

**Strategy 3:** Increase professionals' capacity to promote the resiliency of young children and their families.

- Increase the number of early childhood programs annually who are knowledgeable about Adverse Childhood Experiences and address family resilience.
- Increase the diversity of organizations served through RCFP.

## NEXT STEPS

A replication cohort has been created with the focus of building the capacity of early childhood providers to offer and maintain RCFP coaching within their own programs. This pilot cohort launched in October 2021 and consists of providers that previously participated in RCFP coaching. This cohort is comprised of 8 early childhood providers from 6 organizations who are building their own RCFP coaching skills. The plan is for these coaches in-training to integrate RCFP into their own agency's programming and practices.

Moving forward, it is our intention to build upon this approach by continuing to guide early childhood organizations and community partners in replicating and accessing RCFP tools and practices. By offering a tiered approach, partners will be able to engage with RCFP through multiple means. Traditionally, the only mechanism for accessing RCFP was to receive coaching and consultation services through a multi-year commitment. Through the replication approach, we plan to share our best practices with a broader audience through new engagement opportunities. This will allow us to serve more children and families while building a sustainable model tailored to the needs of various communities across Greater Cincinnati.

RCFP has understood the inter-generational impact of trauma on families and children. Over the past few years, we have become more aware of acts of racism as a form and source of this trauma. As RCFP strives to mitigate the long-term impact of trauma, it is imperative that we promote diverse and inclusive practices that acknowledge and promote healing. To accomplish this objective, we intend to build into training and coaching opportunities for self-reflection, identification of potential bias, and change in practice needed to combat disparities and ensure equitable results.

In addition, a current known gap in promoting health and wellness for young children in our region, is the lack of early mental health clinicians. As more and more children are experiencing stress, the need for mental health services continues to rise. RCFP offers a complimentary system to address the social emotional needs of young children which can prevent the need for future mental health services. The promotion of children's social





emotional competence requires that the adults that care for them know how to assess and respond to their needs and worries. By learning how to help children self-regulate and feel comforted, adults can mitigate the potential need for more intensive services and prepare children to better manage future challenges.

## RESOURCES PROVIDED

- [www.resilientchildren.org](http://www.resilientchildren.org)
- RCFP Impact Report

