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## Practice Summary & Implementation Guidance

# Hand in Hand

Hand in Hand supports the emotional well-being of children and the adults who care for them through five transformative caregiving and peer-support tools.

Cutting-Edge | Emerging | Promising | **Best**

| Location | Topic Area | Setting |
|---|---|---|
| National | Family & Youth Engagement | School, Community |

| Population Focus | Date Added |
|---|---|
| Families & Caregivers, Children, Workforce | July 2026 |

| Contact Information |
|---|
| Maya Coleman, PhD, Hand in Hand Parenting, maya@handinhandparenting.org |

# Section 1: Practice Summary

## PRACTICE DESCRIPTION

Children's social-emotional health and development unfolds in the context of relationships - with parents, caregivers, early educators, and the communities surrounding them. Yet across the United States, and particularly in communities navigating trauma, , and unmet needs , the relational fabric that supports healthy child development is under profound strain. The U.S. Surgeon General has described an 'epidemic of loneliness and isolation' disproportionately affecting children and youth (OSG, 2023), and early childhood educators who are essential relational partners for young children face burnout, inadequate wages, and emotional depletion at alarming rates. Parents and caregivers, including those in Indigenous, immigrant, and under-resourced communities, often lack access to evidence-aligned, support for the emotional challenges of caregiving.

Hand in Hand Parenting identified this need through three decades of direct practice experience, community feedback, and iterative program development that began in cooperative preschool settings. Over time, through instructor feedback, participant surveys, qualitative research, and formal evaluation studies, Hand in Hand clarified that isolated, one-time information delivery is insufficient. What communities need is a sustained, relationship-based, community-embedded model that simultaneously supports children, parents, caregivers, educators, and professionals within the same ecosystem.

Hand in Hand's primary populations are: children and their families/caregivers; early childhood educators and program staff; pediatric, maternal-child health, and mental health professionals; and community leaders who serve as relational bridges in their local contexts. The model reaches communities experiencing disproportionate social-emotional health challenges, including Indigenous/Tribal communities, Spanish-speaking families, immigrant and refugee families, children experiencing early adversity, and communities with limited access to relational health supports.

Hand in Hand aims to: (1) strengthen attachment relationships between children and the adults who care for them; (2) build adult capacity to respond to children's emotional needs with warmth, safety, and attuned listening; (3) reduce punitive, exclusionary, and disciplinary responses to children's emotional expression; (4) reduce educator burnout and caregiver isolation; (5) create sustainable community networks of care in which trained community members lead ongoing support; and (6) address s barriers to relational health by centering community-driven implementation.

Hand in Hand Parenting was founded over 35 years ago by Patty Wipfler, initially as a parent support program in a cooperative preschool setting. Drawing on attachment theory and lived experience as a parent and early educator, Wipfler developed five 'listening tools' that give parents, educators, and caregivers a structured way to deepen connection with children across everyday moments, including the hardest ones.

Today, Hand in Hand is a global nonprofit operating in 38+ countries, delivering programs in 15 languages through a network of 250+ Certified Instructors. The model has been adapted and replicated in a wide range of community contexts, including Tribal early childhood programs, Head Start sites, school-based settings, healthcare systems, refugee support organizations, and child welfare programs. In 2022, AMCHP recognized Hand in Hand as a Promising Practice. This application seeks Best Practice designation, reflecting the substantial evidence base accumulated since that designation and the well-documented replication of the model across many settings.

Hand in Hand's model is grounded in a robust convergence of developmental science, neuroscience, and clinical theory:

- Attachment Theory (Bowlby, Ainsworth): Children's healthy development depends on the presence of consistent, responsive attachment figures. Hand in Hand tools are explicitly designed to strengthen the secure base and safe haven functions of caregiver-child relationships.

- Interpersonal Neurobiology (Siegel, 2001; Wipfler & Schore, 2016): The HiH model draws on the neuroscience of co-regulation, recognizing that children's stress-response systems develop through their relationships with attuned caregivers. The listening tools provide a structured method for adults to offer the co-regulating presence that children need to develop emotional resilience.

- Early Relational Health (Willis & Eddy, 2022): Federal guidance, including recent directives from the U.S. Departments of HHS and Education, prioritizes relationship-based interventions that support the mental health of children and their caregivers. Hand in Hand's approach is directly aligned with this science-based framework.

- Trauma-Informed and Healing-Centered Practice: The model recognizes that children's off-track behavior and emotional expression often reflect unprocessed adversity. Rather than suppressing or redirecting emotional expression, the listening tools create conditions for emotional processing and repair, supporting children who have experienced early adversity, including those in Tribal and other communities with limited access to care.

- Community-Based Participatory Research Principles: HiH's implementation approach respects community self-determination. Instructor certification pathways allow communities to become leaders of the model. In the global settings in which we work, this means community members deliver programming within their own cultural frameworks and values.

- Parallel Process in Professional Development: The model intentionally applies the same relational principles to adults that adults apply to children. Educators receive emotional support through Listening Partnerships; this, in turn, grows their capacity to provide it to children. This 'parallel process' is supported by research showing that educator well-being directly predicts the quality of educator-child relationships (Smith & Lawrence, 2019).

The Foundations Course has been named a Promising Practice by AMCHP (2022) and is currently under evaluation using the Frontiers of Innovation (FOI) four-phase research model developed at the Center on the Developing Child at Harvard University, with a mixed-methods early pilot study now published in the Infant Mental Health Journal (Sillars et al., 2025).

## CORE COMPONENTS & PRACTICE ACTIVITES

Hand in Hand is a comprehensive, community-embedded relational health model. It is not a single curriculum or one-time training, but an integrated system of support that simultaneously serves children, families, educators, and professionals within a community. The core components of the model work together to build a 'nested ecology of care': when adults are emotionally supported and equipped with connection-based tools, they are better able to offer attuned, responsive relationships to the children in their care.

The model rests on five foundational listening tools and four interconnected implementation components, described below.

| Core Components & Practice Activities | | |
|---|---|---|
| **Core Component** | **Activities** | **Operational Details** |
| The Five Listening Tools (HiH Theoretical Core) | Adults learn five structured tools: (1) Special Time—one-on-one child-led play; (2) Staylistening—warm, attuned presence during children's emotional expression; (3) Setting Limits—warm, connected boundary-setting; (4) Playlistening—playful, laughter-based connection; (5) Listening Partnerships—structured adult peer-support exchanges. | Tools are taught through a combination of didactic content (video, readings), experiential practice, and weekly mentoring calls led by Certified Instructors. They are grounded in attachment theory and neuroscience. All five tools address both child and adult emotional wellbeing through a parallel-process design. |
| Foundations Courses (Parent, Educator, and Professional Cohorts) | 8-week, small-cohort courses that teach the five listening tools with application to real-life caregiving and educational contexts. Separate tracks exist for parents/caregivers, educators, and health and mental health providers. | Cohorts of 4-6 participants per group. Weekly synchronous mentoring calls with a Certified Instructor. Asynchronous video and written materials. Designed for organizations, schools, Head Start sites, and community programs. Adapted versions available for healthcare and mental health professionals. |
| Listening Partnerships & Communities of Practice (Adult Peer Support) | Structured adult-to-adult listening exchanges embedded in all Hand in Hand training. Communities of Practice hosted through the Hand in Hand Community (online mentored platform) extend this peer support beyond formal training. | Listening Partnerships involve two or more adults taking equal turns listening to each other without interruption. This builds reflective capacity and emotional regulation in adults, directly supporting their capacity to use the tools with children. Ongoing communities of practice maintain connection and skill development after formal training ends. |
| Skill-Building Groups (Sustained Practice Support) | Follow-up skill-building groups for individuals or cohorts who have completed introductory Foundations Courses and want to deepen practice. | 8-week groups, typically 4-8 participants. Often used with educators, social workers, and healthcare professionals as ongoing professional development. These groups are a key mechanism for sustained culture change within organizations. |

| | | |
|---|---|---|
| Instructor Certification Pathway (Community Leadership Development) | A 12-month, 300-hour Training Intensive and Leadership Practicum that trains community members to become Certified Hand in Hand Instructors capable of delivering all components of the model locally and independently. | Includes coursework, mentorship, and a rigorous evaluation of practice competency. Critically, this pathway allows communities to build internal capacity and deliver culturally grounded programming without ongoing external facilitation. This is the primary mechanism by which the model is replicated in new settings. |
| Community-Wide Aligned Implementation | When Hand in Hand partners with an organization or community, programming is designed to reach parents/caregivers AND educators/professionals simultaneously, creating aligned relational environments for children across home and school/care settings. | Example: In a Head Start partnership, educators participate in a Foundations Course for Educators while parents participate in a Foundations Course for Parents & Educators. Staff members may enter the Instructor Certification Pathway to sustain the work locally. This community-wide, multi-role approach is what distinguishes Hand in Hand from single-audience interventions and is the most powerful context for producing lasting change. |

## COMMUNITY WELLNESS

Hand in Hand's approach to intentionally improving health outcomes is structural and relational rather than superficial. The model addresses root causes of poor child health outcomes by:

- Building Community Capacity: By training community members as Certified Instructors, Hand in Hand shifts power from external experts to local leaders. In Tribal communities, this means Indigenous educators and parents become the primary holders of evidence-based relational health tools, integrated within their own cultural frameworks. In practice, this has meant that Northwest Indian College faculty (Shelley Macy) have been able to deliver Hand in Hand programming to subsequent generations of Lummi early childhood educators without ongoing organizational support — a model of community-driven sustainability.

- Serving Communities with High Rates of Early Adversity: A significant proportion of Hand in Hand's community implementations serve children and families navigating poverty, immigration stress, or the intergenerational effects of previous hardships.. The model's trauma-informed framework, which reframes children's behavioral challenges as communication of unmet relational needs rather than dysfunction, is particularly well-suited to these contexts.

- Reducing Exclusionary Discipline: The HiH approach directly counteracts exclusionary discipline in early childhood. By training educators to respond to challenging behavior with warmth, connection, and Staylistening rather than removal, the model reduces the conditions that produce exclusionary discipline.

- Language Access Expansion: Hand in Hand is actively expanding language access to our Foundations for Educators, with Spanish translations of core materials complete and French, German and Hindi translation underway.

- Free and Reduced-Cost Access: The Hand in Hand Community platform, an online peer support and learning environment, has transitioned to free access, removing cost barriers for parents, caregivers, and educators from communities with unmet needs. Scholarship programs for the Instructor Certification Pathway are in place to support representation in the instructor network.

- Evaluation data: 77.6% of educators in the pilot study sustained changes in how they understand children's emotional expression at 3-month follow-up. Qualitative data from the NWIC tribal study documented reduced harsh responses to children's behaviors, more relational classroom environments, and educators' explicit framing of the work as aligned with Indigenous values of generosity, respect, and care for children.

## EVIDENCE OF EFFECTIVENESS

Hand in Hand uses a mixed-methods, iterative evaluation approach aligned with the Frontiers of Innovation (FOI) four-phase research model developed at the Center on the Developing Child at Harvard University. The FOI model progresses from feasibility study through early pilot, late-stage pilot, to randomized controlled trial, ensuring that the evidence base develops in direct dialogue with community partners and with ongoing attention to implementation fidelity, cultural responsiveness, .

Completed evaluation phases include:

- Phase 1 — Feasibility Study (2021): An 11-educator feasibility study of the Foundations Course examined course usability, acceptability, and areas for improvement. Results informed curriculum revisions including increased course length and development of condensed reference materials (Coleman et al., 2021).

- Phase 2 — Early Pilot Study (2022-2023): A mixed-methods study of 73 educators across 17 cohorts and 21 U.S. states examined educators' experiences with the Foundations Course. Data collection included weekly surveys, a post-intervention interview, and pre-, post-, and 3-month follow-up surveys. Results were published in the Infant Mental Health Journal (Sillars et al., 2025), documenting peer-reviewed evidence for the HiH educator model.

- Replication Case Studies: Beyond the Foundations Course, Hand in Hand's model has been evaluated through several case study evaluations in diverse community settings. The most extensively documented is a multi-year research study by Shelley Macy at Northwest Indian College (NWIC), examining the implementation of Hand in Hand's Parenting by Connection tools with Lummi tribal early childhood educators. This research, funded by the W.K. Kellogg Foundation and the Mellon Foundation, employed pre/post assessments, weekly support group documentation, classroom observations, and individual staff interviews, and was published in the Mellon Tribal College Research Journal (Macy, 2015).

Data collection methods across all evaluation activities include: pre/post attitudinal surveys; semi-structured qualitative interviews; weekly experience surveys; observational field notes; educator self-report on confidence and tool use; and 3-month follow-up surveys assessing sustained practice change.

### Findings from the Sillars et al. (2025) Peer-Reviewed Pilot Study — Early Childhood Educators Nationally

The early pilot study (n = 61 educators, 17 cohorts, 21 U.S. states) found:

- 77.6% of educators reported that their thinking about children's emotions changed because of the course, and most sustained this shift at the 3-month follow-up.
- 81.3% of educators reported more positive interactions with children following the course.
- 56.3% of educators reported fewer conflictual interactions with children following the course.
- Mean educator rating of the value of the HiH tools: 9.43/10.
- Mean educator rating of tool effectiveness in their specific program: 8.93/10.
- Mean course value rating: 9.23/10; mean likelihood to recommend: 9.44/10.
- 98% of educators who completed the 3-month follow-up survey reported using at least one tool in the prior 3 months.
- Qualitative findings documented educators reporting reduced stress, increased confidence, more positive relationships with children and families, and greater team cohesion.

Importantly, the Foundations Course pilot study is a study of one component of Hand in Hand's comprehensive model, educator programming, delivered as a standalone intervention. In full community-embedded implementations, where parents and educators are supported simultaneously, outcomes are expected to be stronger and more sustained.

### Findings from Macy (2015) — Northwest Indian College / Lummi Tribal Early Learning Center

This multi-year study examined implementation of the Hand in Hand model with Lummi tribal early childhood educators at the Northwest Indian College Early Learning Center, one of many replications of the model in Tribal early childhood settings, and the most extensively documented to date.

Key findings from the 11-week Foundations class (ECED 107) and subsequent Support Group:

- Pre/post assessments demonstrated significant positive shifts in educator attitudes toward children's emotional expression. Educators who began by wanting to 'know how to deal with a child's emotional support' or wondering 'what to do when a child is throwing a fit' shifted to articulating a new philosophy of emotional attunement and connection.
- The center director documented observable program-wide changes during the training period, including increased laughter and playfulness among staff, more supportive peer relationships, and reduced harsh responses to children's behaviors.
- Post-course staff interviews revealed seven consistent themes of professional and relational growth: changes in skills handling emotional moments; delight in children's post-emotional recovery; personal relief and reduced fear; renewed commitment to the listening tools; improved teaching quality; stronger team cohesion ('we're all on the same page'); and growth in adult peer Listening Partnerships.
- One documented case — a 12-month-old child whose daily prolonged crying at separation had puzzled staff — showed dramatic improvement following focused Staylistening support over three days. The child 'didn't even cry when her mom left' and demonstrated increased independent movement, leading to a smooth transition to the toddler room.
- Follow-up assessment confirmed that the Support Group component (meeting weekly after the initial course) was essential to sustaining behavioral changes. Without ongoing support, staff began to revert to previous practices, underscoring the importance of the Hand in Hand model's emphasis on sustained community support beyond initial training.

This case study is presented not as the totality of replication evidence, but as one example of how Hand in Hand has been implemented and documented in a Tribal early childhood community. Similar implementations, with

varying levels of formal documentation, are currently underway in Nevada Tribal Head Start programs, Indigenous communities in the Pacific Northwest, and international settings across 38+ countries.

# Section 2: Implementation Guidance

## COLLABORATORS AND PARTNERS

Hand in Hand's implementation is grounded in deep, sustained partnerships with the communities it serves. Rather than positioning partners as passive recipients of the model, Hand in Hand works collaboratively with Certified Instructors, Tribal early childhood programs, educators, parents, and academic and research institutions to co-design, deliver, and continuously improve the practice. These relationships are characterized by shared decision-making, iterative feedback, and a commitment to building lasting local capacity.

| Practice Collaborators and Partners | | | |
|---|---|---|---|
| **Partner/ Collaborator** | **How are they involved in decision-making throughout practice processes?** | **How are you partnering with this group?** | **Does this collaborator have lived experience/come from a community impacted by the practice?** |
| Certified HiH Instructors (250+ globally) | Instructors provide ongoing feedback that directly shapes curriculum revision, training design, and quality improvement. Instructor input led to the revisions captured in the Sillars et al. (2025) pilot study. | Certified Instructors are trained community members from the populations served. They participate in communities of practice, advisory processes, and iterative curriculum review. | Yes. All Instructors are parents, educators, or community members who have personally experienced the model and bring their own lived experience to its ongoing development. |
| Tribal Early Childhood Programs (e.g., Northwest Indian College, Washoe Tribal Head Start, Nevada Tribal Sites) | Tribal partners co-design the implementation approach, determine which community members enter the certification pathway, and provide ongoing feedback through participation in support groups and evaluations. | Long-term partnership model: HiH provides Training Intensive and ongoing coaching; Tribal communities identify local instructors, set cultural priorities, and own the implementation. | Yes. Tribal partners bring Indigenous knowledge, values, and community experience that have fundamentally shaped how the model is delivered in these settings. |
| Early Childhood Educators | Educators participate in Foundations Course cohorts | Educators are both participants in and co- | Yes. Educators bring daily lived experience of the |

| | | | |
|---|---|---|---|
| (Head Start, Center Daycare, Preschool Programs) | and provide iterative feedback through weekly surveys, post-course interviews, and follow-up assessments (as documented in Sillars et al., 2025). | designers of the model. Their feedback directly produced documented curriculum revisions (condensed materials, added examples for infant-toddler settings). | relational challenges the model addresses, including high stress, under-resourcing, and complex child behavior. |
| Georgetown University Thrive Center for Children, Families and Communities | Academic partner for program evaluation, research design, and interdisciplinary professional training. | Research-practice partnership: Georgetown faculty serve as co-investigators on evaluation studies. | Yes. Georgetown's faculty include professionals with expertise in disability, early childhood mental health, and communities With unmet needs. |
| Parents and Caregivers (Foundations Course Participants) | Participant feedback from parent cohorts shapes program content, materials, and delivery approaches. Community members who complete the certification pathway bring their parenting experience to program leadership. | Parents are active participants in and evaluators of the model. In some communities, parents who complete training become local Instructors, creating a community leadership pathway. | Yes. Parents are the primary population the model was originally designed to serve, and their expertise and lived experience are central to its ongoing design. |
| Child Trends (Research Partner) | Child Trends collaborator Annie Davis Schoch contributed to the design and analysis of the Foundations Course pilot study (Sillars et al., 2025), providing independent methodological rigor. | Independent research partnership to support evaluation design, data analysis, and publication. | Child Trends brings deep expertise in early childhood research. |

## REPLICATION

Hand in Hand Parenting is a comprehensive, community-embedded model that has been replicated across dozens of diverse settings, populations, and geographies. The peer-reviewed study published in the Infant Mental Health Journal (Sillars et al., 2025) is an evaluation of one component of the model — the Foundations Course for Early Childhood Educators — delivered as a standalone intervention to educators in one study context. It is not the totality of the replication evidence for Hand in Hand.

The full Hand in Hand model has been implemented in:

- 38+ countries on six continents
- Communities across the United States including Tribal/Indigenous early childhood programs, urban Head Start sites, suburban school districts, hospital pediatric departments, child welfare programs, and refugee support organizations
- Multiple languages including English, Spanish, French, German, Hebrew, Portuguese, and others
- Settings ranging from tribal colleges and Head Start centers to hospital-based parenting programs, K-12 schools, and international NGO partners

The following case study illustrates what full model replication looks like in practice..

**Case Study: Tribal Early Childhood Partnerships — Pacific Northwest & Nevada**

This case study is offered as one illustration of how Hand in Hand has been implemented and sustained within Indigenous community contexts. Similar partnerships exist with other Tribal communities and with many other non-tribal communities; this example is highlighted because it represents one of the longest-running and most extensively documented partnerships.

**Northwest Indian College (NWIC) / Lummi Nation, Bellingham, WA**

Beginning in 2007, Shelley Macy — an ECE faculty member at Northwest Indian College (NWIC), a tribally-controlled college serving the Lummi Nation and neighboring tribes — integrated Hand in Hand's Building Emotional Understanding (BEU) curriculum into the core ECE curriculum at NWIC. This was not an externally-imposed implementation; it was a community-led decision by a Native educator who saw the alignment between Hand in Hand's relational philosophy and Indigenous values of connection, generosity, respect, and responsibility toward children.

What the full model implementation looked like:

- All ECE classrooms and support staff at the NWIC Early Learning Center were trained together in the whole-center approach that maximizes sustainability and collective practice change.
- Staff participated in both an 11-week Foundations class and an ongoing weekly Support Group (Teaching by Connection Support Group) providing Listening Partnerships and peer coaching.
- Shelley Macy provided in-classroom modeling, coaching, and direct support — a practice that aligns with the Hand in Hand model's emphasis on mentored, experiential learning over one-time didactic training.
- Staff from Lummi Head Start also participated in the training, extending the model's reach across the tribal early childhood system.

Evaluation findings from this replication:

- All seven staff who completed the Support Group phase demonstrated sustained skill development in handling children's emotional moments, documented through pre/post assessments, individual interviews, and the center director's direct observation.
- The center director observed program-wide changes: more laughter and playfulness, increased peer support among staff, and reduced harsh responses to children's difficult behaviors.
- Staff interviews revealed seven consistent themes including: enhanced ability to Staylisten through tantrums; deep relief that children remained warm and affectionate after limit-setting; renewed

commitment to the tools; improved teaching quality; and a 'we're a team' ethos that had not previously existed.

- One particularly striking case: a 12-month-old child whose prolonged daily separation crying had challenged staff showed dramatic improvement following coordinated Staylistening support over three days; she began smiling and waving goodbye to her mother and showed increased independent exploration. Staff reported this as a profound confirmation of the model's effectiveness.

- Consistent with findings from the national Sillars et al. (2025) pilot, the NWIC evaluation also documented that ongoing support (the Support Group component) was essential to sustaining practice change. Without continued peer support, some behavioral gains attenuated over time, reinforcing the importance of the model's community sustainability structures.

**Nevada Tribal Communities and Head Start Sites**

Hand in Hand has also developed partnerships with multiple Tribal early childhood programs in Nevada. These partnerships follow a similar model: Tribal community members are supported to enter the Instructor Certification Pathway, ensuring local community leadership of the model. Programming is delivered for educators and parents/caregivers simultaneously, creating aligned relational environments for children at home and at school. Ongoing communities of practice and skill-building groups maintain the work between formal training cycles.

These Nevada partnerships are currently in an active development phase. Pam Oatis, a Certified HiH Instructor and collaborator on the Sillars et al. research, is coordinating with Shelley Macy and Tribal Head Start leadership on plans including parent engagement activities, conference presentations, and the development of a tribal mentor cohort to deepen local capacity.

**Key finding regarding consistency across replications:**

Across the Sillars et al. national pilot study, the NWIC case study, and ongoing Nevada tribal implementations, the core mechanisms of change are consistent: adults shift their fundamental understanding of children's emotional expression; they experience the power of attuned listening themselves through Listening Partnerships; they develop tools to respond to children with warmth during emotional moments; and they report reduced stress and stronger relationships with children, colleagues, and families. What varies across contexts, in ways that strengthen rather than dilute the model, is the cultural framing, language, and community leadership of the work.

## INTERNAL CAPACITY

**Types of Personnel**

Successful implementation of the Hand in Hand model requires two categories of personnel: those who directly deliver programming and those who support implementation infrastructure.

The primary delivery role is the Certified Hand in Hand Instructor, who facilitates Foundations Courses, skill-building groups, Listening Partnerships, and communities of practice. Instructors complete a 12-month, 300-hour Training Intensive and Leadership Practicum that includes coursework, mentorship, and rigorous evaluation of practice competency. A minimum of one Certified Instructor is needed to launch programming in a new setting; however, the most sustainable implementations involve training multiple community members as Instructors so that local capacity does not depend on a single person. Instructors are drawn directly from the communities they serve — parents, educators, and community members — which is essential to the model's cultural responsiveness and long-term sustainability.

On the implementation support side, a program coordinator or implementation liaison is needed to manage partner relationships, schedule cohorts, coordinate evaluation activities, and support community communication. In organizational or institutional partnerships (such as Head Start sites or Tribal early childhood programs), a designated internal point of contact on the partner side is equally important for sustaining engagement.

**Supports That Built Personnel Capacity**
The most important structural support for personnel capacity is the Instructor Certification Pathway itself, which is designed not just to train individuals but to build community ownership of the model. Ongoing communities of practice, weekly support groups, and peer Listening Partnerships embedded in all programming ensure that Instructors continue to develop after certification. In whole-center implementations, organizational leadership support from directors and program administrators has been critical to creating the time, scheduling, and cultural conditions for staff to participate fully. Research partnerships with Georgetown University and Child Trends have also strengthened Hand in Hand's internal evaluation capacity over time.

**Recommended Capacities for Replication**
Organizations seeking to replicate this practice are encouraged to invest in dedicated evaluation and data capacity from the outset, as this was an area where Hand in Hand relied heavily on external research partners in early implementation phases. Additionally, having staff with experience in culturally responsive program design, particularly when working with Indigenous, immigrant, or other similar communities, is strongly recommended. The model's effectiveness is significantly amplified when the Instructor delivering it shares the lived experience of the community being served.

## PRACTICE TIMELINE

Hand in Hand's implementation follows a phased sequence designed to build community readiness, deliver core training, and sustain practice change over time. The timeline below reflects a typical community partnership model; specific scheduling is always coordinated flexibly with the partner organization based on staff availability and community context.

| Phase: Planning/Pre-Implementation | | |
|---|---|---|
| **Activity Description** | **Time Needed** | **Responsible Party** |
| Partnership scoping conversation — assess community context, identify target populations (educators, parents, admin), and customize program design | 2-4 weeks | Hand in Hand Program Director + Partner Organization Lead |

| | | |
|---|---|---|
| Identify and confirm Certified Instructor(s) for the partnership; assign cohort groups | 2-4 weeks | Hand in Hand Program Director |
| Schedule kick-off introductory workshop and communicate to all staff and/or parent community | 1-2 weeks | Partner Organization Lead |

## Phase: Implementation

| Activity Description | Time Needed | Responsible Party |
|---|---|---|
| Staff-Wide Introductory Workshop — 90-minute session for entire educator/staff team introducing the Hand in Hand approach, all 5 listening tools, and peer support practice; led by 2 Certified Instructors | 90 minutes (one-time) | 2 Certified HiH Instructors |
| 8-Week Foundations Course for Educators (Round 1) — small cohort of 4-5 educators; weekly 1-hour mentoring call + asynchronous video/reading content | 8 weeks | Certified HiH Instructor |
| 8-Week Foundations Course for Admin/School Leaders — same structure, cohort of 4-5 administrators or supervisors | 8 weeks | Certified HiH Instructor |
| Parent/Caregiver-Wide Introductory Workshop — 90-minute community session introducing the approach to families; led by Certified Instructors | 90 minutes (one-time) | 2 Certified HiH Instructors |

| | | |
|---|---|---|
| 6-Week Foundations Course for Parents & Caregivers (Round 1) — small cohort of 4-6 parents; weekly 90-minute mentoring call + asynchronous materials | 6 weeks | Certified HiH Instructor |
| Additional rounds of Foundations Courses for educators and/or parents based on community interest | 6-8 weeks per cohort | Certified HiH Instructors |

## Phase: Sustainability

| Activity Description | Time Needed | Responsible Party |
|---|---|---|
| Ongoing skill-building groups for educators and/or parents — 8-week deepening groups for those who have completed a Foundations Course | 8 weeks, offered on a recurring cycle | Certified HiH Instructor |
| Communities of Practice — ongoing peer support groups for educators and caregivers, held through the Hand in Hand Community platform | Ongoing / as scheduled | Certified HiH Instructors + participants |
| Instructor Certification Pathway (optional, for deep community embedding) — 12-month, 300-hour program to train community members as Certified Instructors, enabling locally-led, self-sustaining implementation | 12 months | Hand in Hand Training Team |

## PRACTICE COST

Hand in Hand offers a range of program options that can be combined flexibly to meet the needs of each partner community. The sample budget below reflects typical costs for a full community implementation serving both educators and parents/caregivers. All costs are estimates; final pricing is determined in partnership with each organization based on program scope, delivery format, and community context.

| Budget | | | |
|---|---|---|---|
| **Activity/Item** | **Brief Description** | **Quantity** | **Total** |
| Kick-Off Introductory Workshop (for staff) | Two Certified Instructors lead a 90-minute online introductory workshop for the entire staff to learn the Hand in Hand approach and explore all 5 tools. | 1 | ~$350 |
| Foundations Course for Educators (per cohort) | 8-week course for a small group of 4-5 educators, including weekly 1-hour mentoring calls led by a Certified Instructor and asynchronous video/reading content. (~$600/person for a full group) | 1 | ~$3,000/group |
| Kick-Off Introductory Workshop (for parent/caregiver community) | Two Certified Instructors lead a 90-minute online introductory workshop for the parent/caregiver community to learn the Hand in Hand approach and explore all 5 tools. | 1 | ~$250 |
| Foundations Course for Parents & Caregivers (per cohort) | 6-week course for a small group of 4-6 parents/caregivers, including weekly 90-minute mentoring calls led by a Certified Instructor and asynchronous materials. (~$400/person for a full group) | 1 | ~$2,400/group |
| Skill-Building & Support Groups | 8-week deepening groups for educators or parents who have completed a Foundations Course. Tailored to community needs. | 1 | TBD |

| | | | |
|---|---|---|---|
| Instructor Certification Pathway | 12-month, 300-hour program to train community members as Certified Hand in Hand Instructors. Enables fully self-sustaining, locally-led implementation. | 1 | TBD |
| | | **Total Amount:** | **$6000.00** |

Note on Costs: The sample costs above reflect typical program fees and are provided as a general reference. Actual implementation costs are determined individually with each partner organization and depend on a range of factors, including whether services are delivered in person or online, the size of the community served, the number and type of cohorts, and the degree of customization required. Hand in Hand is committed to making its programs accessible and works flexibly with partners to design approaches that fit their context and budget.

Funding Support: Hand in Hand has devoted organizational resources to supporting partner communities in identifying and applying for external funding to bring these services to the families and professionals they serve. We are happy to work with interested organizations to explore grant opportunities and other funding strategies as part of our partnership planning process. For more information on costs and funding support, please contact Maya Coleman, Executive Director, at maya@handinhandparenting.org.

## LESSONS LEARNED

**Key Positive Lessons**

The most consistent and powerful finding across all Hand in Hand implementations is that whole-community training produces the deepest and most sustained change. When entire communities train together or concurrently, including parents, educators, directors, and support staff, they develop mutual accountability, a shared language, and structural support for using the tools in daily practice.

Community ownership has also proven essential to long-term sustainability. The Instructor Certification Pathway builds local leadership by training community members to deliver and sustain the model themselves. In settings where this has happened, the work has more often continued and expanded beyond what organizational outreach alone sustains.

A third consistent finding is that adults must be emotionally supported in order to sustain their capacity to support children. The parallel-process design of the model, in which Listening Partnerships offer adults the same attuned listening they are learning to offer children, is central to how the model works. Implementations that deprioritize the adult support components consistently produce less sustained outcomes. In Tribal and other culturally distinctive settings, the most effective implementations have been those where community leaders recognized the alignment between Hand in Hand's relational philosophy and their own cultural values, allowing the work to take root as something familiar and resonant rather than externally imposed.

**Challenges**

Implementation in early childhood settings presents real practical challenges, particularly around time and staffing. Tools that require one-on-one attention, like Special Time and Staylistening, are difficult to use consistently in certain environments with limited staff ratios. Hand in Hand has been addressing this through

whole-center training designs, creative scheduling supports, and active advocacy for intentional staffing as cohorts participate in training.

Differential engagement and retention has also emerged as a challenge. As documented in the Sillars et al. (2025) pilot study, retention was lower among some participant groups, particularly Black educators in one cohort. Hand in Hand is actively working to address this through recruitment practices, community-specific cohort designs, and sustained investment in instructor variety. Post-training skill maintenance requires intentional organizational commitment as well. Skills that are not actively practiced tend to attenuate over time, and the skill-building and community of practice components as well as the Hand in Hand Community platform require ongoing investment from partner organizations to realize their full sustaining potential.

## NEXT STEPS

**Continuing and Expanding the Practice**

Hand in Hand's most immediate research priority is advancing to a late-stage pilot study of the whole-center Foundations Course implementation. This next phase of evaluation will focus on leadership engagement, organizational support structures, and educator-child interaction outcomes measured through observational tools, building on the strong findings from the early pilot study published in the Infant Mental Health Journal.

On the community partnership side, Hand in Hand is actively deepening its work with Tribal early childhood programs through site visits, parent engagement programming, and the development of Tribal mentor cohorts to strengthen local leadership. Hand in Hand is also continuing to explore new Tribal partnerships as interest and capacity grow.

Sustained investment in Instructor diversity remains a priority. Hand in Hand is continuing to grow its scholarship program for the Instructor Certification Pathway, with a specific focus on supporting community members from under-represented racial, ethnic, and Indigenous backgrounds to become Certified Instructors.

**Future Improvements**

Looking ahead, Hand in Hand is working to develop validated fidelity measures for both the Foundations Course and the full community implementation model, which will support more rigorous evaluation in future study phases. Culturally adapted and multi-language versions of the Instructor Certification Pathway, including Spanish, French, and Hindi, are in development to better support Indigenous and Latinx community members in taking on local leadership roles. Hand in Hand is also building a more systematic infrastructure for documenting implementation outcomes across the full range of settings where the model is active, with the goal of expanding the practitioner-generated evidence base over time..

## RESOURCES PROVIDED

- Hand in Hand Foundations Courses — for Parents, Educators & Professionals: www.handinhandparenting.org/five-tools-training — A complete introduction to Hand in Hand's connection-based approach and five practical, trauma-informed listening tools. Available as a 6-week course for parents and caregivers, an 8-week course for early childhood educators, and an 8-week course for health and mental health professionals. All courses include weekly small-group mentoring

calls led by a Certified Instructor, asynchronous video and reading materials, and access to Hand in Hand's growing international community of practitioners.

- The Hand in Hand Community: www.handinhandparenting.org/community — A free online guided community giving parents, caregivers, and professionals around-the-clock access to Hand in Hand Mentors, peer support, self-guided courses, live calls, workshops, and a library of resources. The community is designed to sustain connection and skill-building beyond formal training.

- Peer-Reviewed Research: Building a Culture of Connection in Early Childhood Education — https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.70030 — Sillars, A., Vogelstein, A., Oatis, P. J., Schoch, A. D., Cole, A., Trivedi, P., & Coleman, M. (2025). Building a culture of connection in early childhood education: The Hand in Hand Foundations Course. Infant Mental Health Journal, 46, 675-695.

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