Hand in Hand

Community Framework for Early Childhood Collaboration

DEVELOPED BY THE MODEL CONVENING PROJECT

Based on the experiences and insights of communities and support from the Pritzker Children's Initiative

Duke · FAMILY CONNECTS INTERNATIONAL

HealthySteps
PEDIATRIC CARE · SUPPORTING · PARENTING
A Program of ZERO TO THREE

ZERO TO THREE
Early connections last a lifetime

Nurse-Family Partnership
Helping First-Time Parents Succeed ®

Help Me Grow
National Center

Table of Contents

Introduction

In communities across the country, families are striving to give their children a good start in life. They share a common desire for their babies and toddlers to be healthy, happy, and secure. They want them to develop the skills and abilities they need to do well in school. They dream of their children growing into caring and capable adults.

The obstacles families face in raising their children are considerable. Many struggle to make ends meet. Nearly all grapple with health concerns, ranging from ear infections, to substance use disorders, to the COVID-19 pandemic. Some worry about violence in their neighborhoods. Racial and economic inequities make all these matters worse.

The front line for supporting families is people in communities. They include helpful friends, relatives, and neighbors; people who care for children while parents work; employers who offer paid family leave; places of worship that welcome young children; legislators who support family-friendly policies; and people who provide the health, education, and social services that families need and want.

The Hand in Hand framework is a collaborative approach to supporting positive, equitable outcomes for all young children and their families. It envisions a nation where all babies are born into communities of opportunity that provide them with what they need, where they need it, and when they need it.

The framework was developed by the Model Convening Project, a partnership of four complementary, evidence-based models:

Family Connects is a population-based health program that enhances the local network of care by providing nurse home visits to all parents of newborns during the first month of life. During the visit, the nurse provides information, conducts health assessments, and makes connections to community resources that are needed.

HealthySteps, a program of ZERO TO THREE, integrates a child development expert into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers, particularly in areas where there have been persistent inequities for families with low incomes and families of color.

Help Me Grow supports communities in strengthening their early childhood systems through centralized access points, family and community outreach, child health care provider outreach, and data collection and analysis.

Nurse-Family Partnership (NFP) provides nurse home visits to first-time moms and children living in poverty or with other risk factors. Services are provided prenatally to the child's second birthday.

The project is a multi-year initiative, with leadership and facilitation from ZERO TO THREE and funding from the Pritzker Children's Initiative. The partners came together because of their shared work in many communities. The framework grew from surveys, focus groups, and interviews that involved more than 100 of the partners' affiliates and sites across 19 states. Input was also sought from other local, state, and national stakeholders. While the four models were the starting point for the project, their local experiences reveal a broad range of community partners who play important roles in early childhood collaboration.

This guide includes an introduction to the Hand in Hand framework, description of the three elements, applications of the framework in communities, questions for communities to consider when using the framework, and a directory of related resources.
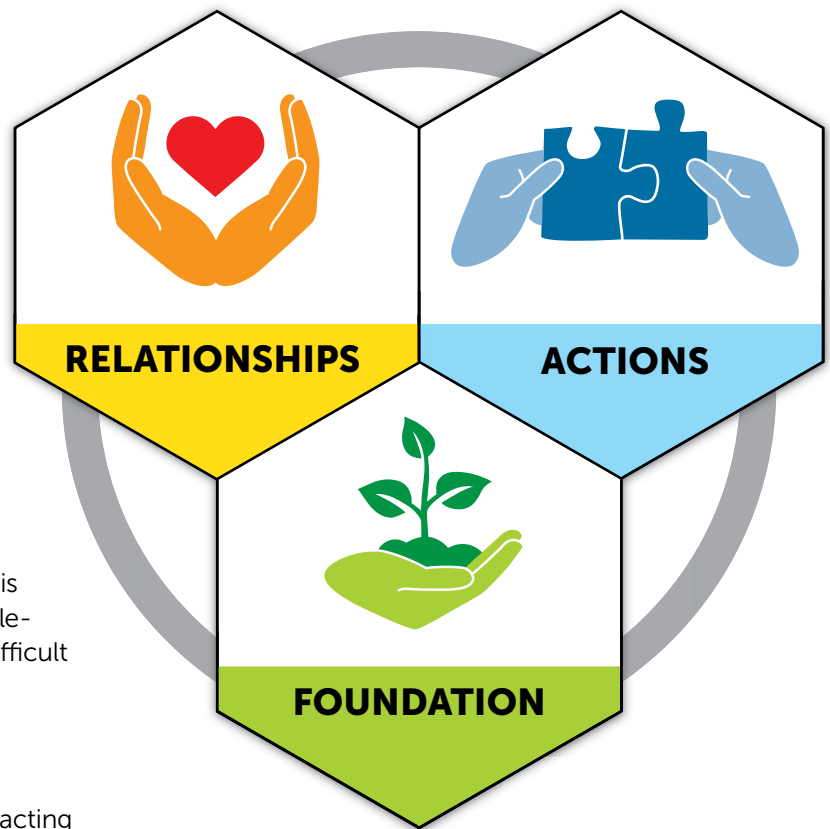
Description of the Framework

The Hand in Hand framework is for everyone who supports families with young children. It is inspired by decades of evidence on the powerful impact of early childhood on human development. It recognizes collaboration as an essential tool for doing the most good for the most families, especially those with the greatest needs.

While the rewards of collaboration are many, so are the challenges. As one community partner noted, "It's easy to agree on harmony; it's harder to speak openly about competition, turf issues, and the exclusion of key voices." This framework supports community partners in celebrating their successes, as well as having the difficult but necessary conversations.

OVERVIEW

The framework is organized around three interacting elements of early childhood collaboration: foundation, relationships, and actions. All three elements are always in play, though communities may focus on one more than others at different times.

- The foundation includes the values, processes, leadership, and resources that nurture collaboration in a community over time. A strong foundation provides fertile soil for communities to test new ideas, engage diverse partners, and adapt to ever-changing circumstances. This element is heavily influenced by the relationships element and is a key factor in the success of the actions element.

- Relationships form the social fabric that engages and sustains people in their shared efforts. This element addresses who in the community is involved in early childhood collaboration and the various roles they play as families, organizations, networks, and the community at large.

- Actions are the tangible steps people take together to support young children and families. These include steps that address the immediate needs of families, as well as those focused on developing policies and systems to serve and support families.

Additional support for using the framework includes the following resources, which are included in the Appendix:

- **Hand in Hand Story Bank** includes detailed accounts from communities on implementing various aspects of the framework. The stories were developed by the Model Convening Project in partnership with local affiliates and include interviews with families about their perspectives on early childhood collaboration.

- **Hand in Hand Briefs** address three topics: aligning early childhood services in shared communities, public policy advocacy for early childhood, and advancing racial equity in early childhood systems. Each brief features stories, examples, and strategies related to the topic, along with questions for communities to consider.

Guiding Principles of the Hand in Hand Framework

Every community is unique.
The Hand in Hand framework is adaptable to the circumstances of each community and the needs and aspirations of the families who live there. The framework also accommodates the different ways communities define "early childhood," ranging anywhere from pre-pregnancy through the third grade.

Collaboration hinges on sound relationships.
The framework provides an impetus and structure for people to develop and strengthen trusting relationships in service to young children and their families.

Collaboration is inclusive.
The framework is not limited to specific programs or models. A community may use this approach to potentially engage any and all early childhood programs. The framework also welcomes participation from other sectors of the community concerned about young children.

Collaborative communication is multi-directional.
The framework calls for meaningful interactions among and between all parties, including families with young children and the programs that serve them, as well as policymakers, funders, community members, and others.

Collaboration strives for equity and justice.
The framework aims to ensure equity for families who have been marginalized—racially, socially, and/or economically. Equally important, the framework calls for their participation in the development of the policies, programs, and systems that affect them.

Collaboration is a driver for systems change.
The framework supports a seamless, scalable, sustainable, and responsive system of care. Such a system must ensure equitable access to supports and services that promote the health and well-being of every baby, child, and family.

Collaboration involves multiple levels of action.
For example, "service coordination" is often viewed as a direct service that connects families to resources they need from the *available pool* of resources in their community. It can also be a systems-level intervention to ensure access to a *full range* of resources by *all* families within a community.

Collaboration develops with time and effort.
Communities select which components of the framework they want to work on, as well as the order and pace of their efforts.

Collaboration requires resources.
It takes time and commitment to sustain ongoing work across programs and sectors. The framework helps communities assess not only what they want to achieve together, but also plan for the human and financial resources it will require.

THREE ELEMENTS OF COLLABORATION

FOUNDATION

The foundation includes the values, processes, leadership, and resources that nurture collaboration in a community over time. A strong foundation provides fertile soil for communities to test new ideas, engage diverse partners, and adapt to ever-changing circumstances. This element is heavily influenced by the relationships element and is a key factor in the success of the actions element.

The foundation includes guiding values, structures, processes, leadership, and resources.

Guiding values reflect the principles, beliefs, and priorities of the collaborating partners and help define the parameters of what they will work on together and the manner in which they will collaborate.

．．．

Structures and processes provide a mutually agreed-upon infrastructure for how people and organizations will work together over time.

Examples of structures include the following:

- ongoing early childhood collaborative groups, as well as participation in broader collaborative groups, of which early childhood is a part

- shared advisory committees and work groups co-sponsored by multiple organizations

- shared data systems that may include performance and outcome data, as well as resource and population-level data

Examples of processes include the following:

- shared community vision, goals, and milestones, in which partners recognize benefits to their own organizations, as well as to the greater good

- strategic thinking and planning, including consideration of the community context (social, economic, political, etc.) as it affects families with young children

- performance and outcome measures to ensure equity, quality, and effectiveness in collaborative activities

- shared decision making, based on the group's explicit agreement on the process they will use, such as consensus decision making or Robert's Rules

- formal agreements, such as a memorandum of understanding (MOU) between people/organizations that describes how they will coordinate their efforts and specifies the roles and responsibilities of each

- amplification of family voices through frequent communication and involvement of families in system planning and evaluation, service on boards and committees, and participation in public policy advocacy

- shared language, including terms that everyone understands and agrees upon

．．．

Leadership is a significant factor in successful collaborations. Types of leadership often include individual champions who play key roles in raising awareness, securing resources, or advancing best practices; "big picture leaders," focused on the system as a whole; and leaders with decision-making power who can come to the table and make a difference versus sending a surrogate with less influence.

Shared leadership encourages initiative from many people rather than deferring to a single leader or a handful of leaders. The goal is to develop "leaderful" early childhood systems and movements that remain strong even when key people leave. Strategies include

having co-chairs and co-directors for collaborative projects, as well as multiple organizational co-sponsors who share responsibilities for the project.

Diversity of leadership is also important. Intentional efforts are needed to engage and nurture leaders who reflect all segments of the community. These include but are not limited to parents/caregivers, people of color, people living in poverty, and frontline staff who provide direct services.

. . . .

Resources to improve collaboration are needed in two important areas. One is to fund the actual services and supports included in the action-oriented element of the framework. Resource limitations within and beyond the early childhood system significantly hamper the ability of service programs—no matter how well they collaborate—to connect families with resources they need.

The other area in need of resources is for people whose jobs—in whole or in part—are to cultivate relationships across organizations so that successful collaboration may occur. This work ensures that families get connected to needed services and that the system is working as it should for all families. Nurturing these connections is essential to good outcomes for children and families.

Ways that early childhood programs can collaborate to maximize their collective resources include cross-program staff development activities, shared physical locations, partnerships in implementing programs, and blended funding and administrative resources.

RELATIONSHIPS

Relationships form the social fabric of collaboration that engages and sustains people in their shared efforts. This element addresses who in the community is involved in early childhood collaboration and the various roles they play as families, organizations, networks, and the community at large.

- **Families with young children** are at the center of collaboration. Families are not only the recipients of early childhood services but also partners in planning and choosing their services. Families are also essential in the development of programs, systems, and policies, and their voices should represent the racial, social, and economic composition of the community.

- **Organizations** are the front line of services for pregnant persons, young children, and their families. They range from neighborhood centers to faith-based groups to large service-providing agencies. They include programs that focus primarily on the early years, as well as those providing essential resources to a broader population (e.g., food, housing, and transportation). They also include the government agencies and foundations that provide financial and other support to early childhood programs.

- Some program models are affiliated with county/city, state, regional, tribal, or national agencies. These entities typically provide guidance and support in program planning and implementation, staff development, program evaluation, and best practices. Other types of organizations include local, regional, and national technical assistance centers and professional associations.

- **Early childhood networks** include formal and informal groups that operate across models, disciplines, and/or sectors. Examples include local early childhood coalitions, Collective Impact initiatives, state Early Childhood Advisory Councils, the National Alliance of Home Visiting Models, and the National Association for the Education of Young Children, to name a few.

  Some networks have paid staff, while others rely exclusively on the work of network members and their organizations. Many networks come together voluntarily, sometimes around a specific issue in the community. Others form in response to opportunities or requirements by funders or other entities.

- **All of us** have potential roles to play in supporting early childhood development. Families with young children need support from a variety of sources beyond early childhood programs. These range from the informal support families get from relatives and community members, as well as organized efforts to address larger societal issues, such as racial and economic disparities.

Shared trust, transparency, and respect are fundamental to successful collaboration. It often means "leaving your agency hat at the door" and keeping the best interests of families at heart. Collaboration is also influenced by the depth and longevity of relationships and the effectiveness of communication among stakeholders.

Relationship-building across diverse perspectives is critical. Aspects of diversity include demographics (e.g., age, race, ethnicity, socioeconomic); sectors (e.g., health, education, social services, business, philanthropy); and lived experiences (e.g., people who are or have been in circumstances comparable to families served by the program or system).
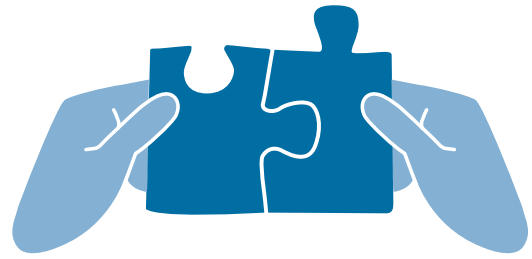
ACTIONS

Actions are the tangible steps people take together to support young children and families. This element includes actions that address the immediate needs of families, as well as those focused on developing better policies and systems to serve and support them.

An essential step in implementing this element is recognizing a **compelling concern** in a community. This step involves the partners having a shared understanding of the problem or issue they want to address, as well as a shared vision of how life will be better for children and families if the partners are successful in their efforts.

Direct services to families are the most frequent collaborative action and a potential gateway to additional actions. Examples include collaboration on

- outreach and referrals
- coordination of services
- family events and activities

Early childhood system building activities aim to create comprehensive, coordinated, and responsive systems at local, regional, and state levels. Examples include:

- development of centralized access points
- alignment of messaging across programs
- improved data sharing among organizations
- alignment of tools and practices across programs
- efforts to address early childhood workforce needs
- evaluation of system outcomes and impact

Community/societal improvements involve efforts to address larger societal issues that impact young children and their families, such as poverty, racism, and inequities in education, housing, employment, child care, and health care. Examples of actions that can be taken include

- improvements in public policy

- increased funding for universal needs, such as housing, food, and transportation

- realignment of resources to improve equity

- training and resources on antiracism and cultural relevance

Application of the Framework in Communities

The Hand in Hand framework can be used by any community working on early childhood collaboration. Two communities—Palm Beach County, Florida, and Tarrant County, Texas—serve as examples of how the three elements of the framework can be applied to collaborative efforts to support young children and their families in more urban areas. A rural perspective is also offered, focusing on Greenwood County, South Carolina, and Navajo County, Arizona.

PALM BEACH COUNTY, FLORIDA

The Children's Services Council (CSC) of Palm Beach County was approved by voters and established in 1986 as an independent special district funded by local property taxes. Their mission is to plan, fund, and evaluate prevention and early intervention programs and to promote public policies that benefit all Palm Beach County children and families. CSC has been working on early childhood system development since the early 2000s.

Three of the four Model Convening Project partners provide services in Palm Beach County. Help Me Grow is administered by 211 of Palm Beach/Treasure Coast; Nurse-Family Partnership is administered by the Palm Beach County Health Department; and HealthySteps is administered by The Arc of Palm Beach County. All three receive funding through CSC's Healthy Beginnings system.

FOUNDATION

CSC's Healthy Beginnings system offers a comprehensive set of services to expectant parents and families with children up to 5 years old. CSC, the backbone organization, serves as a **structure** to coordinate and fund two entry agencies and over 30 programs such as home visiting, group prenatal care, parenting, and Part C early intervention. Coordination mechanisms include quarterly leadership meetings of executive directors and program directors from each provider agency, as well as a coordinated intake and assessment group focused on processes and issues faced by families.

In addition to funding, provider organizations receive a variety of **resources.** These include professional development, technical assistance, communications and marketing support, computer equipment, and legal assistance.

Through the years, the staff and board of CSC have been tenacious in their commitment to three major **outcomes:** ensuring that births are healthy, that children are free from abuse and neglect, and that children enter school ready to learn. Although strategies have evolved, these outcomes serve as a "north star."

RELATIONSHIPS

Healthy Beginnings serves as a network for a large group of service-providing **organizations**. In 2009, CSC released a request for proposals for providers to deliver evidence-based programs. Funded programs were added through 2013. After completing a

strategic review and allocation analysis in 2018, the refinements identified for the Healthy Beginnings system included the commitment to use a racial and ethnic equity lens to guide ongoing decision making and increase the opportunities for **family voice, choice, engagement, and involvement**. Healthy Beginnings now has a greater appreciation for community-driven supports, promising programs, and services families are using or a nonprofit wants to develop. In the future, CSC plans to preserve their coordination role but rely more on providers and families for solutions to community issues.

ACTIONS

Prior to 2009, CSC examined how Palm Beach County was supporting expectant parents and families with young children up to age 5. They found that individual programs were doing their own outreach and screening. This duplication was the compelling concern that led to the creation of the Healthy Beginnings system of centralized intake and referral. CSC funded two entry agencies—Healthy Mothers, Healthy Babies for expectant families, and Home Safe for families of young children. These agencies reach out to families, obtain consent, conduct screening and assessment, and refer to needed services. A key benefit is that families no longer have to go "door to door" to find services.

Because CSC also funds and coordinates Healthy Beginnings provider agencies, they can ensure that programs fit together and are **aligned**. CSC has a strong accountability system that requires a comprehensive program performance assessment. According to outside evaluations, Healthy Beginnings programs have robust outcomes even beyond those typical for their model.

Healthy Beginnings has a shared **data system** that follows children and families longitudinally through all funded services they receive. In development of the data system, CSC had to balance the need for data to support the broader system with the data needed by individual programs. Providers are heavily involved in the incorporation of their program into the data system, which is customized to reflect the program's needs.

For example, the Healthy Beginnings database is the core data system for Nurse-Family Partnership, but the model collects additional data through the national database. HealthySteps child development

consultants also use the Healthy Beginnings database. When Florida took on the Help Me Grow model, Palm Beach County didn't want Help Me Grow to operate as a standalone program, but rather to be integrated with Healthy Beginnings so that families could have easy access to the full array of programs available through the network. Help Me Grow, led by 211, enters family data into the Healthy Beginnings data system and is able to make direct referrals to the entry agency for young children. To support this integration, CSC contributes funding for a 211 staff person dedicated to Help Me Grow. The shared data system was redesigned recently to upgrade the user interface and add a dashboard.

TARRANT COUNTY, TEXAS

Founded in 2016, the Early Learning Alliance (ELA) is a collaboration of over 50 organizations working together to help children in Tarrant County, Texas achieve success in school and in life. The Alliance is a 10-year movement to ensure that children are ready for kindergarten. It started with a focus on early care and education but expanded in 2017 to develop an infant-toddler developmental screening workgroup in partnership with My Health My Resources (MHMR) of Tarrant County. In 2019, MHMR, in partnership with ELA and Tarrant County Public Health, also became an affiliate of Help Me Grow.

All four Model Convening Project partner organizations are involved with the ELA. One of the ELA's founding members is MHMR's Early Childhood Services Division, which includes Family Connects, HealthySteps, and Help Me Grow. MHMR is also a member of ELA's leadership team, as is Tarrant County Public Health, which administers the Nurse-Family Partnership.

FOUNDATION

ELA provides a **structure** for coordination among its member organizations, which sign a **letter of commitment** and pay dues. ELA's leadership team is comprised of 19 heads of agencies, and strategic plans are updated every two to three years. To implement Help Me Grow North Texas, cross-sector subcommittees such as marketing, family engagement, data, and provider support meet at least quarterly. For example, the provider support and training subcommittee is creating a comprehensive **cross-sector training strategy**

to ensure that all early childhood providers have the professional development they need.

In 2017, ELA adopted Results-Based Accountability for organizations to **measure impact** and communicate community outcomes. The community scorecard is a web-based platform into which providers enter their own data. The scorecard tracks data on both publicly available population-level demographics and performance measures. Data is disaggregated and analyzed by race. Collaborative groups review the data to inform planning and appropriate allocation of resources and services.

In partnership with the Center for Nonprofit Management, MHMR is developing an **outcomes** map across three programs they implement—Help Me Grow, HealthySteps, and Family Connects. Program outcomes as well as overarching outcomes are being identified to determine the impact of services on families. Eventually they hope to broaden the scope to include other programs.

Over 30 **funding** sources support early childhood collaboration in Tarrant County. Organizations strive to partner rather than compete for funding. Each new funding opportunity is used to take the next step in building a system.

RELATIONSHIPS

Partner organizations in the ELA include a wide range of nonprofit **service providers, educators, foundations, and government leaders** in the Fort Worth area. The Help Me Grow North Texas model is built upon the strong relationships between providers in the county, bringing together a diverse collaborative of organizations with the collective aim of developing a system to support the optimal development of young children. They are working to bring a stronger **family voice** to the table through family partners.

Relationships with **local government** are solid in Tarrant County and have led to partnerships with **national organizations** and increased funding. Tarrant County Commissioner Roy C. Brooks is an advocate for county government investments in early childhood. In 2018, the National Association of Counties Research Foundation chose Tarrant County to be part of their Impact Network focused on improving outcomes for infants, toddlers, and their families. This led to Tarrant County Commission's approval in 2020 of a significant investment in Help Me Grow North Texas as a match to a Pritzker Children's Initiative grant. In addition, in 2019, the City of Fort Worth joined the National League of Cities (NLC) Supporting a Strong Prenatal to Age 3 Agenda initiative.

ACTIONS

As organizations in the ELA began to examine services for young children and their families in Tarrant County, they saw gaps in services and began creating programs to fill them. However, service providers were often working in silos. In 2017, ELA created the infant-toddler developmental screening workgroup to build a coordinated system of tracking **developmental screenings, referrals, and services** across the county. The workgroup gathered information on the number of developmental screenings, referrals, and use of the Ages and Stages Questionnaires. They created the FIND*connect* data system, partnered to establish Family Connects at two hospitals, and promoted screening in WIC clinics and early childhood programs. In 2019, the number of children receiving developmental screenings and referrals increased by over 200 percent.

The process of bridging sectors to address developmental screening, and the resulting recognition of the need to develop a coordinated system, was the **compelling concern** that led Tarrant County to adopt the national Help Me Grow model. Help Me Grow North Texas is seen as the framework and **centralized access point** for the system, with various programs and services as strategies for achieving the goals. The centralized access point houses a call center, website, and the FIND*connect* database of resources. In response to the pandemic, launch of the call center was accelerated to meet the needs of vulnerable families. Call center staff assist families in navigating through community resources by providing child development information, completing screening tools, referring to needed services, and following up to offer ongoing support.

Help Me Grow North Texas is phasing in a region-wide approach across 18 counties, with full implementation expected by the end of 2021. Stakeholders in each community decide how they want to implement the model using a **replication** roadmap tool. Although the North Texas group was the first Help Me Grow affiliate in Texas, five other cities across the state are coming onboard. Tarrant County is serving as a support to those communities with the goal of growing the collaborative model throughout the state.

© Rebecca Drobis

RURAL PERSPECTIVES ON EARLY CHILDHOOD COLLABORATION

While every rural community is unique, many share similar challenges and opportunities. Model Convening Project partners in Greenwood County, South Carolina, and Navajo County, Arizona, offered their insights about early childhood collaboration in rural areas as it relates to the Hand in Hand framework.

FOUNDATION

In each of the two locations, a Community Health Center provides the organizational **structure** needed to support small-scale early childhood programs serving a multi-county area. Both organizations are Federally Qualified Health Centers that receive federal funds to provide primary care services in underserved areas. They also use a sliding fee scale based on ability to pay, which makes them a strong venue for reaching at-risk families.

North Country Healthcare (NCH) serves 12 communities across northern Arizona. NCH provides a full range of OB/GYN, pediatric, and primary care for families and operates a HealthySteps program, which embeds an early childhood developmental specialist within primary care settings to engage with families during routine visits for infants and toddlers.

Carolina Health Centers (CHC) serves a seven-county area in the Lakelands region of South Carolina. It is the umbrella organization for several early childhood programs, including HealthySteps and three home visiting programs: Nurse-Family Partnership, Parents as Teachers, and Healthy Families America. CHC also provides care coordination for children with special health care needs and their families.

Ashley Smith, HealthySteps Specialist and Supervisor at CHC, noted the benefits of **shared space** for CHC's early childhood programs. With a small staff covering a large catchment area, sharing the same office provides greater opportunities for staff to share information and coordinate efforts for the families they serve. Smith credits CHC and the first director of early childhood programs for establishing **competitive salaries** for the home visitors and HealthySteps Specialists, which has resulted in low turnover and greater continuity of care.

A frequent challenge in rural communities is attracting funders to invest in low-population areas. Michelle Simmons is the HealthySteps Specialist at NCH in Navajo County, which is the size of New Hampshire and has a population of 112,000 people. She hears a lot about more populated areas, where a critical mass of funders has come together to support early childhood system building. "It's great to see what is possible when there are resources," said Simmons. "But the reality is that a small percentage of communities have that level of resources. In a highly rural area, there's not that much to collaborate with. We don't have even the essentials. People often have to leave their community in order to get services."

Jurisdictional issues can also limit a rural community's ability to maximize the resources it has. Simmons works in Winslow, three miles from the border of the Navajo Nation. About half of her HealthySteps patients at NCH are Native Americans, who are also eligible for services from a local clinic funded by the Indian Health Service. At times, the regulations of different federal agencies limit the ability of local health

providers to join forces. For example, both NCH and the Indian Health Service-funded clinic wanted to start a much-needed Sexual Assault Medical Examination program in Navajo County. Neither organization had the resources to do this alone. However, they were unable to combine their resources because of their funding structures.

RELATIONSHIPS

Rural communities are sometimes described as places where everyone knows everyone else's business. Simmons sees this as a plus in early childhood collaboration. "We realize our agencies can't be siloed in rural areas. You have to work together whether you like it or not. We have long-standing relationships among **community partners**, largely because we're going to see each other at the grocery store and the little league field. Then we'll go off on this whole work-related thing on Saturday, which may not be ideal, but that's just how it works."

Both CHC and NCH are involved in **networks at multiple levels**. These include local service provider coalitions, which are typically broad based and not focused solely on early childhood. Staff are also connected to state and national groups relevant to their early childhood work. For example, Simmons and Smith have served as HealthySteps Ambassadors, who provide insights and on-the-ground perspectives to the HealthySteps National Office. Participation in various networks, especially those beyond the community, has been enhanced by the rapid adoption of virtual meeting technology during the pandemic.

Parents play a significant role in outreach in these two communities. "Word of mouth is huge," said Smith. Mothers who have had home visitors readily share their experience with pregnant friends and relatives. It's not uncommon for people to forget the name of the program, but they often recommend the home visitor by name.

ACTIONS

CHC has developed a system for coordinating **intake and referrals** among its early childhood programs, with HealthySteps as the hub. "For every newborn that comes through our center, we have a question-naire that the family fills out," said Smith. "It includes

Questions for Communities to Consider

Based on the Hand in Hand framework, these questions were designed to help people talk and work together on issues that affect young children and their families. The questions can be tailored and expanded upon based on each community's circumstances.

FOUNDATION

The foundation includes the values, processes, leadership, and resources that nurture collaboration in a community over time. A strong foundation provides fertile soil for communities to test new ideas, engage diverse partners, and adapt to ever-changing circumstances.

1. What is the community context (e.g., financial, social, political) and its potential impact?

   - What opportunities exist to generate support for the effort?

   - What are potential challenges, and how might they be addressed?

2. What existing structures are in place to support the effort (e.g., councils, coalitions, networks, associations)?

3. What processes have been agreed upon to guide the effort?

   - What values and vision guide the work?

   - Are there shared goals, milestones, and/or performance and outcome measures?

   - What process will be used to make decisions?

4. What resources are needed to support the effort?

   - What types of assistance are needed (e.g., expertise, funding, staffing)?

   - What existing resources can be dedicated to the effort?

   - What additional resources are needed, and what are potential sources?

RELATIONSHIPS

Relationships form the social fabric that engages and sustains people in their shared efforts. This element addresses who in the community is involved in early childhood collaboration and the various roles they play as families, organizations, networks, and the community at large.

5. Who needs to be involved in addressing the issue, and how (e.g., individuals, families, organizations, networks, policymakers)?

   - What groups and individuals are already involved, and how?

   - What groups and individuals are not currently represented?

   - How can you work with families to co-design strategies and services that meet their needs?

6. What organizations and individuals are willing and able to help spearhead the collaborative effort?

7. How will we ensure the inclusion and participation of diverse groups (i.e., social, racial/ethnic, economic, linguistic, ability, religion, sexual orientation, gender identity) in all aspects of the collaboration?

ACTIONS

Actions are the tangible steps people take together to support young children and families. These include steps that address the immediate needs of families, as well as those focused on developing policies and systems to serve and support them.

8. What problem or issue are we trying to address?

   - How widely shared is concern about the issue in the community?

   - What can be learned from previous efforts to address the issue?

   - How can we keep equity at the center of our efforts?

9. If we are successful in our efforts, what will be different five years from now?

   - What will be the impact on children and families?

   - What will be the impact on programs and the community?

10. What are our short- and long-term goals for the effort?

11. What are the main features or components of the effort?

12. What are our action steps and timeframe?

demographics and some of the risk factors, like smoking, prenatal care, and history of depression, that would qualify them for the home visitation programs."

A HealthySteps staff member then reviews all the questionnaires and refers higher-risk families to Healthy Families America and lower-risk families to Parents as Teachers. Nurse-Family Partnership, which always starts prenatally, receives its referrals directly from primary care providers at CHC or from OB/GYN practitioners in the community. CHC also collaborates with and makes referrals to other programs in the community, especially Head Start and Early Head Start.

Before coming to HealthySteps, Smith was a home visitor for 13 years with children with special needs. "I know the other home visitors," she said. "We don't have any problems calling each other and helping

each other out. That really helps a lot. If I was just a random person in the clinical area they didn't know, it may not work as well."

Both CHC and NCH experienced the dramatic surge in **telemedicine** and **virtual home visits** during 2020, which has helped reduce some of the geographic barriers to services in rural areas. CHC was able to shift money in their budget from milage reimbursement for in-person home visits to purchase data plans for families to engage in virtual homes visits. The result was a significant increase in family participation and retention for those with access to phones and Internet.

However, for those who lack **essential resources**, the inequities have become even more glaring. "Even though we have Medicaid transport that will pick people up, you have families that don't have phone

service at their home," said Simmons. "I work with several families that have no running water, no power, and dirt floors in their home. There's a lot of issues that most people don't think of as issues any more. Like having electricity in your home. For a lot of families on the reservation, that's a luxury."

Hand in Hand Directory of Publications and Resources

The Hand in Hand directory includes a guide, three briefs and nine stories developed by the Model Convening Project, accompanied by an annotated list of related resources.

MODEL CONVENING PROJECT RESOURCES

HAND IN HAND GUIDE

The Hand in Hand framework is a collaborative approach to supporting positive, equitable outcomes for all young children and their families. It envisions a nation where all babies are born into communities of opportunity that provide them with what they need, where they need it, and when they need it. The guide includes an introduction to the framework, guiding principles, description of the key elements, applications of the framework in communities, and questions for communities to consider when using the framework.

HAND IN HAND BRIEFS

In addition to the guide, three briefs elaborate on the experiences and insights of shared communities, where two or more Model Convening Project partners have affiliates/sites. They include the following topics:

1. "Aligning Early Childhood Services in Communities" describes a variety of approaches to align early childhood services in order to reach more families, improve coordination of services, and strengthen systems of care.

2. "Public Policy Advocacy for Early Childhood" describes four successful policy initiatives to strengthen early childhood systems at state, county, and municipal levels.

3. "Advancing Racial Equity in Early Childhood Systems" focuses on community efforts to advance equity in the areas of parent leadership, program development, system building, and policymaking.

HAND IN HAND STORY BANK

The stories feature examples of how people and organizations are collaborating in communities to improve outcomes for young children and their families. The stories were developed by the Model Convening Project in partnership with local affiliates and include interviews with families, service providers, and other stakeholders.

- "Parent Leadership in Early Childhood Systems: Lessons Learned from Three Communities" describes efforts to strengthen parent leadership in ways that promote racial equity and inclusion in Liberty City, Florida; Kent County, Michigan; and Multnomah County, Oregon. This story was co-produced by the Model Convening Project and the National Collaborative for Infants & Toddlers.

- "Meeting Parents Where They Are" is based on an interview with Denise Brown from Jacksonville, Florida, who shared her experience as a parent and advice on how to support the development of parent leaders.

- "Paying It Forward" is based on an interview with Fatimah Jeffery from Edison, New Jersey, who shared her experience as a parent and the importance of providing emotional support to parents with young children.

- "Creating a Centralized Access Point on Long Island, New York" is based on an interview with Melissa Passarelli, Help Me Grow Long Island Coordinator, about lessons learned in the development of a centralized access point for early childhood programs and its role in responding to families' basic needs during COVID-19.

- "Community Alignment in Guilford County, North Carolina" describes efforts to align and strengthen collaboration among early childhood programs in the Greensboro area, with leadership from the Get Ready Guilford Initiative.

- "Building Relationships in Service to Families" is based on an interview with Phyllis D'Agostino, who reflected on her many years of experience supporting pregnant women and families with young children, including her current work with Family Connects in Forsyth County, North Carolina.

- "Striving for Racial Equity in Tarrant County, Texas" describes the work of the Early Learning Alliance to help all children in the Fort Worth area achieve success in school and in life and to eliminate disparities that undermine child well-being.

- "Addressing Racism as a Public Health Crisis" is based on an interview with Psychologist Dominique Charlot-Swilley, who co-leads the design, implementation, and evaluation of ZERO to THREE's HealthySteps in Washington, DC.

- "Public Policy Advocacy in the District of Columbia" describes a successful collaborative effort to pass the Birth-to-Three for All DC Act of 2018 and advocate for its implementation and funding.

OTHER RESOURCES BY TOPIC

PUBLIC POLICY ADVOCACY

- The State of Babies Yearbook, developed by ZERO TO THREE, provides policymakers and advocates with national and state-level data profiles to help them advance policies to improve the lives of babies and families. The *Yearbook* compiles 60 indicators to measure progress across three policy areas: good health, strong families, and positive early learning experiences.

- The Prenatal-to-3 State Policy Roadmap (of the Prenatal-to-3 Policy Impact Center) provides a data profile for each state on its progress in implementing effective solutions to foster the nurturing environments infants and toddlers need. The Roadmap currently includes 8 policy goals, 5 effective policies, 6 effective strategies, and outcome measures for the well-being of young children and their families.

RACIAL EQUITY

- "How Racism Can Affect Child Development" is an illustrated explanation developed by the Center for the Developing Child at Harvard University.

- "Restoring Dignity: Addressing Structural Racism, Childhood Adversity, and Child Health through Reimagined Community Partnerships" is a podcast featuring Dr. Renee Boynton-Jarrett's presentation at the 2021 Honorary Dworkin Pediatric Grand Rounds at Connecticut Children's Medical Center. Dr. Boynton-Jarrett is a pediatrician and social epidemiologist and the founding Director of the Vital Village Community Engagement Network. The podcast is listed by its date on 3/2/21.

- Supporting the First 1,000 Days of A Child's Life: An Anti-Racist Blueprint for Early Childhood Well-Being and Child Welfare Prevention, by Alexandra Citrin, et al., is a publication of the Center for the Study of Social Policy.

- The Center for Urban and Racial Equity partners with people and organizations to advance equity and justice through policy, systems, institutional, community, and societal change. The Center

- The [Manifesto for Race Equity and Parent Leadership in Early Childhood Systems](#), another CSSP initiative, was created in 2018 to help early childhood systems learn to work with parents in ways that promote equitable outcomes and maximize opportunities for all children.

- [Talking is Teaching](#) is a universal developmental health community campaign. With the support of the Clinton Foundation, parents in Liberty City, Florida, created the parent edition and now train other parents on how to create and lead developmental health campaigns.

- [Cultural Humility Training](#) was developed by the California Prevention Training Center for people working to address health disparities in their communities. The training covers the concept and principles of cultural humility, including lifelong learning and critical self-reflection, recognizing and challenging power imbalances, and institutional accountability.

does this through research and analysis, strategic planning and consulting, and training and community engagement strategies that address systemic barriers to racial equity.

PARENT LEADERSHIP

- [Community Organizing and Family Issues (COFI)](#) uses parents' strengths and commitment to their children and to their neighborhoods to help make positive change in their own lives, their families, and their communities.

- [Popular Education](#) is an effective strategy for sharing information, building skills, and developing leadership. In a health promotion context, Popular Education helps people analyze the root causes of ill health and create healthier and more just communities.

- The [Parent Leader Network of the Center for the Study of Social Policy (CSSP)](#) brings together parents from across the country to collaborate, build leadership skills, advance racial equity, and advocate for change in early childhood systems.

RESPONSES TO COVID-19

- [Using Help Me Grow to Support Families Through COVID-19](#) is a report by the Help Me Grow National Center that describes the various ways affiliates have employed seven key elements of the Help Me Grow model to support families impacted by COVID-19.

- ["Opening 'so many doors for families': COVID-19 underscores importance of wraparound care for new moms and children,"](#) by Jayne O'Donnell, *USA TODAY*, October 20, 2020, includes interviews with staff and parents from HealthySteps and Nurse-Family Partnership.

OUTCOME MEASUREMENT

- ["Prenatal-to-Three Outcomes Framework Brief,"](#) published by the National Collaborative for Infants & Toddlers, summarizes a set of evidence-based metrics developed to track the health and development of children prenatal to age 3 with data that are comparable and reliable across states, communities, and diverse families.

- "NCIT Data Case Story: Addressing Data Challenges to Track Progress on Community Initiatives," published by the National Collaborative for Infants & Toddlers, highlights efforts in Dauphin County, PA; Minneapolis, MN; and Tarrant County, TX, to tailor the NCIT Outcomes Framework to meet the unique needs of the children, families, programs, and services in their areas.

- The IMPACT (Integrated Measurement, Program Assessment, and Collaborative Tools) Measures Repository is a centralized, regularly updated web-based repository and search engine, dedicated to informing and educating various stakeholders in the field (e.g., program developers, practitioners, community members, child care providers, social entrepreneurs, and academic researchers). The IMPACT Measures Repository is currently being created and will include an exhaustive list of measures that can be used to evaluate the efficacy and effectiveness of programs supporting caregivers and their young children. These include measures of infant and early child development (0-5 years of age), child care quality, parent-child interaction, and caregiver health and well-being.

ABOUT THE MODEL CONVENING PROJECT

Four national, evidence-based early childhood models are exploring ways to have a greater impact on young children and their families in communities where their programs overlap:

- Family Connects is a population-based health program that enhances the local network of care by providing nurse home visits to all parents of newborns during the first month of life. During the visit, the nurse provides information, conducts health assessments and makes connections to community resources that are needed.

- HealthySteps, a program of ZERO TO THREE, integrates a child development expert into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers, particularly in areas where there have been persistent inequities for families with low incomes and families of color.

- Help Me Grow supports communities in strengthening their early childhood systems through centralized access points, family and community outreach, child health care provider outreach, and data collection and analysis.

- Nurse-Family Partnership (NFP) provides nurse home visits to first-time moms and children living in poverty or with other risk factors. Services are provided prenatally to the child's second birthday.

The project is a multi-year initiative, with leadership and facilitation from ZERO TO THREE and funding from the Pritzker Children's Initiative. While the four models were the starting point for the project, their local experiences reveal a broad range of community partners who play important roles in early childhood collaboration. For links to additional stories and briefs from the Model Convening Project, see our Hand in Hand Directory.

Published May 2021

Model Convening Project Acknowledgments

PRITZKER CHILDREN'S INITIATIVE

Through its Pritzker Children's Initiative, the J.B. and M.K. Pritzker Family Foundation has been a champion of quality early learning for more than two decades. The Model Convening Project partners are grateful for the grant provided by the Pritzker Children's Initiative and the guidance offered by Director Gerry Cobb and Foundation President Janet Froetscher.

CONTRIBUTORS

The Model Convening Project partners express their appreciation to the many individuals who contributed to the development of the Hand in Hand framework, stories, and briefs. They include the following people, who participated in focus groups and interviews, reviewed draft documents, and provided other useful input. While their inclusion on this list does not indicate their endorsement, their insights were invaluable in the development of the Hand in Hand resources.

Jammie Albert, National League of Cities

Ruqiyyah Anbar-Shaheen, DC Action for Children, Washington, DC

Rose Bradshaw, North Texas Community Foundation

Denise Brown, Parent Leader, Jacksonville, FL

Melissa Buchholz, University of Colorado School of Medicine

Michelle Buckley, Early Learning Alliance, Tarrant County, TX

Abby Bush, Help Me Grow Oregon, Providence Child Center, Portland

Jeanna Capito, National Home Visiting Model Alliance

Mishawne Carrington, Nurse-Family Partnership, Guilford Child Development, NC

Michelle Chapin, Ready for School, Ready for Life, Guilford County, NC

Dominique Charlot-Swilley, HealthySteps, Early Childhood Innovation Network, Washington, DC

Elizabeth Clark, Children's Services Council of Palm Beach County, FL

Shayna Cook, Bainum Family Foundation

Stormi Covington, Family Connects, Ready for School, Ready for Life, Guilford County, NC

Lorrain Cragan-Sullivan, Help Me Grow South Carolina

Phyllis D'Agostino, Family Connects, Novant Health, Forsyth County, NC

Twylla Dillion, United Way of Greater Rochester, NY

Kendra Dunn, Office of Early Childhood, Colorado Department of Human Services

Todd Elliot, Help Me Grow District of Columbia

Wade Fickler, National Conference of State Legislatures

Mariana Florit, National Collaborative for Infants & Toddlers Capacity-Building Hub

Emily Fried, Every Child Pediatrics, Thornton, CO

Celestina Grannum, Family Connects, My Health My Resources, Tarrant County, TX

Michelle Gross, Children's Services Council of Palm Beach County, FL

Holly Hawkins, University of Oklahoma Health Sciences Center

Susan Hibbard, National Collaborative for Infants & Toddlers Capacity-Building Hub

Dirk Hightower, Children's Institute, University of Rochester, NY

Sarah Barclay Hoffman, Early Childhood Innovation Network, Washington, DC

Kathy Houston, Help Me Grow North Texas

Ronald Jarrett, Under 3 DC Coalition, Washington, DC

Fatimah Jeffery, Parent Leader, Edison, NJ

Jeff Kaczorowski, University of Rochester Medical Center, NY

Laura Kender, Early Childhood Services, My Health My Resources, Tarrant County, TX

Amy Larsen, Riverside University Health System, CA

Michelle Larva, Early Learning Alliance, Tarrant County, TX

Leonard Lawson, Ready for School, Ready for Life, Guilford County, NC

La'Tasha Lee, HealthySteps, Advocate Children's Hospital, Cook County, IL

Earon Lehning, Rochester Regional Health, NY

Dina Lieser, HRSA, Maternal & Child Health, Div. of Home Visiting & Early Childhood Systems

Terri Lilly, Nurse-Family Partnership, Monroe County Department of Health, NY

Nancy Lim, National League of Cities

Heather Little, Help Me Grow California, First 5 Association of California

Tiereny Lloyd, National Collaborative for Infants & Toddlers Capacity-Building Hub

Heidi Loomis, Nurse-Family Partnership, Monroe County Department of Health, NY

Lynn Lubecki, Children's Institute, University of Rochester, NY

Andy MacGowan, Rochester City School District, NY

Nikki Martin-Bynum, Taking on United Childhood Challenges Harmoniously, Miami, FL

Larry Marx, The Children's Agenda, Rochester, NY

J'Vonnah Maryman, Tarrant County Family Health Services, TX

Kristin Meola, HealthySteps, Duke Children's Primary Care, Durham, NC

Claire Niday, Texas Department of State Health Services

Brooke Nigro, Help Me Grow Western New York

Stephanie Norton, Help Me Grow North Texas

Lai-Lani Ovalles, Early Learning Multnomah, Portland, OR

Tanya Palmer, Children's Services Council of Palm Beach County, FL

Melissa Passarelli, Help Me Grow Long Island, NY

Kyle Peplinksi, HRSA, Maternal & Child Health, Div. of Home Visiting & Early Childhood Systems

Sophie Phillips, TexProtects

Faith Rivera, Help Me Grow North Texas

Ronnie, Robinson, First 5 San Bernardino, CA

Jacquelyn Rose, Connecticut Children's Medical Center

Audrey Rost, Family Connects & Nurse-Family Partnership, Catholic Charities, San Antonio, TX

Michelle Simmons, HealthySteps, North Country Healthcare, Navajo County, AZ

Ashley Smith, HealthySteps, Carolina Health Centers, Greenwood, SC

Tiffany Smith, Nurse Family Partnership, Tarrant County Family Health Services, TX

Omotunde Sowole-West, Help Me Grow District of Columbia

Lynlee Stapleton, HRSA, Maternal & Child Health, Div. of Home Visiting & Early Childhood Systems

Marnie Stone, Early Childhood Services, My Health My Resources, Tarrant County, TX

Cynthia Tate, National Collaborative for Infants & Toddlers Capacity-Building Hub

Annemarie Valdez, First Steps Kent, Grand Rapids, MI

Lynda Wagoner, Family Connects, Guilford County, NC

Anne Ware, Early Learning Alliance, Tarrant County, TX

Brandy Whitaker, Family Connects, Novant Health, Forsyth County, NC

Brooke Wilson, HealthySteps, UNT Health Science Center Pediatric Clinic, TX

Donna Wilson, National Conference of State Legislatures

Jane Witowski, Help Me Grow South Carolina

Yinxi Wu, HealthySteps, Riverside University Health System Pediatric Clinic, CA

Audrey Young, Texas Department of State Health Services

MODEL CONVENING PROJECT PARTNERS
NATIONAL OFFICE CONTRIBUTORS

The national offices of the Model Convening Project partners have led the way in all aspects of the project. The Senior Leaders Team provided "big picture" guidance and oversight. The Model Liaison Team and other national office staff members supported project planning, coordination with affiliates/sites, and development of the Hand in Hand publications. The Consultant Team conducted a survey, focus groups and interviews; facilitated meetings; and wrote and designed the Hand in Hand publications. ZERO TO THREE administered the grant and provided project management and communications support.

Family Connects International

Kenneth Dodge, Founder, Duke Center for Child and Family Policy

Jeff Quinn, National Program Director, MCP Model Liaison

Jessica McCoppin, Senior Community Alignment Innovation Advisor

Megan Squires, Senior Implementation Manager

Krysta Gougler-Reeves, Past Policy Director for North Carolina

HealthySteps National Office

Rahil Briggs, National Director

Alice Ricks, Director of Strategic Operations, MCP Model Liaison

Elizabeth Frenette, Senior Policy Analyst

Feruz Kidane, Past Administrative Coordinator

Laura Krug, Director of Training & Technical Assistance

Johanna Lister, Director of Policy

Sarah MacLaughlin, Senior Writer & Training Specialist
Roopa Purohit, Grants Manager
Danielle Robbio, Communications Manager
Jennifer Tracey, Senior Director of Growth & Sustainability
Natalie Tackitt, North Carolina HealthySteps Coordinator
Trenna Valado, Senior Director of Research & Evaluation

Help Me Grow National Center

Paul Dworkin, Founding Director
Kimberly Martini-Carvell, Executive Director, MCP Model Liaison
Erin Cornell, Associate Director
Stephanie Luczak, Past Program Coordinator
Sara Sibley, Associate Director of Business Development & Operations
Cassandra Therriault, Program Specialist

Nurse-Family Partnership National Service Office

Frank Daidone, President and CEO
Alison Kolwaite, Chief of External Affairs, MCP Model Liaison
Alexa Cares, Feedback Manager
Manige Blackburn-Giles, Director of National Outreach
Katelyn Moga-Gesing, Senior Manager, National Advocacy
Shannon Sainer, Director of Impact & Learning
Chelsea Yost, Program Development Specialist

ZERO TO THREE

Matthew Melmed, Executive Director
Ernestine Benedict, Chief Communications Officer
Kim Bradley, Model Convening Project Manager
Maria Gehl, Project Director of Mindfulness in Early Childhood
Ricky Webster, Multimedia Designer & Production Specialist

Project Consultants

Barbara Gebhard, Early Childhood Policy Expert
Rebecca Perez, Graphic Designer
Julie Pratt, Lead Project Consultant
Abby Thorman, Facilitator
Diane Wellman, Qualitative Researcher