



Oregon Association of Relief Nurseries, Statewide Program Evaluation Report



Prepared by:
Pacific Research and Evaluation, LLC
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EXECUTIVE SUMMARY

Pacific Research and Evaluation (PRE) and the Oregon Association of Relief Nurseries (OARN) partnered to conduct a statewide program evaluation, assessing the extent to which the Relief Nursery (RN) model was meeting the outcomes of its logic model, impacting family and child outcomes, and serving to build protective capacity in Oregon families. The study focused on a timeframe of March 2019 through June 2022; it included consideration for how factors such as the pandemic, local natural disasters, and general social upheaval influenced how families engaged with RNs. A Family Input Survey solicited feedback from families who receive RN services. RN Staff Focus Groups provided internal perspectives on services offered to families. Key findings are shared below, organized by two overarching project goals.

GOAL 1: Examine the extent to which the Relief Nursery model is meeting the outcomes of its logic model, impacting family and child outcomes, and serving to build protective capacity in Oregon families.

RNs succeeded in their goal to increase children’s’ abilities to build social and emotional competencies, as well as caregivers’ abilities to support this growth.

- ◆ **Caregivers** most often sought out classroom-based services, home visits, and developmental screenings from RNs.
- ◆ **Caregivers** viewed classrooms as safe spaces for children to develop social skills with peers and adults, with activities effectively supporting socio-emotional development.
- ◆ **Caregivers** used the skills developed through RN resources to support their child(ren) in having positive interactions with others.
- ◆ **Caregivers** used the skills developed through RN services to help their child(ren) understand and manage their emotions.

RNs were effective at building up protective capacities among parents in Oregon.

- ◆ **Caregivers** connected RN services to changes in their own parenting skills. Specifically, they were more aware of their strengths as a parent, their ability to support their child(ren) in times of need, and their knowledge of how to support their child(ren)’s development.

“I would talk to them about what our family has gone through, and they helped provide resources we needed. I am grateful.”

GOAL 2: Increase understanding of the impact of factors such as the pandemic, natural disasters, and social upheaval on Oregon families, and families’ feedback on Relief Nurseries’ response to family need amidst these challenging circumstances.

Caregivers felt that their needs from RNs have remained consistent over the last year, citing minimal changes or impacts from external factors.

- ◆ **Caregivers** valued the ways RNs adhered to health and safety guidelines (e.g., virtual or distanced meetings), though this sometimes resulted in new stressors (e.g., finding alternative childcare when classrooms were closed).
- ◆ **RN staff** sought to anticipate and proactively minimize the impact of the pandemic on families.
- ◆ When thinking about future needs, **caregivers** most anticipate needing continued assistance supporting their child(ren)’s development.
- ◆ **RN staff** observed an uptick in families seeking assistance finding and sustaining employment, affording basic necessities, and locating and securing affordable housing.

Caregivers agreed that RNs successfully adapted their services, strategies, and approaches throughout the last year to meet their needs.

- ◆ **Caregivers** celebrated RN staff for clearly communicating changes to families. **RN staff** confirmed that consistent and persistent communication was the primary strategy used to support families throughout the pandemic.
- ◆ **Caregivers** viewed RNs as being proactive in identifying and supporting their needs during the pandemic.

OARN trainings were viewed as valued resources, which helped RN staff build or deepen their knowledge of various approaches to use with families.

- ◆ **RN staff** also listed each other – collaboration and mentorship among peers – as critical to their personal skills development as they navigated changing family needs amid the pandemic.

RN services and staff were successful in their goals of fostering feelings of connectivity, resilience, and hope among families.

- ◆ **RN staff** expressed deep alignment between stated goals and their personal values, highlighting this as a key reason they stay engaged with this work.
- ◆ **Caregivers** appreciated the strengths-based approach that RNs use and valued the sense of community that RNs can offer for their children, particularly in classroom-based activities.
- ◆ **RN staff** shared that building meaningful relationships with families can be a prolonged experience, though they have identified guiding strategies to help them be successful in these efforts.

“There were not opportunities to get together with families during the pandemic. The support from socially distanced meetings and check ins were invaluable.”

GENERAL THEMES around elements of the RN model that are working well and added opportunities for OARN to consider.

- ◆ **Caregivers** believed RNs to be safe, welcoming environments, and valued the empathetic, flexible approach staff used to provide support.
- ◆ **RN staff** valued the individual agency given to them to manage work/life balance and the friendly, supportive nature staff brought to their work together.
- ◆ **Caregivers** would appreciate if RNs had expanded classroom options. This would both support their child(ren)’s socio-emotional and academic growth, as well as help resolve some childcare support needs.
- ◆ **Caregivers** noted that RN staff turnover can have a negative impact on their children. New staff were not always prepared to support children with added or specific needs, and limited staff sometimes meant those needs were not consistently met. **Caregivers** also shared that the change in staff made it difficult for their child(ren) to develop stable relationships with other adults.
- ◆ Barriers **RN staff** observed, or experienced, in the workplace included financial instability, difficulty with time management, and/or not having enough support with administrative components of the work.

“My family would not be where we are without these programs.”



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BACKGROUND

In 2005, the Oregon Association of Relief Nurseries (OARN) initiated a practice of conducting statewide program evaluation. Conducted every two to three years, these evaluations were opportunities to understand the extent to which the Relief Nursery (RN) model was meeting the outcomes of its logic model, impacting family and child outcomes, and serving to build protective capacity in Oregon families.¹ They sought to continue this study in 2021. Pacific Research and Evaluation (PRE) was contracted by OARN as a research partner to support these efforts. The implemented study focused on a timeframe of March 2019 through June 2022. Within this window, PRE sought to assess the impact of the COVID-19 pandemic (referred to throughout the report as “the pandemic”), natural disasters (such as the 2020 forest fires), and social upheaval on Oregon families and further examine the response of RNs to family need amidst these challenging circumstances.

The primary purpose of this summary is to analyze and synthesize the top reported themes of the focus groups and surveys.²

PROJECT GOALS

This project was guided by the following goals:

- **Goal Area 1:** Examine the extent to which the Relief Nursery model is...
 - Meeting the outcomes of its logic model,
 - Impacting family and child outcomes, and
 - Serving to build protective capacity in Oregon families.
- **Goal Area 2:** Increase understanding of...
 - The impact of the following on Oregon families:
 - The pandemic,
 - Natural disasters (such as the 2020 forest fires), and
 - Social upheaval.
 - Thoughts and perceptions around the response of Relief Nurseries to family needs amidst these challenging circumstances.
- **Goal Area 3:** Conduct an analysis examining the relationship of various risk indicators to confirmed cases of child abuse and out of home placement.



¹ The OARN Logic Model can be found here: <https://www.oregonreliefnurseries.org/outcomes>

² This report centers on findings from the Family Input Survey and RN Staff Focus Groups. Some of the guiding research goals and evaluation questions will be explored in a supplemental Risk Indicator Assessment.

EVALUATION QUESTIONS

Responsive to the aforementioned evaluation goals, PRE worked with OARN to develop the evaluation questions listed below.

1. Goal Area 1

- 1.1. To what extent are Relief Nurseries able to increase children’s ability to build social and emotional competencies?
- 1.2. To what extent are Relief Nursery interventions able to detect and support developmental concerns?
- 1.3. In what ways have Relief Nurseries been able to build up protective capacities among parents in Oregon?

2. Goal Area 2

- 2.1. In what ways did needs from participants in child services and family services change in the last year?
 - 2.1.1. What variations are there, if any, among these changes as they relate to the pandemic, natural disasters, and/or social upheaval?
- 2.2. How well did adaptations to RN services throughout the last year meet or respond to families’ needs?
 - 2.2.1. What variations are there, if any, among these needs or expectations as they relate to the pandemic, natural disasters, and/or social upheaval?
- 2.3. In what ways did RN services during the last year enable families to stay connected, feel resilient, or maintain hope?
 - 2.3.1. What variations are there, if any, among these feelings as they relate to the pandemic, natural disasters, and/or social upheaval?

3. Goal Area 3³

- 3.1. How are family risk indicators such as alcohol/drug abuse, unemployment, and history of incarceration related to the outcomes of founded allegations of abuse/neglect and foster care placements for children served by Oregon Relief Nurseries?



³ Data and insights relative to this goal will be documented in the supplemental Risk Indicator Assessment.

METHODS

This study leveraged a multi-method approach, which included gathering feedback from families who receive RN services and conducting structured focus group conversations with the RN staff across the state.

FAMILY INPUT SURVEY



The Family Input Survey collected quantitative and qualitative feedback from caregivers served by RNs. This survey asked families to reflect on the previous 12 months and provide feedback on their experiences with RN services, how their needs may have changed, and ways their RN has impacted them.

The RNs administered the Family Input Survey between May and June 2022, with 179 families completing the survey. During in-home visits, staff offered families the option to complete the survey in a paper-pencil version or electronically using a RN tablet. Caregivers could also complete the survey when they were onsite at a RN. Those opting for the paper survey were provided with a stamped return envelope addressed to PRE and could complete and return the survey at their convenience. All potential respondents were assured that the survey would be confidential, that participation in this study activity was optional, and they were able to opt out any time without impact on services received by RNs.

Because of the notable representation of the Hispanic/Latinx community in RN services, PRE offered a translated version of the survey in Spanish across all dissemination modalities. Further, families were given the opportunity to enter a raffle to earn a \$100 e-gift card to Walmart as a thank you for their participation in this survey. There were 10 chances of winning.

Survey Respondents

Demographic data are reflective of caregivers who opted to respond to the Family Input Survey and are not generalizable nor representative of the full population of families that RNs collectively serve.

Gender and LGBTQ+ Affiliation

Most survey respondents (91.3%, n=157) identify as women and nearly 20% either definitively consider themselves to be part of the LGBTQ+ community (12.0%, n=20) or are in the midst of exploring their affiliation (6.6%, n=11).

Racial/Ethnic background & Heritage or Cultural descriptors

As shown in Figure 1, on the next page, survey respondents represent a range of racial and ethnic identities with 61.8% (n=107) identifying as white/Caucasian/European, and 39.3% (n=68) identifying as Latino/a/x/Hispanic/Chicano/a. Twelve percent (12.1%, n=21) of respondents identify as multiple race/ethnicities. Respondents were given the opportunity to



share additional details regarding their race/ethnicity and most often did so within the White/Caucasian/European and the Latino/a/x/Hispanic/Chicano/a groups (see Appendix A).

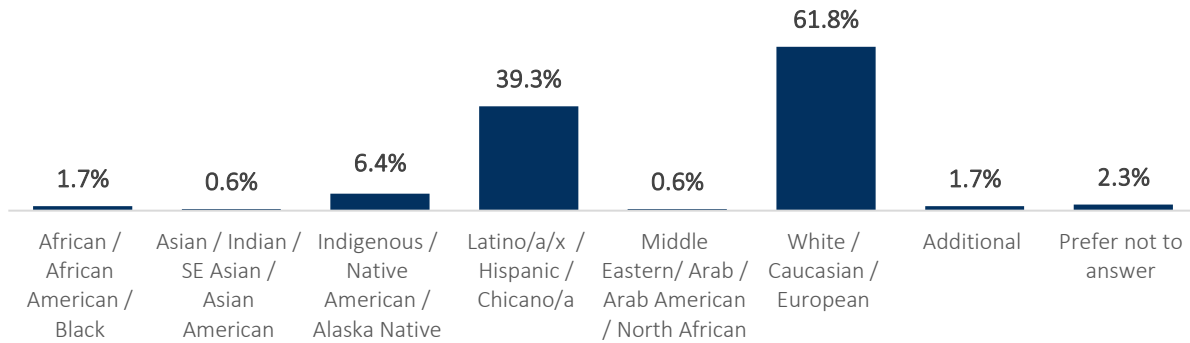


Figure 1. Racial/ethnic background of survey respondents, N=173

As presented in Figure 2, about three-quarters of survey respondents prefer reading (74.0%, n=125) and writing (75.3%, n=125) in English only, and slightly fewer prefer speaking in English only (68.7%, n=114). About 20% of participants prefer speaking (19.9%, n=33), reading (19.5%, n=33), and writing (19.9%, n=33) in Spanish only. Additional languages listed, by at least one respondent, include Arabic, Quiche, and American Sign Language.

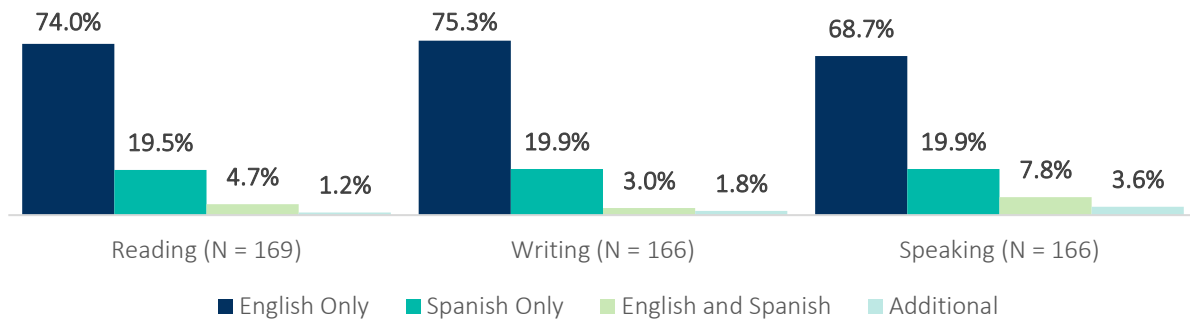
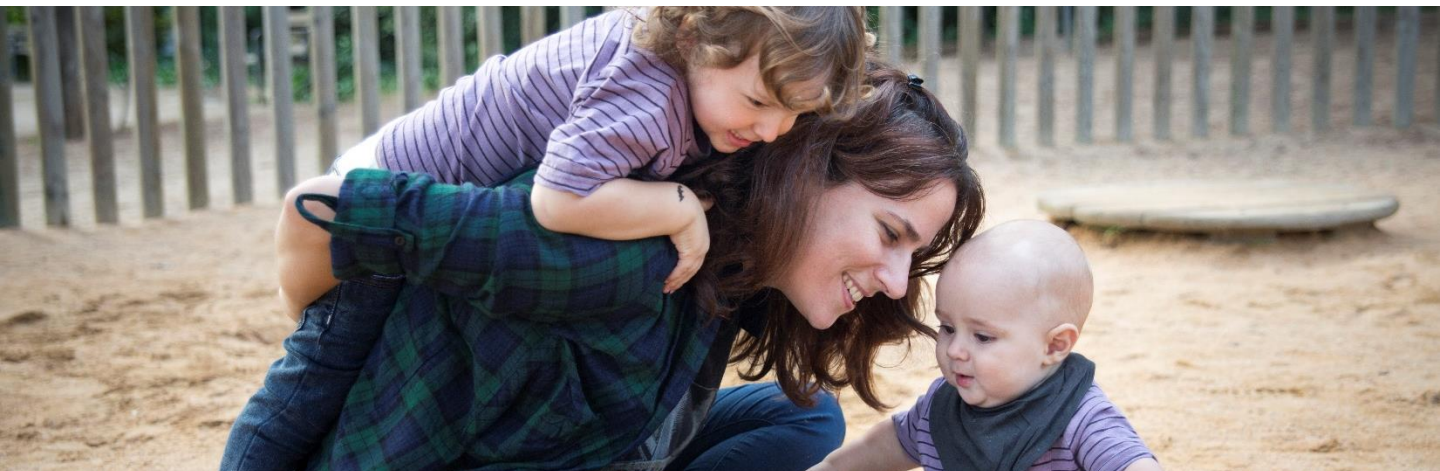


Figure 2. Survey respondents' preferred languages for speaking, writing, and reading

Age

In terms of the ages, the majority of respondents (87.3%, n=151) are between 25 and 44.



Urban/Rural/Frontier Designation

Zip code data were used to understand the geographic distribution of survey respondents, relative to their designation as an urban, rural, or frontier area (Figure 3).⁴ Almost two-thirds of respondents (60.8%, n=104) are from urban communities.

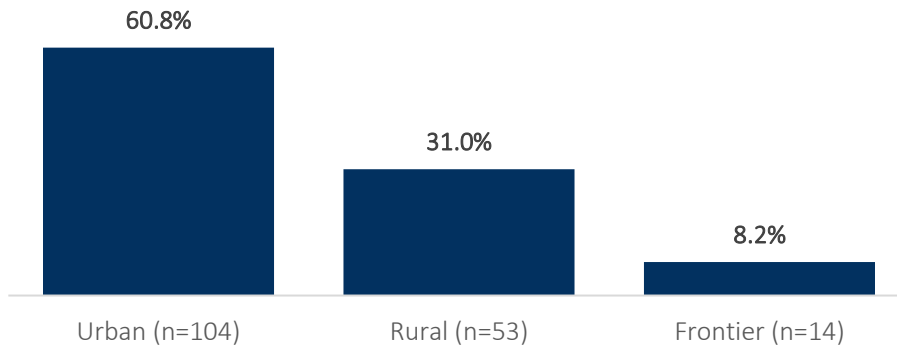


Figure 3. Survey respondent's geographic distribution, by their zip code's urban/rural/frontier designation



Caregiver and Home Life

Primary Caregiver

OARN families shared information about their caregiver roles and home life. A majority (87.2%, n=150) of participants are the primary caregiver for their family, 38.2% (n=51) are single parents, and 30.6% (n=51) have a child experiencing or living with disabilities (Figure 4). The latter group of participants were given an opportunity to provide additional information about the disabilities or alternative needs their child has by selecting from a list of broad categories using a 'check all that apply' approach. Sixty-seven percent (66.9%, n=34) indicated their child lives with a developmental disability, 29.4% (n=15) have a child with a physical/mobility disability, and 29.4% (n=15) have a child with an 'additional' disability or need, beyond what was listed as a response option on the survey.

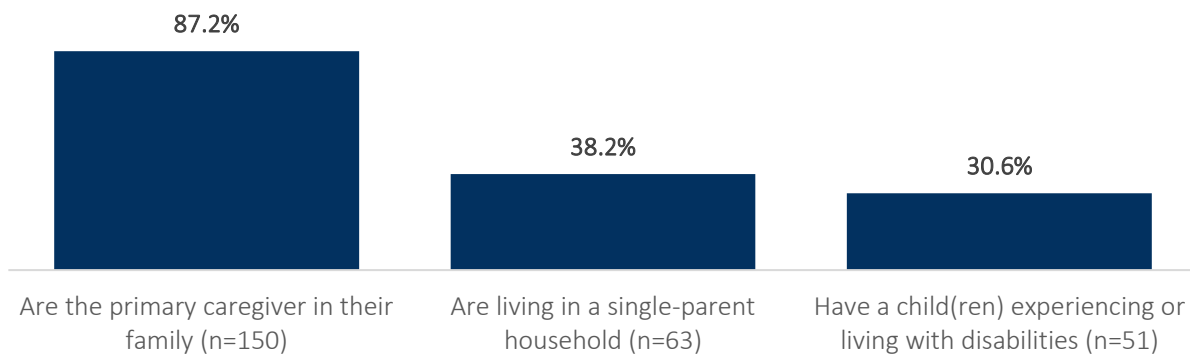


Figure 4. Family characteristics

⁴ Zip code data, which were provided by respondents, were categorized using the designations established by Oregon Health Science University (OHSU), which OARN also uses for internal purposes: <https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>



RELIEF NURSERY STAFF FOCUS GROUPS

In June and July 2022, PRE conducted five focus groups with representatives from direct service providers who have been employed with an RN for at least one year. These conversations were facilitated over Zoom. A Spanish-language focus group was offered, though none of the registrants expressed a need for this offering. Focus groups were an opportunity to gather success stories, as well as candid feedback on opportunities to grow.

Focus groups explored the following topic areas:

- ◆ Ways in which RN staff interact with families.
- ◆ The observed impact of the pandemic, natural disasters, and social upheaval on families, generally and relative to their needs from RNs, and how staff adapted to meet these needs.
- ◆ How staff work to achieve RN goals.
- ◆ Factors that motivate staff to stay engaged in this work.

Focus Group Participants

Sixteen RN staff participated in the focus groups. Staff represented a range of tenures with RNs. About half of participants have worked with at least one RNs for close to a decade, with three nearing or exceeding 20 years of employment. The remaining half averaged between 4-7 years of employment with an RN. At least three staff members have worked in multiple RNs. Similarly, at least three staff members had prior experience working in a Head Start program before moving to RNs. Six of the 14 RNs across the state were represented by participants in these focus groups. Staff represented a mix of urban and rural-serving RNs across the state.



FINDINGS

Findings are organized by evaluation question. Information across all data collection sources is reported in aggregate, providing a multi-dimensional picture of how OARN is impacting families across the state. This means that data from both caregivers and RN staff are presented in conversation with one another throughout this report. Color is used to discuss when findings discussed in the narrative are representative of a **caregiver (in light green)** or **RN staff (dark teal)**.



BUILDING SOCIAL AND EMOTIONAL COMPETENCIES

To what extent are Relief Nurseries able to increase children's ability to build social and emotional competencies?

KEY FINDINGS

- ◆ Caregivers most often sought out classroom-based services, home visits, and developmental screenings from RNs.
- ◆ According to caregivers, classroom-based activities are seen as safe spaces for children to develop social skills with peers and adults, and to build familiarity with academic environments.
- ◆ RNs are providing caregivers the resources they need to support their child(ren) in having positive interactions with others.
- ◆ RNs are providing caregivers the support they need to help their child(ren) understand and manage their emotions.

The OARN Family Input Survey participants receive a wide array of services from their local RN. As shown in Figure 5, on the following page, families are most often taking advantage of classroom sessions for their child (86.0%, n=153), receiving RN home visits (83.7%, n=149), and receiving screenings for their child's development (64.6%, n=115). The services utilized by families the least included mental health support (17.4%, n=31) and addiction/recovery services (7.3%, n=13).

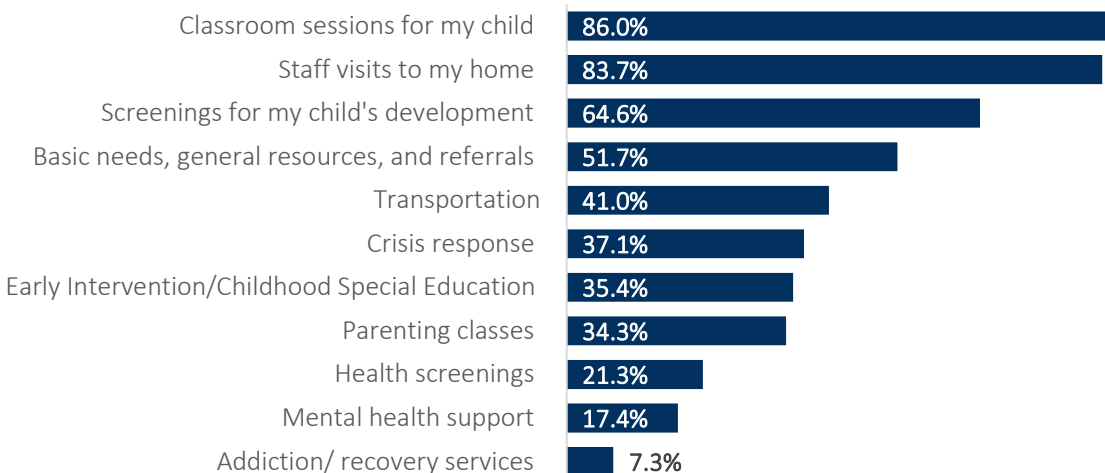


Figure 5. Services families have received or used in the last 12 months, N=178

Caregivers described RN services they utilized over the past 12 months to help them develop their parenting skills, provide specialized support for their child(ren), and help with general day-to-day needs (articulated in Table 1 below).

IN THEIR OWN WORDS: Caregivers sought a variety of supports and resources from RNs



"During the pandemic I was overwhelmed with stress and the 'RN's' helped me engage with conversations and support, which I greatly appreciated."

"Extra help/support in dealing with neurodivergent children. Parenting support and resources that I didn't know of."

"Debido a estrés personal. También para ayuda de habla para mi hija."

["Due to personal stress. Also, speech help for my daughter."]

"I sought these services when my 3 kids were all under 5 yrs. old. I am now a single parent and still need these services."

"I was new to [location], fresh out of rehab, and I needed positive support for me and my family."

"More tools and better support."

*"Porque mi hija no hablaba mucho y necesitaba apoyo en esa área."
["Because my daughter did not speak much and needed support in that area."]*

"My son needs help for speech and his behavior. I don't drive so transportation is needed. At times we don't have enough for food or clothes so these resources help."

Table 1

More specific motivations for registering children in classroom sessions include giving their child a safe space to develop social skills with peers and to build familiarity with an academic environment, as shared by several **caregivers** (Table 2).

IN THEIR OWN WORDS: Caregivers had a variety of motivations for enrolling their child(ren) in classroom activities



"I have been with the program since my oldest daughter was about 18 months old. They have helped with emotional, mental, independence, reassurance, resources, child growth, and prep for larger classrooms, relationships, and so much more."

"Classroom services to help my 2-year-old have more social interaction and to reduce separation anxiety from me."

"Exposing my kids to a classroom setting, allowing myself a few hours to focus on myself."

"For the best education for my child."

*"Para ayudar a mi hija conocer amigos."
["To help my daughter make friends."]*

To better help my child's development skills. He didn't talk before Relief Nursery."

Table 2

When reflecting on the services they received from their RN over the last 12 months, **caregivers** felt they received a substantial amount of support in their child's interactions with other children and adults, as well as their child's ability to understand and manage their emotions (Figure 6).

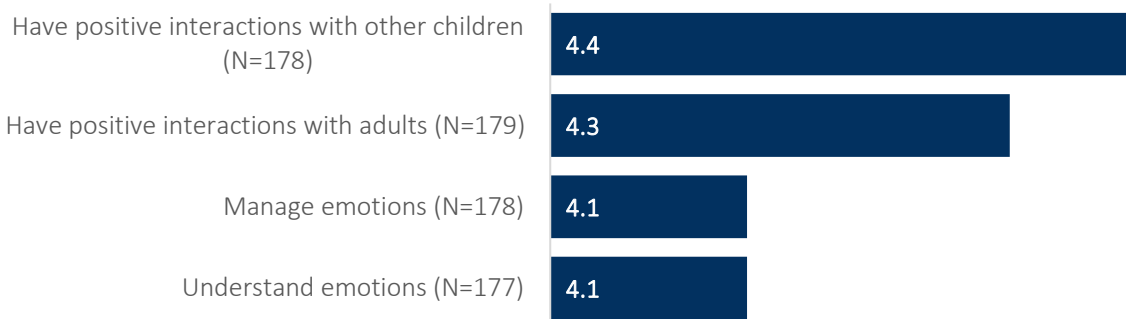


Figure 6. Caregivers' average ratings for how helpful RN services were (1="Not at All," 5="A Great Amount")

RN staff articulated the range of roles they fill within their organization – highlighting which activities directly engage families versus which activities have a broader impact on families. Almost all RN direct service staff conduct home visits with families (often adapted to virtual visits, phone calls, distanced outdoor visits, etc., during the pandemic), and many also work as teachers. Classroom-based efforts included parent education and respite classrooms for some staff. At least four **RN staff** added that they

bring a specialized lens to their work (e.g., “I am now a lead early childhood education specialist too.”). **RN staff** also spoke about outreach activities and community events, citing how they provide added access opportunities for families.

“I’m the English-speaking parent educator. I teach all the parenting classes and then I do one on one home visits with families. I’m often brought on to work with families who are really especially challenging.”





BUILDING UP PROTECTIVE CAPACITIES

In what ways have Relief Nurseries been able to build up protective capacities among parents in Oregon?

KEY FINDINGS

- ◆ Caregivers report being strongly impacted by RN services resulting in enhanced parenting skills. Specifically, their awareness of their own strengths as a parent, their ability to support their child(ren) in times of need, and their knowledge of how to support their child(ren)'s development were all changed or deepened as a result of the RN services.
- ◆ Average ratings for ways RNs were supporting caregivers' skills development as parents ranged between 3.7 to 4.1 on a 5-point scale, indicating room for improvement; helping caregivers feel stable has the most room for growth.

RN services are also having a direct impact on **caregivers** in terms of their awareness of their strengths as a parent, their ability to support their children in times of need, and knowledge of how to support their child's development. See Figure 7 for average ratings of how various elements of parenting have changed for **caregivers** over the last 12 months of receiving RN services.

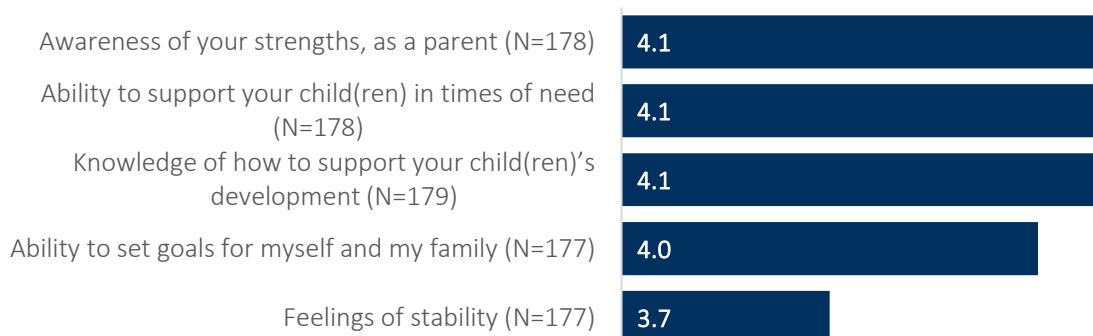


Figure 7. Caregivers' average ratings for extent to which RN services changed or deepened various skills (1="Not at All," 5="A Great Amount")



REASONS FAMILIES ENGAGE WITH RELIEF NURSERIES

In what ways did needs from participants in child services and family services change in the last year?

KEY FINDINGS

- ◆ Caregivers felt that their needs from RNs have remained consistent over the last year, citing minimal changes or impacts from external factors.
- ◆ Some caregivers shared that finding alternative childcare when RNs required children to stay at home during the pandemic was an added burden, particularly when it impacted employment.
- ◆ RN staff sought to anticipate and proactively meet needs families may have during the pandemic. These efforts to provide resources before needs arise may explain why families do not feel that the way they engaged with RNs changed much over the last year.
- ◆ When thinking about future support needs, caregivers more frequently expressed a need for services to support their child(ren)'s development than services aligned to parenting skills.
- ◆ RN staff observed that, throughout the pandemic, there was an increase in the need for RN support for families in finding and sustaining employment, as well as affording basic necessities, such as groceries. They anticipate these support needs to be prevalent for the foreseeable future.
- ◆ RN staff report an increase in families that need support finding and securing affordable housing.

Families reflected on how events such as the pandemic, social upheaval, and natural disasters in their communities have changed the way they used their RN. As shown in Figure 8, on the next page, 59.2% (n=106) of families felt the pandemic changed the way they use their RN. Fewer than 25% of families felt similarly when contemplating the how social upheaval or natural disasters in their community impacted the way they use their RN.

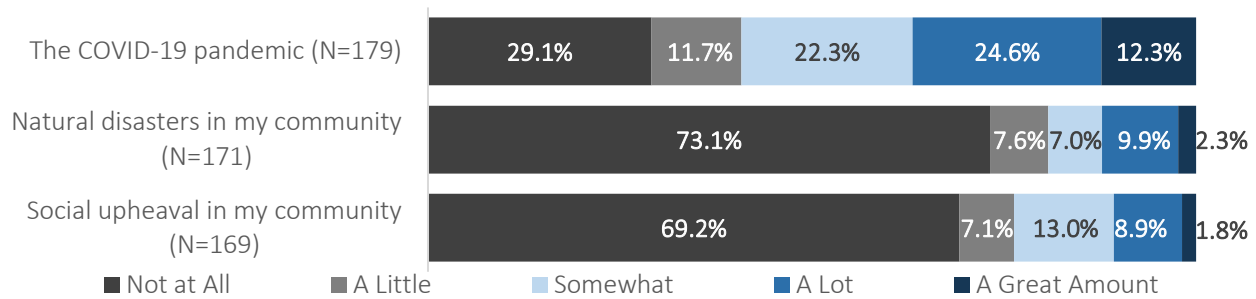


Figure 8. Extent to which various external factors changed way they engaged with RNs

Caregivers provided explanations for their ratings, mostly speaking to the impact of the pandemic on how they engaged with their RN (Table 3). Rather than articulating a change in what they needed from their RNs, caregivers tended to describe how adapted services and safety protocols impacted the way they engaged with services they were already using (e.g., pivoting to virtual or distanced modalities for site visits). Caregivers did comment that when RNs implemented quarantines after exposure risks or closed due to stay-at-home orders, it often presented added obstacles for them. Caregivers sometimes struggled to find affordable alternative childcare, impacting their ability to go to work or maintain employment. Some caregivers appreciated that their RN began distributing food boxes and/or gift cards for gas during the pandemic.

IN THEIR OWN WORDS: Caregivers changed how they interacted with RNs, due to the pandemic



"Being isolated during the pandemic changed the way services were provided but we still had access to services. They were just altered for safety."

"Class schedules changed quite a bit. One day a week was taken for sanitation."

"Finding childcare resources during the pandemic has been impossible and worrisome."

"Unable to access services to an extent during this time due to mandates, restrictions, protocols related to the pandemic."

Table 3

Looking forward to the next 12 months, caregivers most often indicated that they would like RNs to continue providing classroom sessions for their child (72.9%, n=129), offer transportation to class (41.2%, n=73), and continue to provide developmental screenings (38.4%, n=68). Health screenings and addiction/recovery services were the least requested services from families (Figure 9, on the next page).

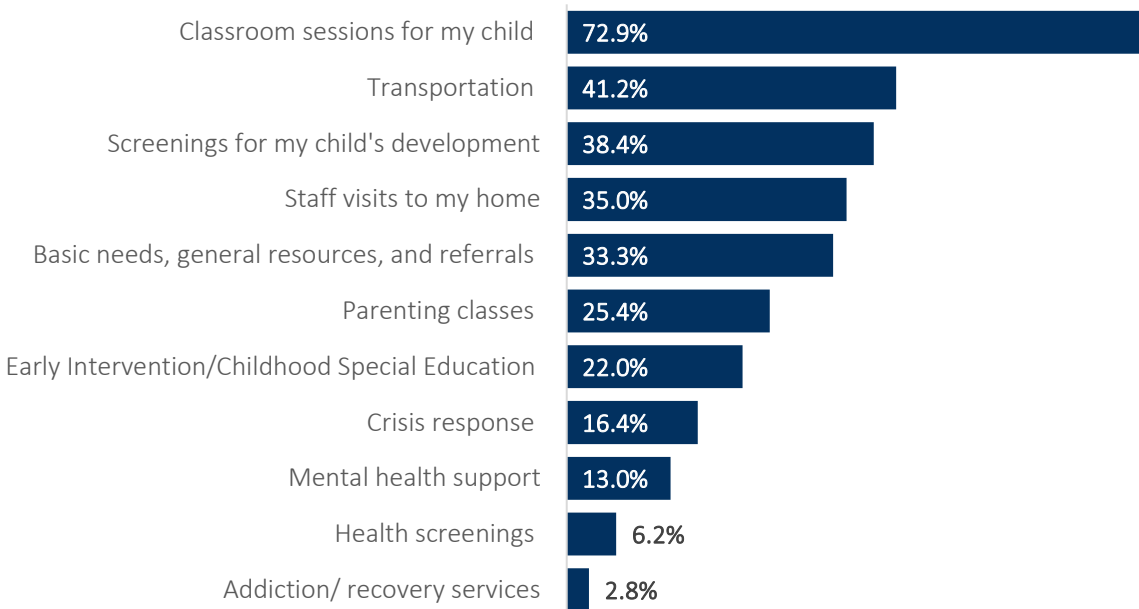


Figure 9. Services families anticipate needing most in the next 12 months, N=177

Though **caregivers** expressed little change in ways they used or plan to use RNs, staff observed that many of the families in their caseload have struggled with the compounded effects of the pandemic, various natural disasters, and the general political landscape. Over the last few years, they have observed that families are asking for more support managing the unknown, having increased stress, and navigating general anxieties around feeling unsafe; some families specifically requested mental health resources. Connected to this are reportedly increased feelings of isolation, with **RN staff** observing that families – particularly those from historically marginalized groups – struggle to build bonds or feel safe in their communities. More concrete resource needs that families are increasingly expressing to **RN staff** include assistance finding affordable housing, affording groceries or gas as inflation increases the general cost of living, and balancing the tradeoffs between employment and affordable childcare.

PROVIDER PERSPECTIVES: RN staff highlighted new needs and supports caregivers are expressing

“Housing is a big issue and it’s hard for me because there’s nothing out there for them, honestly. They don’t qualify for Section 8 because of their status.”

“More families here in the states trying to get asylum. I work with the Hispanic-Latino population and that’s what I see in families that they’re migrating here trying to get asylum. It’s a big process. It’s exhausting and for a long time, they’re not allowed to get a job. They have to work under the table. They struggle a lot.”

“I think a lot of my families feel a sense of isolation and especially with the language barrier.”

“All of a sudden you had families in the same house together all the time. If the parents were essential workers, you had the older kids [scaling back going to school] and being responsible for the care of their younger children... Parents didn’t know what to do with their kids. They weren’t used to spending that much time together; existing stressors got more stressful.”



Table 4



RELIEF NURSERIES' ABILITY TO MEET FAMILIES' NEEDS

How well did adaptations to RN services throughout the last year meet or respond to family's needs?

KEY FINDINGS

- ◆ Over two-thirds of caregivers agree that RNs were successful in meeting their needs during the pandemic; they most appreciated clear communications from RN staff on safety adaptations.
- ◆ Caregivers viewed RNs as being proactive in identifying and supporting their needs during the pandemic.
- ◆ RN staff highlighted trainings provided through OARN as being particularly valuable; staff often found the trainings to be excellent refresher courses, building on or deepening their knowledge of various approaches.
- ◆ RN staff also listed each other – collaboration and mentorship among peers – as a critical to their personal skills development as they navigated changing family needs amid the pandemic.
- ◆ RN staff found that maintaining consistent and persistent communication with families was the most important and meaningful way of supporting families throughout the pandemic. This was often achieved through practicing “reflective listening,” which seeks to validate and uplift parents.

Sixty-nine percent of participants (68.9%, n=122) felt their RN did very well with making adjustments to meet families' needs during the pandemic. (Figure 10).

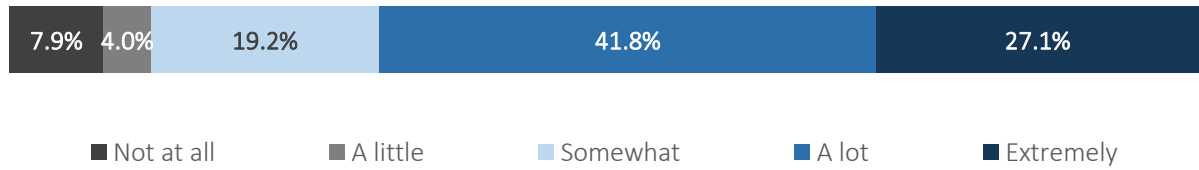
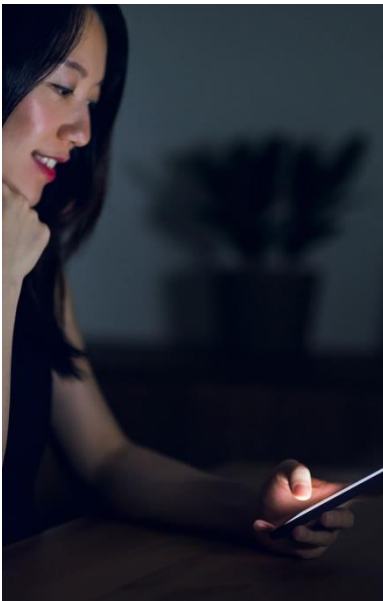


Figure 10. Extent to which caregivers felt RN services were adjusted to meet their needs during the pandemic, N=177

Caregivers went on to explain that RNs were successful in adapting services to meet changing health and safety requirements. They appreciated having clear, consistent communications from staff about alternative home visit options (e.g., meeting outside or virtually), expectations for in-person activities, and about material resources that were available. Further, many caregivers appreciated that RNs were proactive about identifying and providing items like food boxes, gas cards, or activity kits to families. Caregivers also appreciated the kindness demonstrated by RN staff throughout the pandemic. They observed that staff were consistent in checking in and felt they were genuine in wanting to aid families.

IN THEIR OWN WORDS: Caregivers appreciate the range of strategies RNs used to support families during the pandemic



"Case managers continued to be helpful and dependable when services were offered online."

"Even though the pandemic happened, my family and I were still receiving food and pull-ups, if needed. My son still received stuff to work on to keep him busy and learn, and he still got home visits, but on a laptop, so we were still in contact and connected."

"Even though they were closed they were looking for ways to help the families."

"Home visits came to a halt. They have continued via phone. The staff still keeping in touch helped mentally and emotionally. My children missed family nights the most."

"Just making sure everyone social distanced and wore masks to keep our families healthy."

"[The RN] has been doing a great job at making things easy and safe for the kids during the pandemic."

"We had lots of support through emails and texts asking if we needed anything and letting us know of services available locally."

"They still kept in contact and even delivered activities for my child!"

Table 5

Further, while the pandemic was difficult, several caregivers provided positive commentary on the extent to which RNs were able to sustain support and services during the pandemic (Table 6, on the following page).



IN THEIR OWN WORDS: Caregivers were very grateful for RNs during the pandemic



"The pandemic was the main reason we started with [an RN]. Their services have been so incredibly helpful for our family."

"I am so grateful for the [RN]. I would not have support if it was not for you!"

"[The RN] really stepped it up to help watch my two kids when I needed it most. They provided me with services and info about programs I've been able to use."

"They were already AMAZING but I can't believe they found more help to offer."

Table 6

As needs shifted, so did approaches **RN staff** used to provide support. To help keep families safe during the pandemic, RNs adapted in-person events into virtual or distanced formats. Direct service staff described using virtual meeting platforms, video calls, text messages, and phone calls to ensure they were maintaining consistent connections with families. Adapting to virtual offerings did keep individuals safe from the coronavirus, but **RN staff** observed that also it posed new challenges or burdens. Those working in rural areas noted that families had limited internet access and/or limited technological proficiency. Some staff shared that they also struggled with learning technology. Several **RN staff** shared stories of how parents in their caseloads were struggling with anxiety, and that the inability to talk in-person appeared to heighten these feelings. Almost all focus group participants shared that they resumed in-person meetings with families as soon as possible. Often this meant meeting outdoors, at a distance, even in inclement weather. Not all virtual experiences were negative. Some **RN staff** commented that the ability to engage remotely made it easier for some parents to stay engaged.

"I remember in the winter, being in a parking lot, reading a book to the little boy in the backseat standing outside. It was freezing out. The mom was filling out paperwork, and she was just so grateful that someone was able to see her face-to-face because she was over the Zoom with [other early childhood service providers]. She really wanted that human interaction."

RN staff were more likely to credit statewide and/or national policy decisions, rather than social justice conversations and affiliated civic activity, for impacting the support families need. Echoing sentiments shared earlier, staff saw families reporting increased feelings of isolation and uncertainty. They worried

about their ability to reside in the United States, their ability to find legal employment, and their ability to find stable housing, and wondered who they could safely confide in.

Generally, **RN staff** agreed that recent natural disasters did not have any notable impact on their families and the support they needed.

To support professional skills development to meet these changing practices, **RN staff** frequently turned to formal trainings and sought out peer support. Specifically, **RN staff** highlighted trainings provided through OARN as being particularly valuable.

“Even if you’ve taken a training before, it’s refreshing. Sometimes with training, you forget. It’s like a wake-up call. I’m doing it this way, but I can go back again and try to implement something else.”

Some staff opted into trainings, while others clarified that they participated in them to comply with annual professional learning requirements. Though motivations for participating varied, staff agreed that the information shared was of use. Rather than introducing entirely new content – or strategies that might directly respond to shifting needs amid the pandemic – staff found the trainings to be excellent refresher courses, building on or deepening their knowledge of various approaches. Table 7 shares **RN staff** insights on how trainings have supported them over the last two years.

PROVIDER PERSPECTIVES: Trainings helped RN staff deepen and refine their skillsets

“Over the past two years we really got on track with OARN trainings. It seems to be pretty consistent and a way for us to all stay on the same page.”

“The trainings OARN gave us were really good. I was struggling sometimes, but the trainings were so good. They gave me more information or reminded me of information I forgot. I really enjoyed them.”

“The trainings through OARN, those were all excellent trainings. They were long trainings, but they provided a lot of good and necessary information that we all needed.”

“We also have Jessie Carpenter who does ongoing trainings through OARN. You’ll see her every so often. If you missed a training, you can [find it online]. Then we were lucky to do the Oregon State Home Visiting Training. We’re very supported at my RN. We have lots of trainings that are offered. We have a training week, so we’ll stop for a break in two weeks in August for training.”

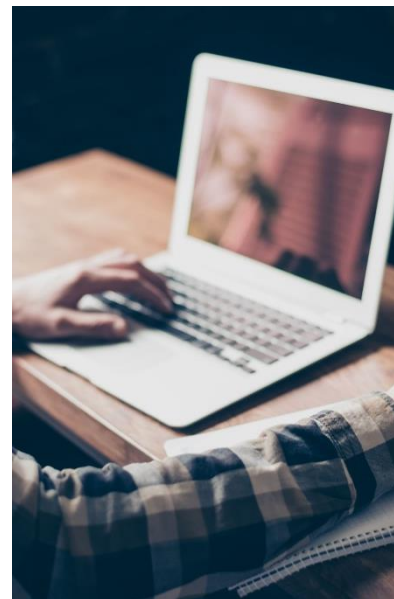


Table 7



Second to training, **RN staff** also listed collaboration and mentorship among peers as critical to their personal skills development as they navigated changing family needs. Staff described turning to one another to brainstorm ways to pivot activities, for feedback on ideas, to provide assistance, to seek support, and to troubleshoot where needed (Table 8).

PROVIDER PERSPECTIVES: RN staff provided and received peer support and mentorship

“What has been effective is just rolling up sleeves, sitting as a team, brainstorming ideas of how to do our job through this pandemic. I think that, at least on my team, support has been there 100% throughout this experience. That’s been pretty awesome.”

“I really love to hear feedback from my co-workers. It doesn’t matter if it’s positive or not, I like to hear that because it’s the only way I can grow as a professional.”

“I really feel supported by my supervisor and my co-workers. The pandemic was a very struggling time.”

“[My colleagues] were very much assisting and helping. If there were resources that would be available and good for the families, they would let us know. We work together as the teachers, putting packets together. Just some simple things that the families could do at home with their children, it could be like some simple social-emotional activities, which would help the children express or them talk about things that were going on.”

“What I had was regular contact with my supervisor to troubleshoot around the needs of particular families, so the focus of supervision, if that makes sense.”



Table 8

Through training and teamwork, **RN staff** made adaptations to the strategies they used to connect with families. A stronger, more dedicated emphasis was placed on nurturing relationships with families, deepening a practice which many described as already being at the center of their work. Staff expanded the ways in which they reached out to families; they were also more creative about when and where they could safely meet with families. Being persistent and consistent in their outreach efforts were central to building trust with families, too. The tone of communications with families also changed. Many **RN staff** described practicing “reflective listening,” where they seek to validate and uplift parents. They found it most effective when they acknowledged a **caregiver** or family’s strengths, helping individuals to see these strengths in themselves. Shared on the next page are three stories that illustrate reflective listening in practice.



"Last summer we started doing a garden chat with our parent educator because parents were missing that connection with other parents. We repeated that this summer because right now, families still cannot be in the building. We're hoping, maybe by September, to start offering indoor, in-person. Until then, we consider the garden chat a huge success.

The families just felt relaxed, picking vegetables and just hanging out with other parents and having coffee. An added benefit, that we could not do indoors, is having parents come with their children – unless the child has preschool that day.

What works for us is just focusing on the successes of the families and how much we've come through the last two years. I try to always empower my parents and acknowledge them by keeping the focus on all their strengths. Then they just feel more comfortable and then they're like, 'Yes, I should be really proud of myself. Thanks for acknowledging.' It's just hard for them to see how much they've grown in the last couple years."



"It's important to build communication with children as well as communication with parents. I know everybody prefers text messages, but I ask them to make a deal with me: 50% messages, 50% phone calls. Sometimes I need to talk to you. Sometimes, when texting, I may mistype and it's confusing. I explain that to them.

I am honest with them when I talk about strategies. I say, 'I wish I could have had all this knowledge with my children, but I didn't. I have the chance to show you this, but it's up to you.' They decide what to do, they are the parents. I am just giving them the tools I learned.

Every now and then I see something like resistance. I remind them they have time. Then eventually, after two months, 'Teacher, I'm ready.' "

"Building relationships is the foundation for everything, which was more challenging with the pandemic. Regular contact is really important; being able to offer something that's really meaningful to families in the moment. If they're stressed because they're spending 12 hours a day at home, and I want to talk about something like a parenting idea or a concept, and it doesn't have functionality in their life, I'm not going to get anywhere.

I feel like it's showing up in a way that's meaningful for them with regular contact and really putting in months of relationship building before trying to get that information in their hands that's most important.

Often, around three months of home visiting, parents start opening up. Maybe what I'm doing feels almost not even related to Relief Nursery for three months. I've had a couple times where I'm like, 'Should I be trying to do more?' All of a sudden, at three months, it's like, they start coming to me and saying, 'Hey, this is happening with my kids. Hey, this is happening in my marriage.' We can do the work that I'm there to do."





RELIEF NURSERIES' ABILITY TO BUILD FEELINGS OF CONNECTIVITY, RESILIENCE, AND HOPE

In what ways did RN services during the last year enable families to stay connected, feel resilient, or maintain hope?

KEY FINDINGS

- ◆ Caregivers agree that RNs helped them maintain hope and feel strong when things were difficult for their families, viewing staff as trusted people to turn to when in need.
- ◆ Caregivers valued the sense of community that RNs can offer for their children, particularly in classroom-based activities.
- ◆ Having a workplace with values that align to their personal values was a key reason many RN staff, particularly those who have been working in them for at least a decade, stay engaged and committed to their work.
- ◆ RN staff reported that building meaningful relationships with families can be a prolonged experience, though they have identified guiding strategies to help them be successful in these efforts.

Thinking about the last 12 months, on average, participants felt that their RN helped them a substantial amount with maintaining hope (4.0) and feeling strong (4.0) when things were difficult for their family. Participants' average ratings were slightly lower for how much they felt their RN helped them to stay connected with other RN families (2.9) and with their community (3.2) (Figure 11, on the following page).



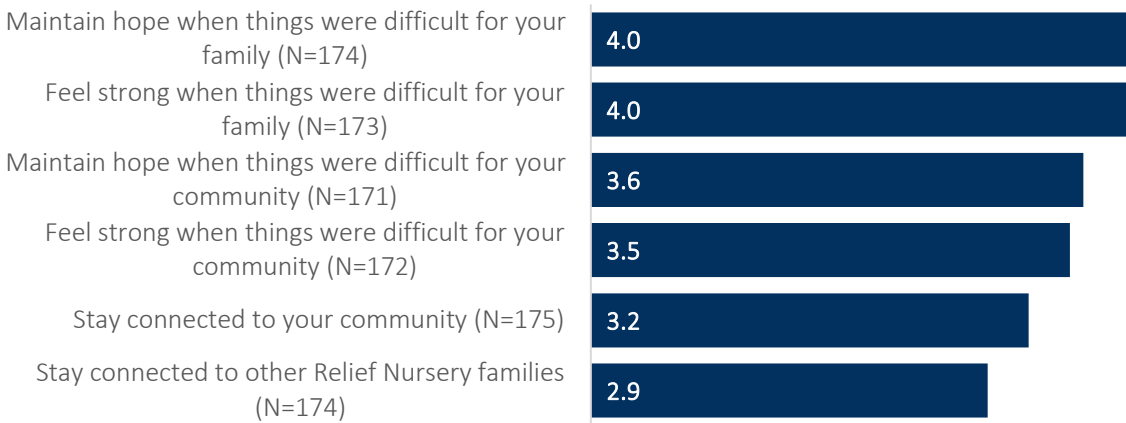


Figure 11. Caregivers' average ratings for extent to which RN services cultivated skills aligned to hope, connectivity, and resiliency (1="Not at All," 5="A Great Amount")

Caregivers reiterated how supported and cared for they felt by RNs when providing explanations for their ratings (Table 9). Comments were positive, with caregivers expressing deep gratitude for both individual direct service staff they interacted with and for their RN as an organization. RNs were described as trusted places to turn to when individuals needed encouragement as a parent, support navigating complex life changes (e.g., filing paperwork for housing or a divorce) and a trusted resource for identifying proper care needs for their child(ren).

IN THEIR OWN WORDS: Caregivers appreciated how RNs helped them stay positive, build hope and become resilient



"Cause if I didn't have the Relief Nursery there to guide me and have an ear to talk to I wouldn't know where I would be with my family today."

"I would talk to them about what our family has gone through and they helped provide resources we needed so I am grateful."

"Keeping us up to date on the latest information as to my children and classroom information."

"My family would not be where we are without these programs."

They helped me tons when I felt lost and helpless trying to help guide my child."

"Like I said we left a DV situation, dealt with CPS, etc. and they were there every step of the way. Above and beyond. I'm truly grateful."

"During the pandemic there were not opportunities to get together (picnics, etc.) with other RN families. The one-on-one support through socially distanced meetings with our home visitor and calls/texts/emails to check in were invaluable."

Table 9

Shown in Table 10, **caregivers** also valued the sense of community that services can provide. This is particularly true for classroom sessions, which some **caregivers** deemed essential for helping children with their socio-emotional development.

IN THEIR OWN WORDS: RNs helped caregivers develop community



"Brought me to be more social with other families."

"Mantener en la comunidad."

["To keep [a connection to] the community"]

"I feel very supported here at the Relief Nursery. I feel like they are a part of our family."

"It helped my son out so he can do things without me and open up and play with kids. It also gave me a break and I got to come to terms with losing my mom to COVID-19."

"We went from not getting out and knowing how to meet new people to getting to hang out and meet new people at least once a month. It has greatly improved our mental health and getting food once a month at these events helps a lot as well"

Table 10

Having a workplace with values that align to their personal values was a key reason many **RN staff**, particularly those who have been working in them for at least a decade, stay engaged and committed to their work.

"What does the idea of building connectivity, resilience, and hope mean to me? I think it's why a lot of us do the work."

Table 11, on the following page, shares various **RN staff** reflections on how they see these values as contributing to one another. In practice, they described their persistence and consistency as critical towards building meaningful connections with families – reiterating to them that there is someone stable in their lives who is there to help them. Through this, trust is built, which means that families are more open to accepting and utilizing the resources, tools, or supports that **RN staff** has to offer them. As families implement or follow-through on the supports recommended to them, **RN staff** observed clear increases in feelings of autonomy, ability, and hope.



PROVIDER PERSPECTIVES: RN staff feel strongly aligned to organizational values

"Those three things (i.e., staying connected, feeling resilient, and maintaining hope) are very important for families. Just helping them connect to resources in the community. I feel that alone helps families build resiliency because just helping them reach out on whatever they may have going on and stuff, it can help them. That can help build resiliency, because you're helping them or guiding them to just resources that can be helpful to them.

Helping them and encouraging them builds hope. You help them build hope by connecting them to the resources that we have here in the area. Then looking at each family and always building on their strengths. Each family has strengths and just helping in that area, helping build from their strengths and helping them in the areas that they need help in."



100%. That's the best part for me. That's like the meat of it. Families just need to know that they're unconditionally cared for and someone can be present with them in a full spectrum of life experience. I think that just holding space for families with nonjudgment – just being there and letting them work through stuff and meet what they're working through with a space of nonjudgment. I've watched people just respond to that so beautifully. Some people are so hungry for that.

Then they just open up and it's like they have this skill set to make positive change in their own lives. They just need that reflection. They just need someone to reflect that back to them their own stability and personal power. I don't know if that makes sense, but that's what those words made me think of.

It's just being really present and the magic that happens when, at least for the families I've been blessed to work with, they are feeling not judged for whatever they're going through. Then I feel like they're able to have these beautiful breakthroughs in their life."

"Resiliency is what we can offer in the face of huge amounts of stress and trauma. There's a lot that we can't control as Relief Nurseries. I always say we're a band aid in a lot of ways. We can't change systems of oppression, we can't do that within parenting coaching. We do what we can do, by building resilience. That is kind of the thing we can do.

Hope and connectedness are almost two of the main things that build resiliency. The lovely thing though, is that when we do have that connection with families it also is enriching for us as workers too. I think that's also what lets us remain hopeful, and therefore, stay in the work."

Table 11

Working towards building connectivity, resilience, and hope, while immensely rewarding for **many RN staff**, is not always easy. It can be challenging or difficult to work with families to maintain a consistent schedule of visits or attendance to parent education classes. There are also differences in communication preferences. Often staff were able to find a workable rhythm with families, though it was sometimes a prolonged effort. When asked to share strategies that were effective in pursuing these strategies, **RN staff** again reiterated the importance of:

- Persistence and consistency in communication
- Constantly “showing up,” even when circumstances were less than ideal
- Demonstrating solidarity with families and their experiences
- Being honest and casual in their approach
- Always emphasizing the strengths within each family, projecting positivity



Table 12 shares examples of how **RN staff** have applied these strategies in practice.

PROVIDER PERSPECTIVES: RN staff implement organizational values in a variety of ways

“We keep our persistence in showing up for families. They hear from us consistently. We’re checking in. We’re following up and showing up. Even if they’re flaking, we’re still making those efforts. Sometimes families can’t receive it and are not ready to receive that, but I think the fact that we’re doing that is profound for families, really.”

“Within these families’ lives, consistency isn’t something that’s been a stable, structured factor in their lives. Being able to be that pillar for them is something that I found that works. Picking a day to call all my families and it just being consistently on that day, at that time. They know they are going to expect a call from me on Tuesday morning at nine o’clock.”



“Everybody works different. I tell them, ‘This is informal. Let’s chill out.’ Always with a smile. Even if you are tired. Get something positive from what you see at the house so you can start from it. As soon as you build the relationship, you can start talking about strategies.”

“I remember the advice of my older supervisor a few years ago. I was thinking, give all to the families. For example, let’s give this food box to them, let’s find this, let’s give that. It was stressful and I struggled. I tried to be a compassionate person, but my boss said, ‘Compassion is not that. Compassion is you need to teach them how they can fish without you.’ ”

“Just realizing that everyone is unique and everyone has unique backgrounds that really got them where they are today and having that awareness helps to suspend that judgment that may exist. It helps to involve the families and make that connection with them, create that relationship. Even involving them in other services, other parenting groups, getting them involved in our family nights, that really helps with helping them connect and creating that hope and that belonging, for sure.”

PROVIDER PERSPECTIVES: RN staff implement organizational values in a variety of ways

"A huge part of my approach to working with family is strength-based. Just cultivating hope and scaffolding a pathway toward personal success, whatever that means for each family.

Over the pandemic, that has just been interrupted, and interrupted, and interrupted. We have a success. You found housing or you found a job, but then your child gets COVID-19, and you have to quarantine for two weeks. Then you lost your job, and then you can't keep up your apartment, and so then we're going to do this again.

It feels like that scaffolding is more like a roller-coaster. It's been a challenge to help, to be the banks of this wild river for families. Showing up and being there and being consistent and being persistent, and just showing solidarity and maintaining that professional hope and access to resources has been really important but challenging."

Table 12





GENERAL EXPERIENCES WITH THE RELIEF NURSERY MODEL

General themes around elements of the RN model that are working well and added opportunities to consider.

KEY FINDINGS

- ◆ Caregivers perceive RNs to be safe, welcoming environments, and value the empathetic, flexible approach staff take when providing support.
- ◆ RN staff value the individual agency they have to manage their work-life balance and the friendly, supportive nature staff bring to their work.
- ◆ Caregivers would appreciate if RNs had expanded classroom options. This would both support their child(ren)'s socio-emotional and academic growth, as well as help resolve some childcare support needs.
- ◆ Caregivers noted the impact that RN staff turnover has on their children. It sometimes meant that their child(ren)'s specific needs went unacknowledged. It also made it more difficult for their child(ren) to develop stable relationships with other adults.
- ◆ Barriers RN staff observe, or experience, include financial instability, difficulty with time management, and/or having support with administrative components of the work.

Working Well

Beyond basic services, classes, and supports that RNs provide, **caregivers** expressed appreciation for the safe, welcoming environment they afford families, the empathetic communications they receive from RNs, and flexibility they are given (Table 13, on the following page). They encourage RNs to continue advancing efforts that build on these ideals.



IN THEIR OWN WORDS: Caregivers feel RNs are effectively communicating about support opportunities and general resources



"Always willing to work around my work schedule to discuss anything pertaining to my child."

"[RNs] have had a positive role in my children's lives. They offer great support and have lots of resources whenever we may or may not need them. They provide a safe, fun learning place for my children for in-classroom learning."

"Being available and supportive, being positive and kind, and providing a safe learning environment."

"I appreciate the kindness and compassion that's extended to our family and the flexibility with home visits in light of the pandemic (meeting outside or at a park when transmission rates are high)."

"Great communication, education, and understanding of children and their needs."

"Making my child feel comfortable and allowing her to move at her own pace with warming up to others."

"The positive attitude towards all. The willingness to express compliments or suggestions in a loving manner. The knowledge."

"La comunicación sobre cómo van los niños y el apoyo que le dan a uno aunque el niño sea difícil de cuidar."

["The communication about how the children are doing and the support they give you even if the child is difficult to care for."]

"They really support my son with his big emotions. They always let me know what goes on and how he does in class. They are always providing the resources we need."

Supported us with things our child needed. Open communication about his development."

"Being so accommodating and communicating clearly and often."

Table 13

Organizationally, staff most value the flexibility they are provided in their roles and the support they receive from their RN (Table 14, on the following page). The ability to work from home and set hours that accommodated personal needs or schedules, was particularly appreciated over the last two years. Staff also acknowledged that this was largely possible due to RNs opting to invest in laptops, VPNs, and other technology. One individual shared that they received a pay increase, due to their status as an essential worker during the pandemic, and greatly appreciated the acknowledgement of the increased risk they were taking by working in the classroom. Related, many staff felt that their supervisors were aware of the unique challenges the last two years presented and that they were consistently available to assist staff whenever needed. They spoke positively about the camaraderie that appears to exist within RNs, where supervisors are open to listening, locating resources, and encouraging training so that skills can deepen.

PROVIDER PERSPECTIVES: RN staff appreciate the flexibility and support they have in the office

"I really felt supported during the pandemic with flexible time. We also have families. We are maybe moms, maybe daughters, and we have families. With the pandemic, we also struggled, and support with flexibility, time, and having the laptops in the home too was very, very supportive for me."

"I do enjoy the open-door policy and being able to walk into their office and just talking or having any question answered right away. It feels super close and not toxic either. That's always an advantage to have. We went through the list of trainings that I need to advance my steps and stuff like that."

"Having support, especially since I'm so new to this job, from coworkers or peers has been really helpful for me. I'm staying in this job because it is hard work. It's really rewarding, and I like it, but it is hard. Having someone to fall back on and go to for advice has been really beneficial for me."



Table 14

RN staff view the work they are able to do as immensely rewarding. The ability to build long-lasting, trusting relationships with individuals, and through these relationships, be able to make a positive impact in their communities is a key reason many have continued in this work. **RN staff** often spoke positively about their peers, with many expressing that they feel valued and supported by those they work with. Having colleagues to lean on was pivotal to keeping them engaged, as well. Table 15 shares insights from staff about how their work allows them to impact families and why this motivates them to continue as direct service providers.

PROVIDER PERSPECTIVES: RN staff are motivated by the impactful work they do

"I just love knowing that I'm having a positive impact on the community. I love my community and I want everyone to be thriving that's here. I want to just create those networks and just build positive community between people."

"It's enriching to me to be a part of families' journeys of self-discovery and to have the honor of getting to know them in this fairly intimate way. To be allowed into their home, trusted with their struggles and their vulnerability. What keeps me going are the moments of feeling really connected in a deep way. Seeing change happen. It is a really amazing thing to be part of."

"It's really rewarding to hear from parents that they can trust somebody."



Table 15

Added Opportunities

About one-third of **caregivers** provided feedback on what might make their experience with RNs better and what added support was most needed (Table 16). Expanded childcare options were most frequently mentioned. For some this meant having longer classroom hours (e.g., morning and afternoon sessions). For others, this meant being able to drop their child off for more days in the week. Transportation to the RN was another obstacle some **caregivers** are facing. They suggested having a bus, vanpool, or support with paying for gas as ways of providing help.

IN THEIR OWN WORDS: Caregivers would like expanded classroom availability



"Availability for full days versus half days."

"Hopefully get my kids in full time school for them to be more open with school friends."

"I think it's great as is and can't wait for it to be back to normal pre-pandemic. Support would be having both kids in classroom sessions together but I understand there is an minor age gap."

"More days in the classroom. Longer hours in classroom."

*Más días/horas para el programa de Respite donde uno puede escoger qué día puede asistir. El programa esta limitado ahorita"
["More days/hours for the Respite program where you can choose which day you can attend. The program is limited right now."]*

Table 16

Shown in Table 17, on the following page, a few **caregivers** also wrote about their experiences with staff turnover at their RNs, particularly for classroom teachers. It was difficult on both **caregivers** and their child(ren). **Caregivers** felt that new staff were not fully aware of their child(ren)'s specific needs and spoke about how the turnover impacted their child(ren)'s ability to develop stable relationships with other adults.



IN THEIR OWN WORDS: RN staff turnover has an impact on children



"Becoming more stable with staff and in-class sessions."

"Consistency with classes and teachers and respite classes."

"If the new staff would get to know us families better, and for us to know if one of the staff members is leaving the program because we grow relationships with them. Also do you have more family activities especially for those whose children who are not old enough yet to be in the class?"

"More staff to be able to keep classes consistent and the schedule consistent."

Table 17

Though **RN staff** express passion for their work, it is not without some challenges. The top barriers they either faced personally or have heard from others include financial instability, difficulty with time management, and/or having support with administrative components of the work. Regarding compensation, **RN staff** had some notes about reduced hours impacting their overall income, but more often spoke about benefits packages. Health insurance appears to be intermittently offered; staff would appreciate consistent offering of health insurance at an affordable price point, for them and potentially for their families. There was added interest in having mental health services included as a benefit, particularly after the challenges of the last few years. Examples of these challenges are shared below, in Table 18.

PROVIDER PERSPECTIVES: Limited compensation packages make impact RN staff retention

"I know it's something that our Relief Nursery is working at. They are continuing to work in the area of having certain insurance benefits and stuff that would be really helpful to families. I know for myself, I've had insurance up and downs. We'll have a certain type and then a different type. I know that's something that they're working on and it's a hard area. I think that would help because a lot of times [RN staff will] find other things that have benefits."

"It is really challenging to have the turnover. This is just very practical but making sure that Relief Nursery employees are being paid competitive wages and a healthy respect for the work that we do and that it is multitiered. This is beautiful, fulfilling work, but it's tough and it takes a lot of emotional energy. I think that that's probably why a lot of people end up looking elsewhere. Not that they don't want to do the good work, but it requires a lot. You need to be making enough money to finance your own life and self-care."



"I think sometimes teachers leave because there's better opportunities financially in other places."

Table 18

Because direct service roles are dynamic, that means that practitioners must be mindful about balancing their time. As shown in Table 19, seasoned practitioners indicated they eventually found a routine which works for them but were sympathetic towards newer service providers. They observed that – aside from peer mentorship – there are few systemic supports in place to help them navigate the varying demands of the role. Related to this, **RN staff** expressed that they could use assistance with completing paperwork. Having more administrative support would allow them to dedicate more time to service work.



PROVIDER PERSPECTIVES: RN staff struggle balancing time and tasks

"I see teachers – young teachers – struggle with the requirements... the home visits, the paperwork, being in the classroom. There are just so many little things. It can be very overwhelming to new people coming in. I see that a lot, confusion from balancing time and energy. Those roles are a little less flexible than some other roles."

"I think we have so many different grants and funding coming in, with so many different requirements of how to report for so many different things. I feel like sometimes we're not as connected as we need to be, and teachers don't feel as supported in that way. I love the reflective supervision style that we use, though I feel that sometimes lacks in just being direct."



"If you try to schedule [a personal appointment], you have to take time off. It's stressful when you have to go back to work, and you have to do all this paperwork. You're busy, nobody's going to do it for you."

"[Having some of those resources, like mental health specialists] in the building, being able to just rest for 15 minutes, 20 minutes, I think that could be a good tool... I say I offer my flexibility to [my supervisors], but I want to receive the same from them."

"It was a weird timing of [the cut in hours] to happen, and stressful for people to try to do what we did before in 32 hours. That's also part of professional goals. How can we do more trainings? How can we do all those things when we're really limited in how many hours we have? A lot of that is time."

Table 19



CONCLUSIONS

KEY OBSERVATIONS

- ◆ RN staff report feeling capable of providing families the supports and resources they need and caregivers report being aware of these resources and accessing needed supports.
- ◆ Caregivers felt that factors such as the pandemic, natural disasters, and/or social upheaval did not individually impact the support families needed from RNs.
- ◆ RN staff focused on maintaining active communication with their caseloads – a common refrain across focus groups was “persistence and consistency” in reaching out.
- ◆ Though the challenges caregivers and RNs faced in the last year were unprecedented, staff were applauded for the ways in which they continued to show up for families. There were no documented complaints or concerns about the support RN staff offered caregivers.
- ◆ RN staff highlighted trainings provided, including those through OARN, as valued resources in helping them build or deepen their knowledge of various approaches to use with families during unprecedented times.
- ◆ RN staff expressed deep alignment between stated goals and their personal values, highlighting this as a key reason they stay engaged with this work.

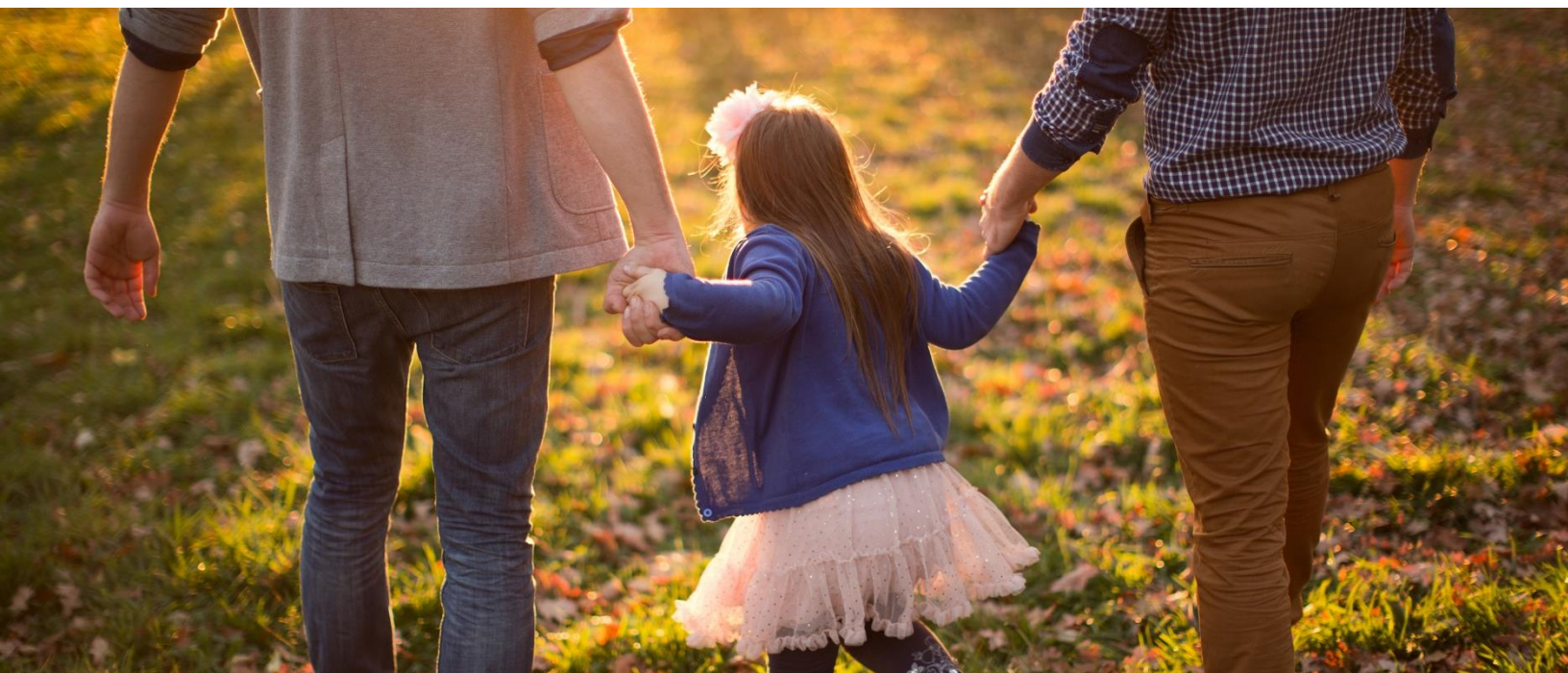
Results of the statewide evaluation show that Oregon RNs have had success in working towards their goals of impacting families and children and building up protective capacity of Oregon families. **RN staff** report feeling capable of providing families the supports and resources they need and **caregivers** report being aware of these resources and accessing needed supports. When reflecting on observed impact of RN approaches, **staff** referenced the ways they’ve seen caregivers develop and deepen their parenting skills. **Caregivers** highlighted the growth they observed in their child(ren) as a result of RN services. Personal growth among **caregivers** was also self-identified, though often to a lesser extent and with less specificity than the impact they’ve observed RN activities having on their child(ren).

Caregivers felt that factors such as the pandemic, natural disasters, and/or social upheaval did not individually impact the support families needed from RNs. Rather, they acknowledged that the delivery mechanisms and services provided were adapted for them, particularly in response to the pandemic. Changes were largely believed to be in support of statewide health and safety guidelines (e.g., stay-at-home orders and social distancing). **RN staff** confirmed these adaptations, with added detail on the psychological impact these adaptations had on families. They observed increased expression of anxiety and feelings of loneliness among **caregivers**. In response, **RN staff** focused on maintaining active communication with their caseloads – a common refrain across focus groups was “persistence and consistency” in reaching out. Though **caregivers** did not express a change in what kind of support they were seeking, **RN staff** observed an uptick in **caregivers** seeking support to find stable employment, affording basic necessities, and finding and securing affordable housing. RNs responded to these needs by resuming respite activities as soon as safely possible and aiding with organizing/filing paperwork for employment needs, housing needs, etc.

Though the challenges **caregivers** and RNs faced in the last year were unprecedented, staff were applauded for the ways in which they continued to show up for families. The emphasis **RN staff** placed on communications was evident to **caregivers**. There were no documented complaints or concerns about the support **RN staff** offered **caregivers**. Irritants or challenges centered on external factors or broader organizational limitations (e.g., only offering classroom sessions for limited hours and times, rather than hours that could match a full work shift).

RN staff highlighted trainings provided, including those through OARN, as valued resources in helping them build or deepen their knowledge of various approaches to use with families during unprecedented times. Organizationally, RNs appear to be highly collaborative environments, where mentorship and peer-to-peer support is frequent. Several staff members spoke enthusiastically and appreciatively about their peers. They felt comfortable turning to each other to workshop issues and brainstorm solutions.

RN staff expressed deep alignment between stated goals and their personal values, highlighting this as a key reason they stay engaged with this work. They also appreciate that the individual agency they have to manage their work/life balance, paired with the aforementioned support they receive within their RN, are additional reasons they have stayed in their role. That being said, **RN staff** are aware that the work they do is difficult. Retention can be difficult when compensation packages are limited (e.g., low salary, reduced hours, no healthcare benefits). **Caregivers** are observant of the impact turnover has on their children. It sometimes meant that their child(ren)'s specific needs went unacknowledged. It also made it more difficult for their child(ren) to develop stable relationships with other adults.



APPENDIX A: HERITAGE AND CULTURAL DESCRIPTORS

Response data was edited, where needed, for clarity. On occasion, researchers were unable to confidently transcribe written response data. Rather than presuming or falsely assigning heritage to respondents, researchers used [unintelligible] to indicate uncertainty.

- "Nonsense"
- African-American Children. Understand 2-3 languages and learning more, etc.
- American, voted for Trump, normal, blue collar family
- Apoyo a la comunidad [unintelligible]
- Catholic
- Convivir y apoyarnos como familia
- En nuestra cultura nos gusta las festividades de las posadas [unintelligible] en navidad
- Greek and Irish
- Guatemala
- Have none that I've encountered or discovered yet other than being a non-denominational Christian home.
- Hispanic
- Hispanic / Mexican
- Hispanic bilingual language
- Hispanic/white blend.
- I am 1/4 German, just below 1/2 Alaskan Native (but have never had bloodwork to prove heritage for oil money and the rest is a little of all the races is what I was always told!
- I am 1/4 Native American
- I am from Central America, speak both English and Spanish and teaching my children both is a priority!
- I am half Honduran and Mexican. My mom was born in Cali, raised in Mexico. My dad was born and raised in Honduras.
- I am Hispanic, dad is Caucasian, but we all live in a bilingual home.
- I am Native American, Irish, Dutch, and French Canadian. While my child is all that plus Spaniard and Filipina.
- I am White, born in America. I have some family that are Indian as well.
- I come from Egypt. I moved to the USA in 2017 and I am a Muslim.
- I love when the teachers of the program are trying to speak and show my kid Spanish.
- Icelandic, Native American, Irish
- I'm from Honduras.
- I'm from Redding California and moved here about 2 years ago and I support the LGBTQ+ community. I only speak English.
- I'm half White, half Mexican, married to a White man who is bisexual
- Just white
- La cultura en general
- Me and my family are Hispanic
- Me gusta que estén ayudandonos a las familias Latinas y de habla Hispana a incorporarnos más en la comunidad anglosajona
- Mexican
- Mexican, white
- Mexicana
- Mostly white upbringing but added (illegible)
- Mother - Hispanic. Father - Caucasian.
- My child is Hispanic and white.
- My family is white
- My granddaughters are both mixed Latino/Caucasian
- My grandfather is 1/2 Indian, 1/2 Fijian

- I'm Irish, German, and Dutch.
- Nosotros como Latinos tenemos la cultura de comunir los fines de semana juntas
- Nuestra familia es una familia Hispana
- Nuestro idioma Español
- Oaxaqueria y respetar las tradiciones de cada país
- Personas alegres un poco timidas pero con muchos valores y responsables
- Somos hispanos
- Soy Mexicana. Nacida en México.
- Soy nacida en México
- We are a Christian family and enjoy going to church.
- We are a typical white household who is doing our best to be aware of and fight for racial injustices around us
- We are Hispanic and white. We speak both English and Spanish at home
- we are Irish American
- We are Italian and have reunions every 4 years
- We are Mexican-American family
- We are white and part native American I am a registered Tribal member however I grew up in foster care so the culture is not a big part of my life however Relief Nursery did help me get enrolled
- We have several family members who are LGBTQ. Officially not sure. Mainly, be kind and respect the earth and people. Love and be thankful for God.
- We have tons of Irish in my family.
- White
- White
- White
- White - born in America
- White but I have no issues with any culture