# Early Relational Health: Community Mapping Tool

**Community: _____**
**Defined as:** *E.g., city or county limits, particular neighborhood(s) or school attendance area(s)*
**Estimated population of infants and toddlers (0-3):**

## About Early Relational Health

Early Relational Health (ERH) is the state of emotional well-being that grows from the positive emotional connection between babies and toddlers and their parents when they experience safe, stable, and nurturing relationships with each other. ERH is foundational to children's healthy growth and development and parents' sense of competence, connection, and overall well-being. These resilient and enduring relationships also help to protect the family from the harmful effects of stress.

ERH is built through foundational relationships and interactions in the first three years of life, primarily through parent-child relationships, but bolstered by relationships parents and children have with service providers, extended family, and other adults. ERH can be promoted through health, early childhood, and family support services, as well as throughout the community in parents' social networks, in social marketing campaigns, and in community norms. Learn more about ERH here; you may also wish to view and share short videos of researchers, providers, and parents talking about their Perspectives on Early Relational Health.

## Purpose and Use of this Mapping Tool

The Early Relational Health Community Mapping Tool allows community leaders to (1) reflect on the ways in which their community currently supports and promotes the development of ERH, and (2) identify action steps to improve and expand upon those efforts.

The tool is designed to be completed by a group that includes parents, service providers, and system leaders. Stakeholders' perspectives may differ on how well the community is currently doing. It is not necessary to come to consensus on ratings. Areas of disagreement may point the way toward action steps, such as making a current effort more effective or more visible to other community members, or expanding the reach of a strategy that is limited in scope. Most groups will need multiple sessions or check-in points to introduce the mapping tool and the ideas within it, complete the tool (individually or as a group), discuss ratings and perspectives, and develop an action plan.

This mapping tool consists of two distinct parts, each designed to inform the development of an action plan. Part 1 guides participants to map current ERH-promoting activities across various domains of the early childhood system as well as cross-sector, system-level efforts promoting ERH in the community. Part 2 refers to what CSSP calls a Family-Centered Community Health System (FCCHS) and guides participants to assess their community's performance within the six elements of an FCCHS. Communities may choose to complete Parts 1 and 2 at the same time, or limit their focus to one or the other. Part 3 of this tool prompts the development of an action plan informed by the mapping process in Parts 1 and/or 2. The appendix shows examples of how each part might be completed for a hypothetical community.

Some communities may use this mapping tool in conjunction with the *Early Learning Community Progress Rating Tool* and/or the *Early Childhood System Performance Assessment Toolkit* – both also from the Center for the Study of Social Policy. The Early Learning Community process looks at the big picture of how a community is supporting young children's early learning by ensuring they and their families have the supports they need; the *Early Childhood System Performance Assessment Toolkit* helps stakeholders to focus on the functions of the early childhood system and identify areas for growth and improvement. As a complement to these, the *ERH Community Mapping Tool* looks specifically at how the early childhood system and its component sectors are promoting ERH. A community may use one tool and then another, feeding into a community action plan that addresses multiple aspects of what is being done, and how well, in early childhood systems.

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# Part 1:  Mapping of ERH-Supporting Activities: By Sector and Across Sectors

## A.     Activities Promoting Early Relational Health by Sector

First, in each of the sectors that make up your community's early childhood system, identify activities and interactions that promote ERH, who is being reached by those efforts, and where there are gaps and opportunities. For the purposes of this assessment, the sectors are identified as early care and education, home visiting, informal supports, mental health, parenting education, health care, family support, and child welfare.[1] (See the table below for more specificity about what is included in each of these sectors.)

As you map activities in each sector, some things to keep in mind are:

- Various relationships and supports can promote relational health and the foundational relationships that are at the heart of ERH. Consider activities that support healthy relationships between parents and children, between providers and families, among providers, and among families.
- What supports are in place to promote genuine and reciprocal partnerships and build a sense of community?
- Think about the curriculum or models being used. Are they supported by evidence?
- Are culturally and linguistically relevant services offered for all families in your community?
- Are programs and services delivered in a strengths-based way, lifting up families' strengths and supporting parents as leaders and decision-makers for their families and communities?
- Consider what types of supports are available for providers in the sector, such as reflective supervision, infant mental health consultation, and training in cultural humility or cultural competence.
- Activities may reach across multiple sectors. In that case, describe the activity in one sector and refer back to it in others as relevant. Or, they may fit better in part B of this assessment where you will record cross-sector, system-level efforts.

The appendix includes a partially completed table showing examples of the types of things you might note for a sector in your community.

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[1]  Note, the child welfare sector is included here because it has contact with some of the most vulnerable young children and families in every community. Unfortunately, in many communities, the child welfare sector is not well connected to the other sectors listed here, and too often, these systems operate and interact with families in ways that are unlikely to promote ERH. Acknowledging this, we include it in order to spark conversation about potential changes within that system or increased connection with other providers that could promote ERH for families in very stressful times and circumstances.

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| Sector / Activities | A. What ERH-supporting **interactions and activities** are happening in this area? | B. Who is being **reached**? (Specific neighborhoods, demographic, or language groups) | C. What are the **gaps and opportunities** in this area? (Who is not being reached? What programs, policies, activities are lacking?) |
|---|---|---|---|
| **Early Care and Education**<br>• Center-based care for infants and toddlers<br>• Family/home-based child care for infants and toddlers<br>• Family, friend, and neighbor care<br>• Supports for ECE providers to better serve infants and toddlers<br>• Training for ECE providers<br>• Other activities related to early care and education | | | |
| **Home Visiting (HV)**<br>• Evidence-based HV models<br>• Locally developed or promising HV models<br>• Community-wide and/or universal models that incorporate HV<br>• Intensive mental health HV models<br>• Use of parent-child assessment tools in HV<br>• Supports for HV programs to improve quality<br>• Other activities related to home visiting | | | |

| Sector / Activities | A. What ERH-supporting **interactions and activities** are happening in this area? | B. Who is being **reached**? (Specific neighborhoods, demographic, or language groups) | C. What are the **gaps and opportunities** in this area? (Who is not being reached? What programs, policies, activities are lacking?) |
|---|---|---|---|
| **Informal Supports**<br>• Faith-based communities<br>• Mutual Aid networks<br>• Parent leadership networks<br>• Neighborhood associations that support young families<br>• Other informal connections among families | | | |
| **Mental Health**<br>• Child, adolescent, and adult mental health services<br>• Infant and early childhood mental (IECMH) health services<br>• Two-generational or dyadic mental health interventions<br>• IECMH consultation within other service sectors<br>• Co-location of behavioral health care services in health care facilities<br>• Coordination/collaboration with substance abuse treatment services<br>• Advocacy for mental health parity and accessibility<br>• Other activities related to mental health care | | | |

| Sector / Activities | A. What ERH-supporting interactions and activities are happening in this area? | B. Who is being **reached**? (Specific neighborhoods, demographic, or language groups) | C. What are the **gaps and opportunities** in this area? (Who is not being reached? What programs, policies, activities are lacking?) |
|---|---|---|---|
| **Parenting Education**<br>• Evidence-based parenting education curricula<br>• Brief educational interventions for parents<br>• Parent support groups<br>• Community-based parent support and education<br>• Social marketing and app-based parent education<br>• Training for parenting educators that elevates ERH<br>• Other activities related to parenting education | | | |
| **Health Care**<br>• High-Performing Medical Homes<br>• Reach Out and Read<br>• Primary care relational promotion/prevention models<br>• Team-based care models<br>• Video feedback approaches<br>• ERH Screening<br>• Training for clinicians<br>• Other activities related to health care | | | |

| Sector / Activities | A. What ERH-supporting **interactions and activities** are happening in this area? | B. Who is being **reached**? (Specific neighborhoods, demographic, or language groups) | C. What are the **gaps and opportunities** in this area? (Who is not being reached? What programs, policies, activities are lacking?) |
|---|---|---|---|
| **Family Support** <br> • Family resource centers <br> • Navigation supports for families with young children <br> • Resource and referral services and directories <br> • Concrete and financial supports to promote family economic stability <br> • Other activities related to family support | | | |
| **Child Welfare** <br> • Child Protective Services <br> • Navigation support for birth parents <br> • In-home services to support family preservation <br> • Kinship care provider supports <br> • Training and support for foster and resource families <br> • Youth advisory panels <br> • Mandated reporter training and support <br> • Post-adoption supports and services <br> • Other activities related to the child welfare system | | | |

## B. Cross-Sector Initiatives Promoting Early Relational Health

Next, identify any cross-sector, system-level initiatives and strategies that promote ERH in your community. This may include leadership groups that focus on infant and early childhood mental health, cross-sector networking groups for early childhood professionals focused on relationship-building, family-friendly policy advocacy efforts, or a website sharing resources and information about social-emotional well-being in early childhood. You may also capture one-time offerings, such as a conference or cross-sector training opportunity, or a needs assessment that has helped to inform work in this area.

There are no "wrong answers" to include here; however, if you are in doubt, check whether an initiative or strategy you are thinking of could fit better in the mapping of one particular sector above.

Your group's responses here may point the way toward action steps to be included in your action plan. If you aren't aware of any initiatives or strategies that fit in this section, perhaps one of your first action plans could be to develop a new leadership or networking group, or another strategy that fits your circumstances. Perhaps some strategies are currently being implemented in just one sector but have the potential to be expanded.

The appendix includes a partially completed table showing an example of how you might capture an initiative in your community.

| Initiative or strategy | Who provides/coordinates/ convenes this? | Who is reached (e.g., sectors, neighborhoods)? Who is not reached? |
|---|---|---|
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## C.    Reflection

Once you have completed and discussed the mapping, discuss the following as a group:

1. **What strengths did we uncover** in how our community currently supports ERH? *(What is working well? Which sectors have a lot of ERH-promoting activities and supports? Which neighborhoods or population groups are well served? What cross-sector initiatives are in place and what are they able to do? What do these examples tell us about how to do this work well?)*

2. **Whose perspectives were missing** from this mapping exercise? *(Were there sectors, neighborhoods, population groups, or cross-sector initiatives you didn't have adequate knowledge of? Does your stakeholder group represent the diversity of the community overall? Who else do you need to engage in your work to fill in those gaps in knowledge and perspective?)*

3. **Where does our community need to improve** on its ERH-promoting efforts? *(Which sectors are not currently engaging in a lot of ERH-promoting activities? Which neighborhoods or population groups are not being reached by current efforts? What is needed in terms of cross-sector work or coordination?)*

## Part 2: Assess your community within the *Family-Centered Community Health System* framing elements

One way for a community to effectively promote early relational health is by building and supporting what CSSP describes as a family-centered community health system (FCCHS). This is a model that envisions the health system and early childhood system working together, supporting and listening to parents, and promoting ERH throughout a community.

CSSP describes an FCCHS as one that promotes ERH by championing an integrated health system focused on equity, family voice, and advanced early childhood system building, resulting in improved outcomes for young children, families, and communities.[1] Built upon the Strengthening Families Protective Factors Framework,[2] the fundamental elements of an FCCHS have developed in many communities over the past decade or longer, but they have often been isolated from one another, making it less likely that the community will realize improved outcomes. Advancing ERH requires a system-based effort, a coordination between child health and early childhood community sectors, families in the center, and strong, vibrant, and positive community networks and experiences. This part of the mapping process will work best if key members of the team are familiar with the elements of an FCCHS as described here.

The following elements, when adopted and coordinated, can drive transformation, and promote ERH at the system and community level – and they provide the structure for this mapping exercise:
1. Intensive, coordinated, and comprehensive strategies for all infants, toddlers, and their families that support building foundational relationships for improved life course outcomes;
2. High-performing medical homes that better support families and connect them with the array of community supports to address family needs;
3. Parent leadership networks that hold programs, services, and community systems accountable;
4. A focus on a place-based approach for achieving population health with disaggregated data that informs local decision-making;
5. A local, coordinated early childhood system that works collectively to dismantle structural inequities and racism; and
6. Vibrant and robust family- and community-led networks that support positive experiences for children and families.

For each of the elements of the FCCHS, rate how strong it is in your community, on a scale of 1-5. Use the following rubric:
   1 –Little or no evidence of this element in the community
   2 – Efforts are just getting started to strengthen this element in the community
   3 – This element is available to some families in the community, but not widespread
   4 – Numerous positive examples of this element throughout the community
   5 – Strong and widespread presence of this element

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It is rare today for any of these elements to have a "strong and widespread presence" in a community. If you rate your community a 5 on any of these, or even a 4, that is something to celebrate! Most communities will find themselves at one of the lower ratings for most or all of the elements, which can point the way to improvements you would like to make either by starting new efforts or spreading an existing initiative into more places. Use the "Notes" section to indicate where you see the strength of that element or its connections to the other elements.

Once you've rated the strength of each element, reflect on how well the various elements are connected to each other, and what is in place to support those connections in the community. Then, reflect on the ratings you gave each element and the connections you observe between them, and rate the strength of your FCCHS overall.

| FCCHS Element | Examples of what this might look like in a community | Strength rating |
|---|---|---|
| 1. Intensive, coordinated, and comprehensive (as opposed to fragmented or siloed) strategies for all infants, toddlers, and their families that support building foundational relationships for improved life course outcomes | *Interventions based on the centrality of early relationships for long-term health and importance of prenatal through baby's first 1000 days.*<br><br>*Initiatives focused on the influence of positive experiences on health outcomes (HOPE) and resilience, even among those with ACES.*<br><br>*Cross-sector initiatives mapped in Part 1B.* | How strong is this element in your community?<br>1    2    3    4    5<br><br>Notes: |
| 2. High-performing medical homes that better support families and connect them with the array of community supports to address family needs | *Strong connections between child health care practices and the EC system.*<br><br>*Family-centered as opposed to child-centered practice models (expanded team to address caregiver wellbeing and social determinants of health as well as child development; models like DULCE, HealthySteps).*<br><br>*Care coordination and linkage to other services.*<br><br>*Well-being efforts such as expanded teams, universal health promotion, and interventions that promote the five protective factors identified in the Strengthening Families framework.* | How strong is this element in your community?<br>1    2    3    4    5<br><br>Notes: |

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| FCCHS Element | Examples of what this might look like in a community | Strength rating |
|---|---|---|
| 3. Parent leadership networks to ensure system accountability | *Parents as partners and leaders in early childhood services and policies.*<br><br>*Inclusion of parent voice in decision-making processes.*<br><br>*Systems & people in power intentionally working to dismantle the structures and change the power dynamics that contribute to disparities by addressing implicit bias and system racism.* | How strong is this element in your community?<br>1    2    3    4    5<br><br>Notes: |
| 4. Place-based approach to achieve population health with disaggregated data that informs decision-making | *Longitudinal, integrated datasets from Health, ECE and community-based sources.*<br><br>*Clear definition of the community and its geographic boundaries, number of families, infants, and children.*<br><br>*Administrative data matching.* | How strong is this element in your community?<br>1    2    3    4    5<br><br>Notes: |

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| FCCHS Element | Examples of what this might look like in a community | Strength rating |
|---|---|---|
| 5. A local, coordinated early childhood system that works collectively to dismantle structural inequities and racism | *Often organized around an "anchor institution" or backbone organization with a resource & referral system (e.g., Help Me Grow).*<br><br>*Often have EC councils or parent leadership groups and network of public/private resources aligned to family needs.*<br><br>*Effective stable leadership that reflects community being served.*<br><br>*Use of data to reveal disparities and identify needs.*<br><br>*Sustainable financing (fund neighborhoods where disparities exist & support grassroots organizations).*<br><br>*Support for workforce (training in equity, pipeline to ensure diversity).*<br><br>*Families empowered as leaders and decision-makers (e.g., governance explicitly reflects commitment to equity, parents help shape high quality services & thriving neighborhoods).* | How strong is this element in your community?<br><br>1    2    3    4    5<br><br>Notes: |
| 6. Vibrant and robust family- and community-led networks that support positive experiences for children and families | *Positive environments and social connections mitigate adversity and build resilience.*<br><br>*Development of local family support workforce (i.e., network of locally residing peers) that goes beyond traditional public health and family support services.* | How strong is this element in your community?<br><br>1    2    3    4    5<br><br>Notes: |

| FCCHS Element | Examples of what this might look like in a community | Strength rating |
|---|---|---|
| 7. Connections among the six elements above | Formal connections (e.g., two elements that are led by the same organization, one element funding or sponsoring another, designated board or advisory roles that link between two elements)<br><br>Informal connections (e.g., one element that consistently supports and/or receives support from another, multiple elements that serve the same population group and coordinate their services)<br><br>Support and facilitation for connections (e.g., collaborative tables, working groups, funders or intermediary organizations that bring stakeholders together across elements) | How strong are these connections in your community?<br><br>1   2   3   4   5<br><br>Notes: |
| 8. Overall strength of your community's FCCHS | Consider the overall strength of the system, factoring in individual elements and the connections between them | How strong is the FCCHS in your community?<br><br>1   2   3   4   5<br><br>Notes: |

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**References**

1.      Willis D. *Advancing a Family-Centered Community Health System: A Community Agenda focused on Child Health Care, Early Relationships, and Equity.* Washington, DC: Center for the Study of Social Policy; 2020. Available at https://cssp.org/resource/advancing-a-fcchs/.

2.      Harper-Browne C. *The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper.* Washington, DC: Center for the Study of Social Policy;2014.

3.      Willis D, Chavez, S., Lee, J, Hampton, P, and Fine, A. *Early Relational Health National Survey: What We're Learning from the Field.* Washington DC: Center for the Study of Social Policy;2020.

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# Part 3: Action Planning

Identify action steps that would improve your community's ability to promote ERH. Some action steps may have naturally emerged as you mapped what is currently happening in your community, while others may not align exactly with the mapping process. For example:

- In Part 1, you may have found that some sectors had significantly less activity promoting ERH than others. Is there something happening in one sector that could be replicated or expanded to reach another sector? Or does the assessment reflect that additional people need to be consulted to understand what's going on in some of those sectors? You could develop an action step about reaching out and establishing relationships with people in other sectors or with parents in particular demographic or geographic areas. Looking at cross-sector efforts, you may have come up with a long list of system-level initiatives and strategies – in which case you may develop an action step about improving on one of them in some way, such as by reaching a group listed as not being reached. Or you may have had a short list, which would suggest that developing more cross-sector initiatives would be a powerful action step for your community.

- In Part 2, you probably gave your community lower ratings on some elements of the family-centered community health system than on others. If your rating was 1 for an element, what could you do to begin strengthening that element in your community? If your rating was 2, 3, or 4, what could you do to move to the next rating level, such as increasing the consistent use of a particular approach or making something more accessible to families that aren't currently being reached? There may also be elements that you rated as strong, but that aren't strongly connected to the rest of the system, which may point toward action steps that would strengthen those connections.

- Other ideas may have come up through your conversations about this mapping process. Perhaps someone shared something they are working on, and you could develop an action step about supporting them in that effort and increasing its reach or effectiveness. Or perhaps there is already an early childhood action plan in your community that includes steps that are specifically related to ERH – which you can pull into your action plan, perhaps specifying what your group's contribution to that effort will be.

For each action step, articulate as many details as possible about how and when it will be implemented, who will take responsibility (an individual, team, or organization), what resources will be needed, and how you will gauge success. The appendix includes a partially completed action plan.

# Promoting Early Relational Health: Community Action Plan

| Action | Responsible | Timeline | Budget or other resources needed | Indicators of success |
|---|---|---|---|---|
| | • | • | • | • |
| | • | • | • | • |
| | • | • | • | • |
| | • | • | • | • |

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# Appendix: Examples from a Completed Tool

## Part 1A: Mapping by Sector

| Sector / Activities | A. What ERH-supporting **interactions and activities** are happening in this area? | B. Who is being **reached**? (Specific neighborhoods, demographic, or language groups) | C. What are the **gaps and opportunities** in this area? (Who is not being reached? What programs, policies, activities are lacking?) |
|---|---|---|---|
| *Early Care and Education* | Child Care Resource & Referral agency offers training in Strengthening Families and provides coaching to promote positive early relationships between providers, parents, and children<br><br>Family child care providers have a networking group that meets for monthly dinners and brings in speakers on topics including ERH | CCR&R reaches the staff of licensed programs which tend to serve the wealthier families in the community<br><br>Family child care providers are a more diverse group and tend to serve a wider range of families | Informal providers do not have access to trainings and coaching from the CCR&R<br><br>Family child care group is informal and has only grown through word-of-mouth, so it doesn't reach newer providers, non-English speaking providers, or others who just don't know the people already in the group |
| *Family Support* | ABC Family Resource Center offers Nurturing Parenting Program and other parenting classes and support groups<br><br>Children's hospital offers universal supports for new parents including birthing and lactation classes and a folder of brochures given out at birthing hospitals | ABC FRC primarily reaches those living on the west side of town<br><br>The FRC hosts a parent group that has English and Spanish speaking members with discussion in both languages<br><br>Hospital classes are available to all families; participants are majority White. Very little participation from XYZ neighborhood which is across town from the hospital | FRC isn't serving families living further away from ABC FRC or lacking transportation – particularly a concern for residents of XYZ neighborhood on the east side with high poverty rate<br><br>XYZ Community Center offers youth programming and adult literacy classes but hasn't had any early childhood programming since a grant-funded program ended in 2017<br><br>Not aware of any family support services in languages other than English and Spanish – how are Syrian, Korean, and other language groups being reached/served? |

| Sector / Activities | A. What ERH-supporting **interactions and activities** are happening in this area? | B. Who is being **reached**? (Specific neighborhoods, demographic, or language groups) | C. What are the **gaps and opportunities** in this area? (Who is not being reached? What programs, policies, activities are lacking?) |
|---|---|---|---|
| *Child Welfare* | Caseworkers are trained in trauma-informed care, though it is not clear how much it is implemented and especially in infant/toddler cases<br><br>Did not have participation from county agency; there may be other activities or policies we are not aware of | CPS serves the entire county<br><br>Disproportionate involvement among Black and Latino families; over-representation of children under 3 in out-of-home care | Mothers with infants in foster care are only allowed infrequent, limited weekly visits – policy should allow for more frequent contact with infants and toddlers<br><br>Equity analysis needed to understand the decision points where disproportionality arises and what is driving infants and toddlers into out-of-home care |

## Part 1B: Cross-Sector Initiatives

| **EXAMPLE** Initiative or strategy | Who provides/coordinates/ convenes this? | Who is reached (e.g., sectors, neighborhoods)? Who is not reached? |
|---|---|---|
| The ERH initiative of the County Early Childhood Collaborating Partners group | United Way | • Agency leaders and supervisors, some direct service providers, some funders, some city staff<br>• No informal care providers or parent leaders<br>• Group is about 80% White, does not reflect the diversity of the county<br>• XYZ Community Center used to be a member of this group but no longer has early childhood focused programming or staff, so haven't been at the table in several years<br>• CPS/Child welfare not represented |

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## Part 1C: Reflection

1. **What strengths did we uncover** in how our community currently supports ERH?

   There are some really good things happening and people who are working together to support families with young children and advance ERH. We have access to resources to support this work.

2. **Whose perspectives were missing** from this mapping exercise?

   Just a small group of us completed this exercise. Definitely need to bring in more perspectives including direct service providers, parents, someone from the business community, CPS agency, and people who live and work in XYZ neighborhood.

3. **Where does our community need to improve** on its ERH-promoting efforts?

   Our sense is that XYZ neighborhood is underserved (though we need to verify this with people who live and work there – maybe there are efforts underway that we aren't aware of). We want to look into how existing programming can be brought to that neighborhood (satellite programming from the ABC FRC, the children's hospital, or others) but also need to be sure that any services or programs would actually meet the needs of the families who live there. We are lacking input from the CPS agency so are not sure what changes could be made there. Also want to build on the successful informal family child care networking group so we can reach more of those providers. And, we need to get creative about ways to provide services in languages other than English and Spanish to serve the growing population of families who speak other languages.

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# Part 2: FCCHS

| FCCHS Element | Examples of what this might look like in a community | Strength rating |
|---|---|---|
| 1. Intensive, coordinated, and comprehensive (as opposed to fragmented or siloed) strategies for all infants, toddlers, and their families that support building foundational relationships for improved life course outcomes | *Interventions based on the centrality of early relationships for long-term health and importance of prenatal through baby's first 1000 days.*<br><br>*Initiatives focused on the influence of positive experiences on health outcomes (HOPE) and resilience, even among those with ACES.*<br><br>*Cross-sector initiatives mapped in Part 1B.* | How strong is this element in your community?<br><br>1  2  **(3)**  4  5<br><br>Notes:<br>The United Way's ERH initiative is well-established but doesn't include all the partners it needs to |
| 2. High-performing medical homes that better support families and connect them with the array of community supports to address family needs | *Strong connections between child health care practices and the EC system.*<br><br>*Family-centered as opposed to child-centered practice models (expanded team to address caregiver wellbeing and social determinants of health as well as child development; models like DULCE, HealthySteps).*<br><br>*Care coordination and linkage to other services.*<br><br>*Well-being efforts such as expanded teams, universal health promotion, and interventions that promote the five protective factors identified in the Strengthening Families framework.* | How strong is this element in your community?<br><br>1  **(2)**  3  4  5<br><br>Notes:<br>One pediatric clinic is implementing HealthySteps<br><br>There is no state-level Help Me Grow affiliate but there have been discussions about implementing it at the county level |
| 3. Parent leadership networks to ensure system accountability | *Parents as partners and leaders in early childhood services and policies.*<br><br>*Inclusion of parent voice in decision-making processes.*<br><br>*Systems & people in power intentionally working to dismantle the structures and change the power dynamics that contribute to disparities by addressing implicit bias and system racism.* | How strong is this element in your community?<br><br>**(1)**  2  3  4  5<br><br>Notes:<br>Not aware of any efforts to bring parents into decision-making spaces |

# Part 3: Action Plan

| EXAMPLE Action | Responsible | Timeline | Budget or other resources needed | Indicators of success |
|---|---|---|---|---|
| Establish a parent group to advise children's hospital on their community investments for new parents, with strong representation from XYZ neighborhood | • ABC Family Resource Center will provide staff support to XYZ Community Center to host the parent group<br>• Pastor G and Busy Bees Child Care Center in XYZ neighborhood will help recruit parents | • Organize first meeting in Sept. 2022<br>• Give feedback on hospital investments that will better serve XYZ neighborhood, Jan. 2023 | • Meeting space (provided by community center)<br>• $1,000 for gift cards to compensate parents (provided by hospital)<br>• $500 for staff time to organize (funding from hospital to XYZ community center; in-kind staff support from ABC FRC) | • 20 or more parents participating by Dec. 2022<br>• Feedback provided to hospital by deadline<br>• Hospital's new investment plan reflects XYZ neighborhood priorities and recommendations<br>• Longer term: More families from XYZ neighborhood benefit from hospital's offerings |
| Formalize the support group model for family child care providers and make it more welcoming to more providers | • CCR&R agency in partnership with leaders of the current FCC support group | • Survey licensed and unlicensed providers to gauge interest and identify hosts for new groups, October 2022<br>• Launch 1-2 new groups, November 2022<br>• Explore interest in a Spanish language group, December 2022 | • Staff time (provided by CCR&R)<br>• $100 gift cards as survey incentives<br>• $750 to compensate group hosts ($250/group to recognize host time commitment)<br>• If additional funding or an in-kind donation can be secured – provide meals for the group meetings | • 30 family child care providers respond to survey<br>• 1-2 new hosts are committed to hosting new groups<br>• 4-5 providers join per group established |
| Engage CPS agency in ERH initiative | • Director of ABC FRC will reach out to CPS director to find out who could represent them | • Reach out August 2022<br>• Invite CPS representative to September meeting | • N/A | • CPS representative named and attends September meeting |

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Ideas into Action

Early Relational Health
An initiative of CSSP