Promoting Nurturing and Responsive Relationships in Massachusetts Homeless Shelters

Supporting Children's Social and Emotional Wellbeing — A Pyramid Model Intervention

by Ellen Kiron

In the last quarter of 2013, homeless shelters across Massachusetts were overwhelmed by an influx of young families.[1] Public agency managers from the Departments of Early Education and Care (EEC), Public Health (DPH) and Housing and Community Development (DHCD) mobilized together to help shelters manage, and to reduce the impact on children from instability, trauma and high-stress.[2] Agency managers pooled financial resources from an infusion of Race To the Top funding[3] and intervened to help shelter staff communicate and lead in ways that benefited young children and their families in the short-term, and contributed to children's positive outcomes over the long-term.[4]

The agency managers resourcefully adapted the evidence-based Pyramid Model[5] training curriculum, which was already in use in Massachusetts. Although this public health intervention was typically offered to professionals in child-serving settings, the agency managers innovatively extended the Pyramid Model into homeless shelters where it had become equally critical for staff to understand how to support parents in promoting children's social-emotional competency.

Entitled 'Positive Solutions for Powerful Family Interactions', Massachusetts' new training was designed to build shelter staff's capacity to consistently support warm, nurturing family interactions even when addressing problem behavior.[6] Significant stress for young children can interfere with their developing brains and have long-term consequences. Children's exposure to warm, nurturing relationships with a primary adult caregiver, however, can mitigate negative effects of prolonged exposure to adverse conditions.[7] By building staff's capacity to keep the parent/child relationship at the forefront of their thoughts and actions, state agency managers sought to alter the environment of relationships in homeless shelters, and to advance protective conditions for young children residing there.

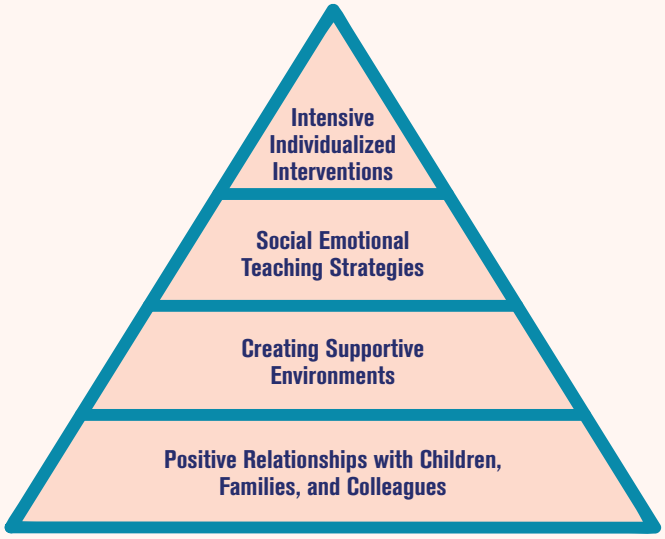
Young children benefit from a comprehensive systems approach because it:

- Nurtures the development of children's resilience.
- Builds adult capacity to advance protective conditions for vulnerable children in more settings.
- Tips the scales to more positive life outcomes for two generations.

At the Pyramid Model training, shelter staff learned about early childhood development and the primary caregivers' critical role in supporting a healthy developmental trajectory. The training addressed key concepts of human development and the effects of high-stress and trauma on behavior. Staff also

THE PYRAMID MODEL FOR SUPPORTING SOCIAL-EMOTIONAL COMPETENCE IN INFANTS AND YOUNG CHILDREN.

The Pyramid Model focuses on the primary caregiver/adult's responsibility for responsive and positive interactions. The **PYRAMID MODEL** is based on a tiered framework of public health responses to varied levels of need health: promotion, prevention, and intervention. The pyramid's base represents the universally necessary conditions that form the foundation for children's healthy social-emotional development — **nurturing and responsive relationships across daily routines and activities**.



www.pyramidmodel.org

PYRAMID MODEL TRAINING SNAPSHOT

Massachusetts' shelter training provided strategies and rules to guide staff in dyadic (between adult caregiver and child) and triadic (between adult caregiver, child, and staff-person) interactions. Staff learned how to set positive behavioral expectations and establish clear routines. The training framed staffs' 're-learning' as an ongoing series of behavioral shifts. Staff practiced their new nurturing mindset, by repeatedly asking themselves, '*what does this mean to the relationship of that caregiver and child*', and, '*how can I support that parent to nurture their child?*' Maintaining their new mindset required staff to also examine the shelters' physical environment and how it could be adjusted to support family functioning, e.g., staff could further support children's cooperation in family routines and transitions by arranging the environment to place visual cues for transitions at children's eye level.

After the first day of training, one shelter worker said, 'Training taught me that families were not angry and upset with me personally.'

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learned about young adults' development, the types of challenges young parents face, and how the rule-bound shelter environment could intensify stress-levels for both children and their adult caregiver. Within that context, staff gained new understanding of children's primary relationships, and the importance of supporting interactions that would reduce stress.

For three days spread over three months, shelter training sought to redirect staff's communication away from prohibition mode towards positive directives and supportive feedback. To expand their perspective on homeless families, training included time for staff reflection on their attitudes and behaviors towards adult caregivers staying in the shelter. The trainer structured exercises to develop participants' awareness of each adults' parenting experience aside from their homelessness.

As a result of training, staff reported that they changed the way they interacted with adults and children staying in the shelter. They made different kinds of decisions in terms of how they listened to adult caregivers, reframed situations, and/or problem-solved with family members. In a previous pilot, staff had reported difficulty in translating their new knowledge and perspective into changes back at work. In response, this project incorporated one-on-one mentoring sessions for training participants with an early childhood mental health professional. The mentors supported the bridge from training to making practice changes based on goals set by staff.

Throughout the year of Pyramid Model trainings shelter staff praised their training experience as useful, relevant, and effective, and even mentioned using what they learned at home with their own children! Having broken new ground with their training, agency managers additionally sought feedback from other stakeholders to refine their innovative training model.[8]

Analysis of Shelter Training Data Revealed Important Findings

A survey of training participants demonstrated an increase in overall awareness of how to effectively support the adult caregiver/child relationship. Survey data also showed a decrease in referrals for outside children's mental health services, indicating that when responsive relationships and nurturing environments are in place, challenging behaviors decrease.

Analysis of mentors' observational data[9] along with staff self-reported data revealed that after attending Pyramid Model training, staff made decisions throughout their workday to better connect with family members and support positive family interactions, such as:

- Posting a schedule of daily activities
- Offering general guidance to help children and adults select activities to promote engagement
- Providing families with information on the importance of social-emotional development
- Supporting adults and children as they work through the problem-solving process in naturally occurring situations
- Using positive description feedback for children and adult caregivers' skills, behavior, and activities.

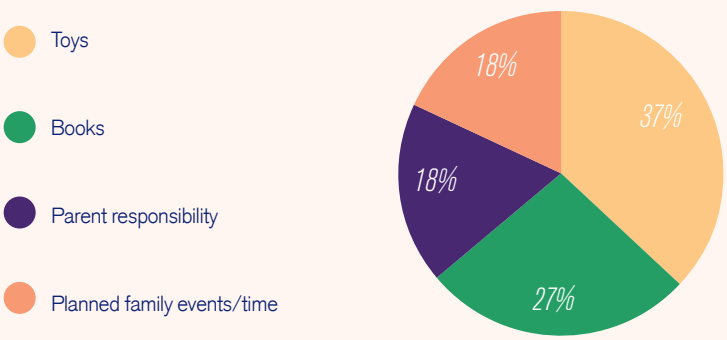
Given these findings, it is safe to presume that children in shelters where staff attended the Pyramid Model training, would likely experience staff supporting adult caregiver/child interactions in a range of ways.[10]

PYRAMID MODEL TRAINING SNAPSHOT

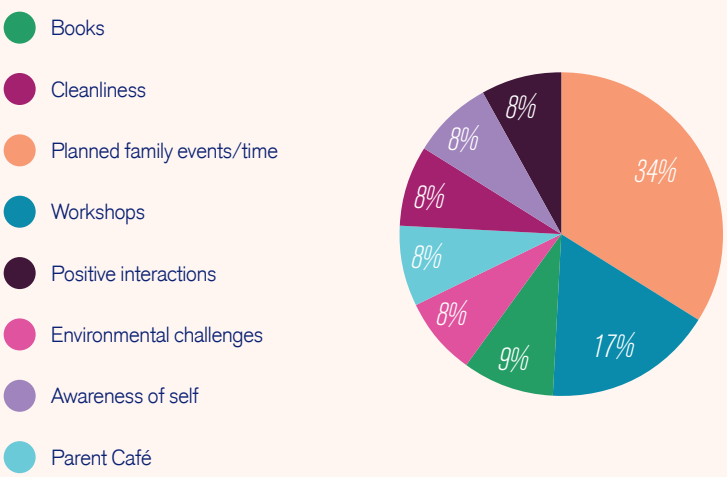
Staff were asked to scan their recent memory for opportunities they may have missed to engage positively with parents. One volunteer described having to sit at a desk on an elevated platform during mealtimes at her shelter. Because of the Pyramid Model training she saw how this agency rule reinforced distance between her and the families, and emphasized watchfulness and catching mistakes. She realized how sitting alongside family members would allow her to relate directly to children and adults in support of preferable behavior.

TRAINING BROADENS SUPPORT OF ADULT CAREGIVER/CHILD RELATIONSHIPS

Means of Supporting Adult Caregiver/Child Interactions (Pre-Training)



Means of Supporting Adult Caregiver/Child Interactions (Post-Training)



Agency Managers Who Spearheaded the Pyramid Model Training in Massachusetts' Homeless Shelters[11] Offer the Following Recommendations:

- Use a team approach for training participation and include a shelter administrator on each team.
- Ask shelter teams to identify an ongoing, in-house, point-person to sustain a focus on early childhood best practice over time.
- Provide onsite coaching/mentoring to shelter staff during the training period.
- Ensure that trainers have expertise in early learning/development, homelessness, and trauma.
- Develop training plans that accommodate staffs' scheduling and shifts, including overnights.
- Coordinate and communicate with shelters' administrators initially, and consistently.
- Build on existing evidence-based resources.
- Create new cross-system partnerships such as Massachusetts' among Departments of Public Health, Early Education and Care, and Housing and Community Development to build organizational infrastructure that supports all adults' capacity to promote children's health and well being wherever they are served.

ENDNOTES

1. Routhier, Giselle, on behalf of Homes for Families. 'The Family Shelter System in Massachusetts: A snapshot of program models, service needs, promising practices, and challenges, August 24, 2015. https://www.chapa.org/housing-policy/research-reports/family-shelter-system-massachusetts-snapshot-program-models-service.

2. Center on the Developing Child (2015). http://developingchild.harvard.edu/science/deep-dives/lifelong-health.

3. Massachusetts' Department of Early Education and Care funded Interagency Services Agreements with Race to the Top funds; agency managers, included Kate Roper, Asst. Director of EC Services, DPH; Lourdes Sariol, RTT EC Specialist, DHCD; Deb Scannell, RTT EC MH Specialist, DPH; Vicki Van Zee, RTT Interagency Partnership Liaison, EEC.

4. Jack Shonkoff, and Andrew S. Garner, "The Lifelong Effects of Early Childhood Adversity and Toxic Stress," Pediatrics: 129(1) (2012), doi:10.1542/peds.2011-2663.

5. The Pyramid Model was developed by Vanderbilt University's Center on the Social and Emotional Foundations for Early Learning and The Technical Assistance Center on Social Emotional Institute (TACSEI). The Pyramid Model Consortium continues work started by CSEFL. http://www.pyramidmodel.org/about-us.html.

6. Andrea Urbano, Training Developer and Trainer, former Director of Professional Development and Training, Horizons for Homeless Child Care Centers.

7. Parenting interventions in Early Head Start: The Buffering Toxic Stress Consortium, Meyer, Aleta L. http://www.researchconnections.org/childcare/resources/26898.

8. Sources of feedback included training evaluations, statewide focus groups with pilot participants, shelter employees, in-person meetings with shelter administrators, and trainees' debriefing sessions from Rounds 1 and 2.

9. Adapted from The Pyramid Model Participants' Inventory of Practices, and the Pyramid Model Observation Tool, evaluation tools tracked staff's practices along four dimensions (environment; worker-child-parent competence; worker-child-parent-confidence, and positive relationships) over time.

10. It is safe to make this presumption given the strength of the data on staff behaviors, but data on child/staff interactions would be needed to be able to make definitive statements regarding children's experience.

11. Massachusetts' Pyramid Model for Shelter Staff training curriculum is in the public domain. Contact kate.roper@state.ma.us. for copies.

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