



# YEAR 3 PROMISING MINDS EVALUATION: CREATING THE CONDITIONS FOR LASTING IMPACT

# INTRODUCTION

A growing body of research points to the impact that parents' and children's experiences with traumatic events can have on children's long-term health and development. Approximately [one-third \(31%\) of Hawai'i's children are at risk for developmental or behavioral issues or delays compared to 26% nationwide](#). Nearly half (46%) of all children in Hawaii experience one Adverse Childhood Experience (ACE) and 20 percent experience two or more ACEs. Further, [Native Hawaiian and Pacific Islander children experience ACEs at a higher rate](#). Recent evidence also indicates that increasing early access to appropriate, trauma-informed services and support can effectively mitigate the effects of exposure to trauma. However, [young children and families in Hawai'i currently do not benefit from trauma-informed early education settings that can protect against mental health challenges down the road](#). Additionally, too many young children with developmental needs do not get the screening, treatment or support needed through a coherent system. This may result in late diagnosis of mental health problems which lead to soaring costs in special education, mental health interventions, juvenile justice, and incarceration. This calls for early investments in Hawai'i's children.

By focusing on behavioral health, the Hawai'i Community Foundation's (HCF's) [Promising Minds](#), aims to equip early childhood educators, practitioners and service providers with trauma-informed strategies, tools, and support to help Hawaii's vulnerable children develop healthy and on track. *Promising Minds* has two desired outcomes to protect all keiki against early adversity:

- [Children \(ages 0-5\) at risk of experiencing trauma, abuse or neglect are developing healthy and on track.](#)
- [Children and parents that have experienced trauma, abuse and neglect have tools to be more resilient.](#)

In partnership with HCF, Engage R+D supports the learning and evaluation efforts of the *Promising Minds* initiative. In this evaluation report, coming at the conclusion of Year 3, we focus on synthesizing collective findings to discuss systems development and support and lasting program impact. We also include voices from families that have been touched by *Promising Minds* participants in the field. [This Year 3 report describes our approach to the evaluation, what we learned from the evaluation activities over the three years, and conclusions and implications.](#)

# OUR APPROACH TO EVALUATION

This evaluation is designed to be a mix between traditional models of evaluation, which are focused on tracking what works, what to improve, and documenting success – and newer models which are focused more on using evaluation to support learning, taking a flexible and adaptable approach. In the evaluation field, we refer to the traditional models as formative and outcome evaluation, and the newer models as developmental evaluation.

Working across these two approaches is within the sweet spot of the type of work we do at Engage R+D. It's useful to understand the process and results of a strategy, but also to track emergent outcomes and evolve the evaluation as the strategy shifts.

In order to learn how this initiative develops, builds, grows and scales, and in particular, to understand how a supportive system becomes more coherent for families, we are conducting a **developmental evaluation**. A developmental evaluation is an approach that is embedded in the initiative to promote adaptation to changing circumstances, such as changes in policy, practices, capacity, access and quality improvement. Evaluators act as “critical friends” who inform decision-making about innovations as they occur by promoting and facilitating learning.

## Traditional Models



Focused on improvement, what works, & accountability



Uses traditional evaluation methods to track success



Includes detailed reports with generalizable findings



Controlled design & process, independent evaluator

## Current Models



Innovative & adaptable in dynamic environments



Tracks emergent outcomes & evolves with the innovation



Uses rapid feedback that emphasizes learning



Flexible & adaptable approach, evaluator works with the team

# EVALUATION PURPOSE & FOCUS

YR-1

## Getting to Know Promising Minds

- Rapport and relationships
- Context and culture
- Design and instrumentation

Year 1 of *Promising Minds* (PM) was focused on developing relationships with HCF and their grantees and key stakeholders, understanding the context and culture of early learning and trauma in Hawai'i, and using what we learn to design the evaluation and data collection approaches. Year 1 also focuses particularly on the PM Community of Practice professional development work.

YR-2

## Tracking & Learning

- System changes and supports
- Emergent outcomes
- Program processes

In Year 2, we continued to learn and deepen our relationships in Hawai'i and turned our attention to systems changes related to trauma-informed practices, including the Infant and Early Childhood Mental Health Fellows Program. We also documented and shared emergent outcomes in the early childhood settings and the maturation of program processes.

YR-3

## Synthesizing & Storytelling






- Program impact
- Growth and scale
- Reporting
- Facilitate use of learnings

Finally, in Year 3 we began to synthesize collective findings to assess program impact and indicators of growth and scale. We also included the voice of families/parents in our data collection in order to tell a holistic story of the PM program. Lastly, we worked with HCF and partners to develop learning tools that can lift and help spread best practices.



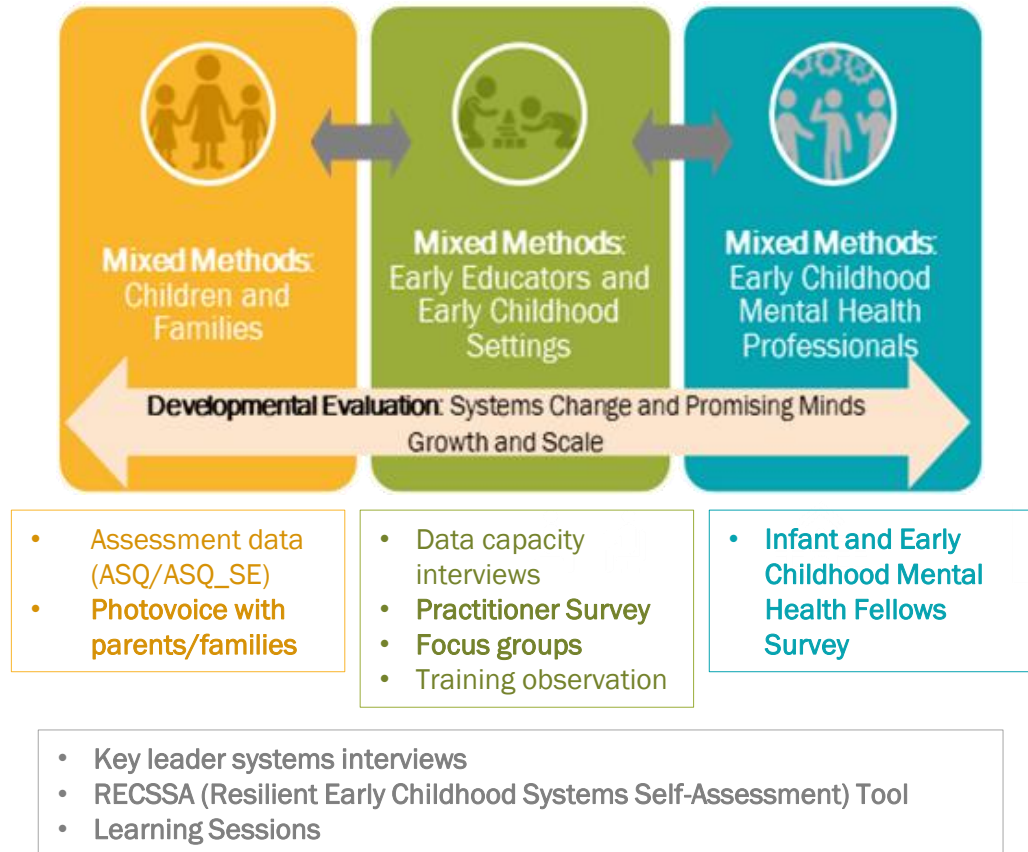
# LEARNING & EVALUATION QUESTIONS

Our learning areas (see right) focus on children and family outcomes, development of trauma informed approaches among early childhood practitioners, increases in the supply of infant and early childhood and mental health professionals, factors that contribute to systems changes, and understanding the journey of *Promising Minds* and how it develops, scales, and grows. There are evaluation questions to guide each learning area.

Learning Areas		Questions
	<b>Children and Families</b>	<ul style="list-style-type: none"><li>Are children and families who are at risk of, or have experienced trauma, receiving the support and tools they need to be more resilient?</li></ul>
	<b>Early Childhood Practitioners and Settings</b>	<ul style="list-style-type: none"><li>Are early childhood practitioners and settings better equipped with high-quality practices and resources resulting in more trauma-informed programs for Hawaii's 0-5 population and their families?</li></ul>
	<b>Early Childhood Mental Health Professionals</b>	<ul style="list-style-type: none"><li>Has the supply of mental health professionals with expertise in working with children 0-5 and their families increased?</li></ul>
	<b>Systems Change</b>	<ul style="list-style-type: none"><li>What factors contribute to a coherent system that supports early healthy development and mental health for mental health professionals, early educators, families and children 0-5?</li></ul>
	<b>Growth and Scale</b>	<ul style="list-style-type: none"><li>What is the journey of the Promising Minds initiative? How is Promising Minds developing, building, growing, and scaling?</li></ul>

# LEARNING & EVALUATION METHODS

In order to address the evaluation questions, we engaged in the mixed methods evaluation activities listed below. The findings presented in this report focus on the **bolded** evaluation efforts. (Other evaluation activities were reported on in the previous report.)



# CROSS-CUTTING THEMES & TAKEAWAYS

The following are the five main cross-cutting themes and takeaways from the Year 3 evaluation. Supporting findings for each takeaway are described throughout this report (the corresponding page numbers are listed below).

1

*Promising Minds* continues to **equip early childhood professionals** in varying roles, years of experience, and care settings with critical tools to address trauma. ([Pages 8-10](#))

2

PM practitioners gained knowledge and understanding of the impact of trauma on children, families and their selves and the importance of self-care. This knowledge proved particularly useful during the pandemic when the application of trauma informed care approaches was most needed. ([Pages 11-17](#))

3

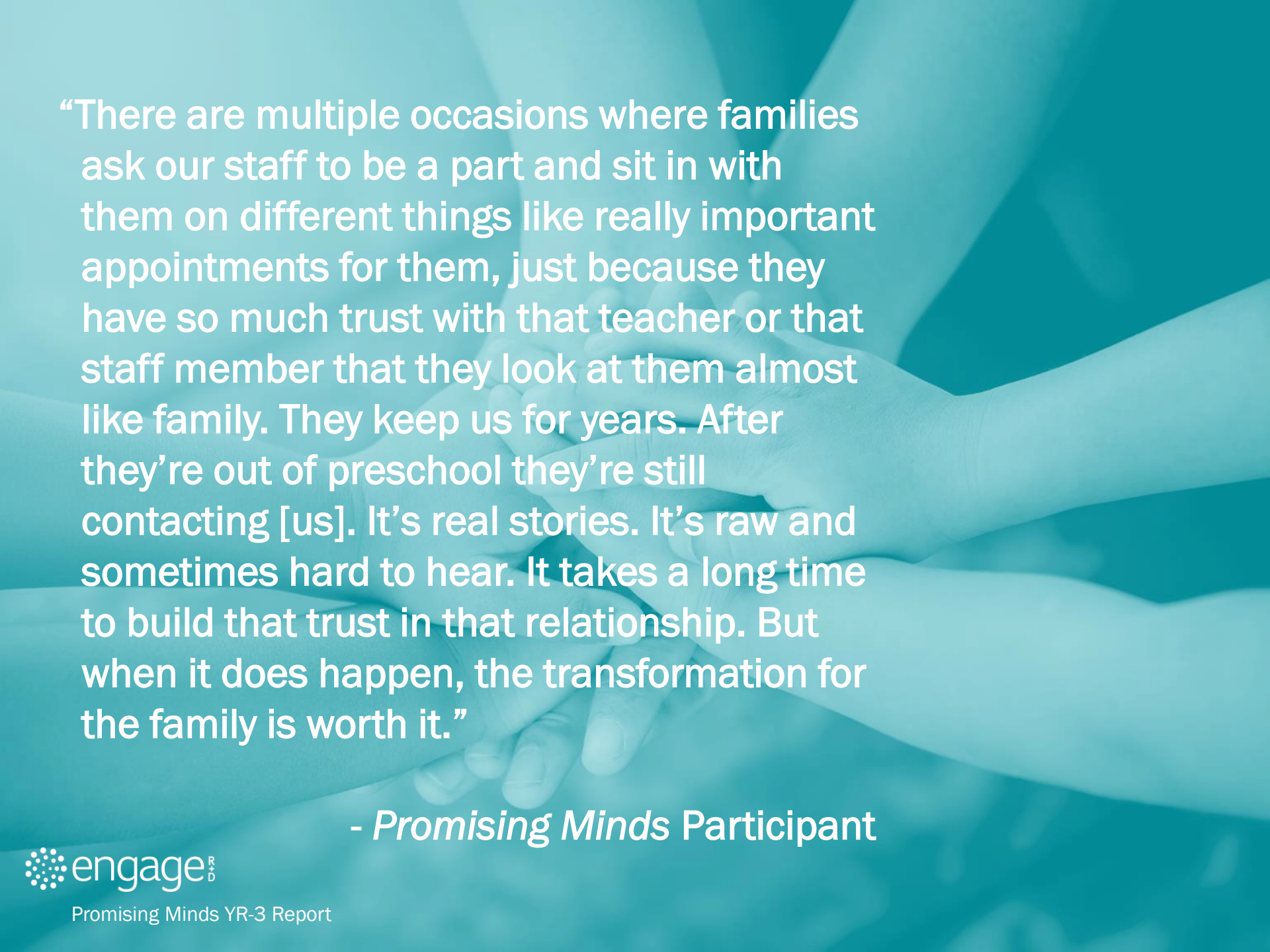
PM Fellows gained knowledge and confidence in skills related to infant and early childhood mental health through peer-to-peer connections and support, and by practicing Reflective Supervision and Consultation. ([Pages 18-21](#))

4

Keiki and families working with PM practitioners enjoy enriching the lives of the keiki in their care. Family members mentioned that it's important to create "little moments" to enhance keiki's learning and build trusting relationships with them. ([Pages 22-24](#))

5

Systems self-assessment data provide insight into how organizations can collaborate to scale what works and strengthen the early childhood system to support resilience through leadership, quality improvement, infrastructure and partnerships and alignment. ([Pages 25-30](#))



“There are multiple occasions where families ask our staff to be a part and sit in with them on different things like really important appointments for them, just because they have so much trust with that teacher or that staff member that they look at them almost like family. They keep us for years. After they’re out of preschool they’re still contacting [us]. It’s real stories. It’s raw and sometimes hard to hear. It takes a long time to build that trust in that relationship. But when it does happen, the transformation for the family is worth it.”

- *Promising Minds* Participant





# CONTEXT

# CONTEXT

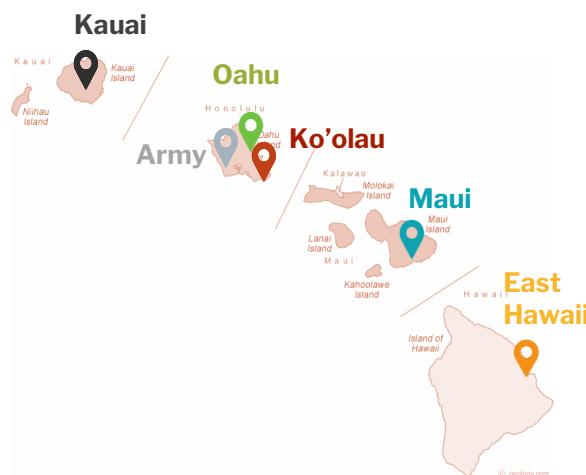
Most *Promising Minds* participants work with families and children that have experienced exposure to domestic violence and emotional abuse.

When we asked PM participants about the trauma that they encounter when working with families, we learned that **domestic violence (52%)** and **emotional abuse (48%)** were reported as most prevalent.

Comparing participants' responses based on cohort uncovered regional differences in the prevalence of certain types of trauma. For example, other types of trauma that were prevalent in East Hawaii and Oahu were homelessness and historical trauma. In Maui, emotional abuse and homelessness were also prevalent. In Ko'olau, neglect was a common type of trauma experienced.

There were "other" sources of trauma that were noted as prevalent for the cohorts in Kauai and the Army. For Kauai, absent fathers was one type of trauma that was noted. For the Army cohort, military deployment, separation due to COVID-19, and the risks associated with military life were considered more common types of the trauma.

The prevalence of certain types of trauma vary by region.



*"Families don't always realize the traumatic events can be anything. Depending on the community and the demographics, families do not realize that it is trauma."*

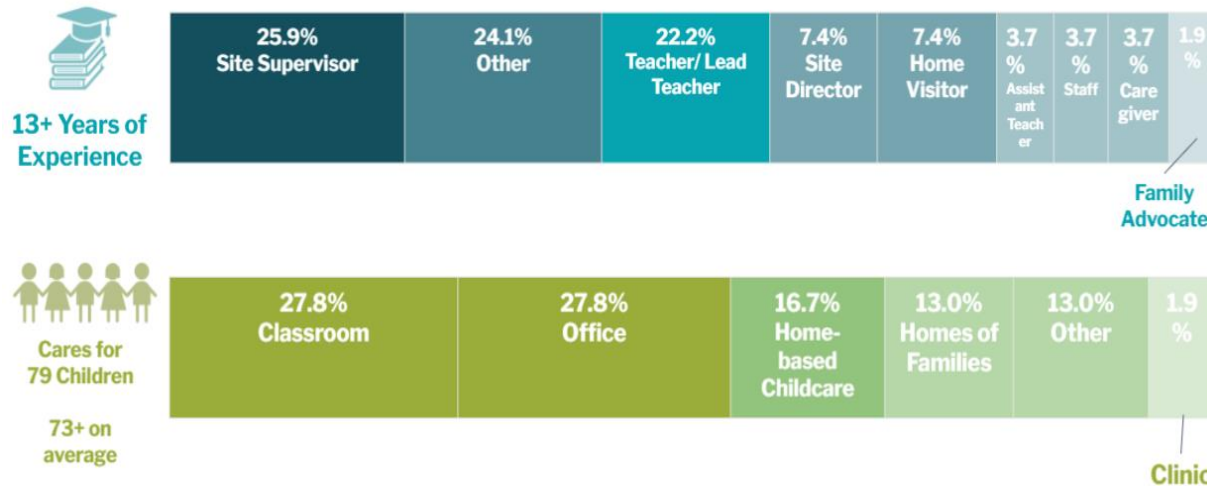
- *Promising Minds Grantee*

Trauma	Overall
Exposure to domestic violence	51.9%
Emotional abuse*	48.1%
Homelessness***	44.4%
Historical Trauma**	42.6%
Neglect*	42.6%
Death or displacement of a family member	40.7%
Neighborhood violence	44%
Physical abuse or assault	37%
Sexual abuse	29.6%
Unsure	29.6%
Neighborhood violence	27.8%
Serious illness	27.8%
Serious accident	25.9%
Other**	18.5%



# CONTEXT

*Promising Minds* equips early childhood professionals with varying roles, years of experience, and care settings with tools to address critical trauma needs.



The PM training caters to a professionally diverse, cross-sectoral pool of participants. Training participants reported **various professional roles** with almost 26% being site supervisors, 22% being teachers, and 33% being home visitors, family advocates, site directors. About 24% indicated “other” as their role and specified roles such as, training specialist, education manager, childcare provider, and licensed daycare provider to name a few. Participants **work in various settings**, specifically 28% in classroom settings, 28% in office settings, 17% in home-based childcare, 13% in the homes of families, and 13% in other settings. Less than 2% reported that they worked in clinic settings.

Due to their varying workplace settings, participants reported a **wide range for the number of children in their care** (3 to 500 children). The median number of children in participants’ care was 79 and the average was 73.

Training participants also **varied based on level of experience** working with early childhood populations. On average, training participants had 13+ years of experience working with children 0-5 years with a range of 1 to 34 years of experience.



# PARTICIPANT EXPERIENCE & OUTCOMES

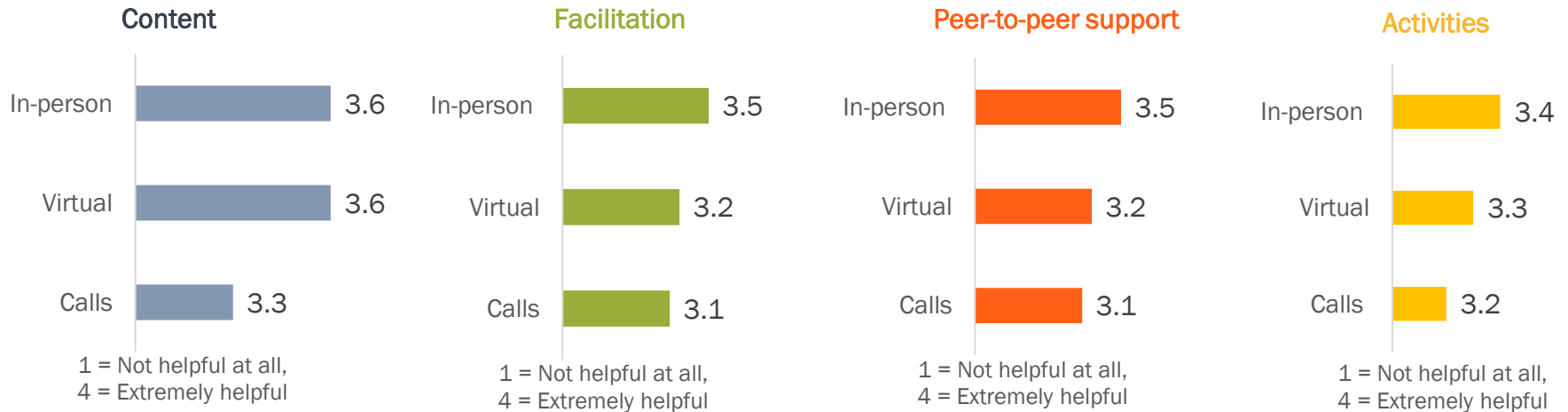


*“Thank you for allowing me to engage in Promising Minds. While this was at times a triggering course it was a reminder as well that we, regardless of age, have things that we are faced with and we have to make the most and best of each day. My job as a Child Care Provider is to make it safe for the child to express themselves in an environment that is safe and healthy to do so but that also it is my job to make sure that what I am feeling gets checked and dealt with too, this way I am also able to make better choices for them. This class was so beneficial for me and the knowledge of the instructors is amazing. The sweet gifts, the lunches, the conversations, and the other providers. It was and will remain aforethought of my mind for some time to come.” – Promising Minds Participant*



# PARTICIPANT EXPERIENCE

Overall, participants found the session content, facilitation, peer-to-peer support, and activities very helpful for in-person, virtual training, and COP formats.



Overall, when asked about the extent to which specific aspects of the training were helpful, participants reported that they found the **content to be very helpful** with an average score of 3.5 out of 4. Participants found **in-person sessions were more helpful** (Average 3.5 out of 4) than virtual session (Average 3.3 out of 4) or follow-up call-in sessions (Average 3.1 out of 4).

In the open-ended survey responses, participants praised the PM program. One participant shared, *"All meetings and calls were appropriately prepared and planned for. We were given more information than initially had anticipated. Overall excellent training and must needed for all professions."* Another participant mentioned that they appreciated the course materials, *"Materials were extremely helpful. Self-care information packets were awesome! My staff and parents appreciated them. I learned a lot!"* Participants also shared that they **developed close bonds with each other** over the course of the training and *"focused on building positive relationships"* with each other.

# Lasting Impact of Promising Minds

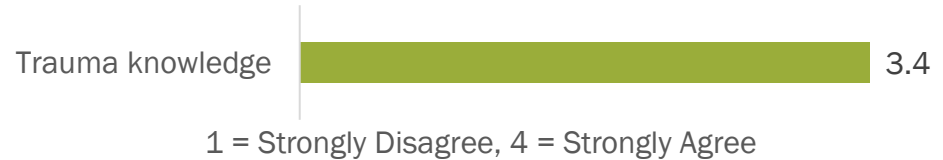
At a personal level, *Promising Minds* increased participants' awareness and sensitivity to the prevalence of trauma on children and families. They are also confident that they can implement trauma informed approaches in the field.

After the training for each cohort, we asked participants in a Practitioner Survey about their knowledge of trauma concepts. Participants reported having a **strong understanding of how trauma impacts children**, meaning that they agreed and strongly agreed with statements that indicated mastery of the trauma concepts with an overall average score of 3.4 out of 4 for survey items. Scores between cohorts were very similar and any variation was not significant and likely due to small sample sizes.

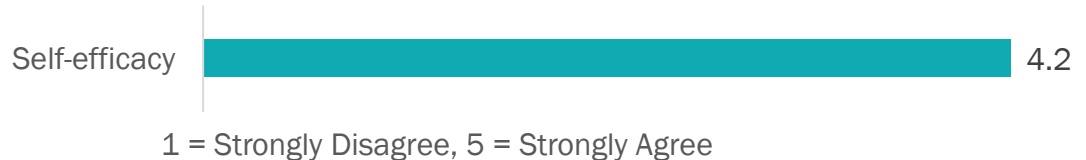
In the Practitioner Survey, we also asked participants about their confidence, or self-efficacy, with implementing trauma informed approaches. On average, across all cohorts, participants were **confident in their ability to utilize trauma informed approaches** in early childhood settings, with an average score of 4.2 out of 5 on self-efficacy items.

See Appendix A for the full data on these items. See the slide 15 for a story from the field about a confident application of trauma informed practices.

Participants have a **strong understanding of how trauma impacts children**.



They are **confident that they can implement a trauma informed approach in their practice**.



Based on survey data (n=54)

**What did participants say about their understanding of trauma informed concepts?**

*"Everybody's going through something. Just knowing that, just being able to see it and be aware, and to address it and support them through that."*

*- Promising Minds Participant*



## ***Promising Minds* supplied practitioners with the knowledge and the language to engage in trauma informed dialogues with families.**

A story from the field from a *Promising Minds* practitioner:

*“[My colleague] and I did a training parenting class at our shelter site. All the families that we were talking to actually are living in that shelter. We did exercise with them about what does stress look like and relate that to what trauma looks like. Trauma looks different to everyone. There's a breakthrough moment at the end of our session when we just had it opened up for them to share and ask questions. One family just broke down and was like, "What if your own family is toxic?" [My colleague] talked to them and was explaining to that guy that absolutely it can be the case. It's okay. Don't feel bad that your family is toxic. The first step is that you're recognizing that. And now how are you going to help your keiki by recognizing that? What are you going to do to protect your keiki? Decide what is going to be the best thing for you to do to help them so that they're not exposed to that toxic stress or abused or traumatized about whatever is happening.”*





# Lasting Impact of Promising Minds

At an organizational level, *Promising Minds* participants in leadership positions incorporated regular staff check-ins and self care activities into the workplace.

Self-care is an important part of implementing a trauma informed approach. When asked about how they practice self-care, participants agreed that they **regularly practiced self-care**, with an average score of 3.0 out of 4 on these items. See Appendix A for data on all items in the self-care scale.

In the focus groups, self-care was noted as an essential part of trauma-informed practice, particularly during the pandemic. Participants mentioned they are more aware about the relationship between self-care and their capacity to care for others. One focus group member shared, *“We were always family first, families first and we still are, but we still need to care for our staff or we have nothing to give.”*

Data from the focus groups and the survey suggest that practitioners are practicing self-care regularly. Practitioners mentioned that they **regularly check in on staff** to process **personal trauma and the trauma encountered with families**. Another participant mentioned that their organization’s virtual retreat during the pandemic emphasized the importance of self-care and included many activities for staff to practice it. When describing their retreat, they said, *“It was all self-care things, and even having people go out and do something that relaxes you.”*

## Practitioners are regularly practicing self-care.



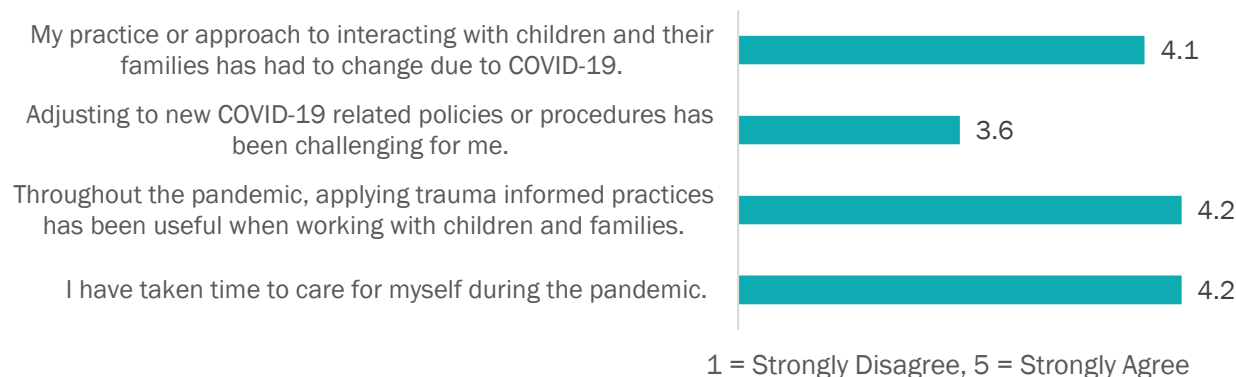
### The Importance of Self-care During the Pandemic

*“That idea of reflective supervision and then how we're assisting them to be able to cope with their trauma as they're assisting others through their trauma. I think that's become even more necessary now through COVID, it's really helped us because so many of our staff are just overwhelmed and at their wit's end but just giving their all to the families they serve and not having enough to give to their families in their home.”*

– Promising Minds Participant

# Lasting Impact of Promising Minds

*Promising Minds* participants showed signs of resilience during the COVID-19 pandemic. However, participants recognize that more trauma informed practitioners are needed to meet the needs within the system.



## The Need for Trauma Informed Care

*"We need more trauma informed care resources like people who are specialized in that so when you have a really severe case you have somewhere to go."*

*—Promising Minds Participant*

Practitioners **quickly pivoted and applied trauma informed practices** to meet the needs of families and children during the pandemic. Practitioners, on average, reported that they changed their approach to working with families (Average 4.1 out of 5). Despite the overwhelming amount of change during this time, practitioners shared that they were only slightly challenged by the changes to policies and procedures (Average 3.6 out of 5). They also shared that trauma informed practices were useful when working with families and that they had taken time for themselves during the pandemic (Average 4.2 out of 5 for both items). Practitioners explained that *Promising Minds* helped them to be ready to meet this moment of collective trauma. *"Promising Minds gave us the language, tools, and resources we needed to know how to respond. [We were] more equipped when those conversations [concerning trauma] came about."*

Practitioners mentioned that the **need for trauma-informed approaches is increasing**, particularly for families with varying forms of trauma related to the pandemic. PM practitioners shared that the impact of the pandemic has been hardest on their most vulnerable families, particularly those that have experienced job loss, homelessness, or are considered undocumented. Practitioners also noted that many families are experiencing depression and family members are at risk of intimate partner violence. One participant mentioned, *"For some children and some families, COVID might someday actually be an ACE (Adverse Childhood Experience). It's so traumatic to some."*



# **INFANT AND EARLY CHILDHOOD MENTAL HEALTH FELLOWS PROGRAM**

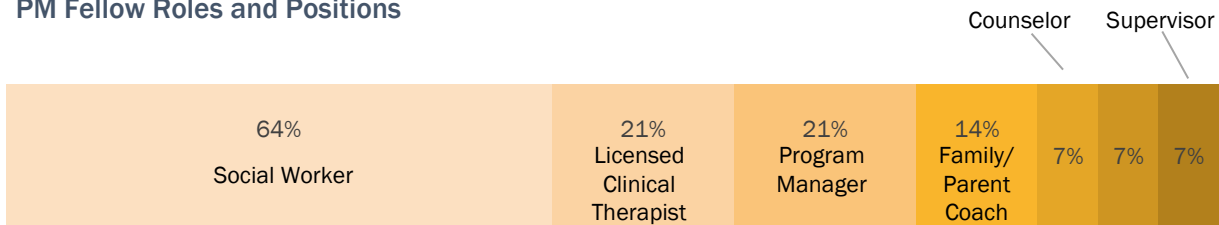
# PARTICIPANT EXPERIENCE

The *Promising Minds* Fellow program reached a diverse group of experienced mental health professionals.

Another component of *Promising Minds* is the [Infant and Early Childhood Mental Health \(IECMH\) Fellows Program](#). The purpose of this program is 1) to increase the proficiency and confidence of mental health professionals that work with Hawai'i's youngest children and their families and 2) grow the number of consultants that serve as a direct resource for those families and the community that serves them. The hope is to build a sustainable network of IECMH professionals.

At the conclusion of the one-year program, the first cohort was asked to complete a Participant Survey. 14 fellows completed it for a 100% response rate. Below are characteristics of the fellows, including the types of trauma they encountered in their professional experiences with children and families.

## PM Fellow Roles and Positions



*"The most useful lesson was how important the baby is. My focus in my work has always been the family as a whole, or the problematic child which is usually the teenager or preteen. By learning more about babies, it taught me more about prevention and to support to the baby before he/she becomes a preteen or teenager."*



Average number of years of practice in mental health field:  
9 (range = 2-25)



Average number of years working with young children:  
10 (range = 2-27)

Types of Trauma	
Exposure to domestic violence	100%
Emotional abuse	93%
Physical abuse or assault	86%
Foster care/Transition of care	86%
Death/displacement of family member	79%
Neglect	79%
Sexual abuse	71%
Homelessness	64%
Historical trauma	64%
Serious illness/Medical trauma	50%
Serious accident	21%
Neighborhood violence	14%
Other	7%



# PARTICIPANT EXPERIENCE

*“Promising Minds reinforced relationship being the most crucial agent of change with individuals, families, children, and agencies. I loved the trainers! I gained so much knowledge and feedback from my peers.”*

## Knowledge

Overall, most fellows **strongly agreed that they gained knowledge related to IECMH** with an overall mean score of **3.5 out of 4**. Examples of knowledge gained include understanding the impact that trauma and traumatic stress have on the brains of infants and toddlers; and understanding the tenets of Reflective Practice.

IECMH Knowledge

3.5

1=Strongly Disagree  
4=Strongly Agree

## Self-Efficacy

Fellows were asked about their self-efficacy of the skills they learned, including their feeling about different aspects of working in this field. Overall, the fellows had an average score of **4.1 out of 5 indicating good confidence in their new skills**. Examples of items include “*I can imagine myself working in infant and early childhood mental health for several more years;*” and “*I can use reflective supervision and consultation to help foster healthy relationships and have an influence on families with young children.*”

Self-Efficacy

4.1

1=Strongly Disagree  
5=Strongly Agree

## Self-Awareness and Care

Self-awareness and self-care are core concepts of trauma-informed practice. Fellows were asked about their beliefs and practices in this area. Overall, they **scored 3.1 out of 4**. Examples of what was asked include “*I frequently feel overwhelmed or worn out about my job;*” and “*I am friendly to myself when things go wrong.*” All survey items can be found in Appendix B.

Self-Awareness/Care

3.1

1=Strongly Disagree  
4=Strongly Agree

# PARTICIPANT EXPERIENCE

Peer-to-peer connections and support, and Reflective Supervision and Consultation were the most useful components for the fellows' learning experience.

## PM Fellows Program Components

When asked how helpful the different components of the program were to their learning experience (see chart below), the most helpful component was the [peer-to-peer connections and support](#). 93% found this "extremely helpful."

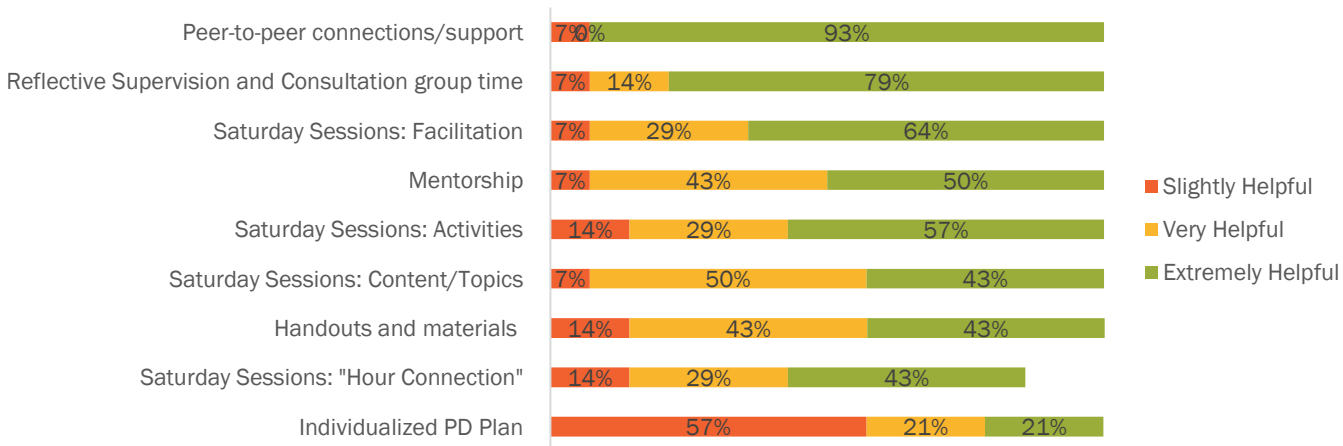
*"Peer support across the island, deepening my relationship with also my CPP peers, having lifetime colleagues now!"*

*"The trust and support from a group of professionals who hold space for everyone to learn and thrive."*

This was followed by the [Reflective Supervision and Consultation](#) component of the training. 79% found this component "extremely helpful" and many fellows commented on how helpful it was.

*"Reflective supervision was the missing piece for me in my profession. I need that group support and connection to be the best practitioner I can be."*

*"I think the Reflective Supervision/Consultation has been the most useful thing that I have learned through this Program. Specific IECMH knowledge related to how trauma impacts development & behavior and their interventions were also important but RSC allows us to grow those skills in an effective way and/or help us identify those skills we already have."*



A photograph of a woman and a young child walking along a rocky shoreline at sunset. The woman is wearing a dark, long-sleeved dress and is holding the child's hand. The child is wearing a light-colored shirt and shorts. They are walking on a sandy beach with many large, dark rocks scattered around. The water is calm, and the sky is a mix of orange and blue. The overall mood is peaceful and serene.

# **KEIKI AND FAMILIES**



# The Experiences of Keiki

Families shared that they enjoy introducing keiki to new activities and experiences and seeing their reactions.

*“Enjoying himself out in the rain, sticking out his tongue to taste the rain.”*



*“My daughter and her Pops (grandpa) looking for something under the chest. She loves to play this game of looking under things to see what she can find.”*



*“Both my girls having some fun at the beach. [These moments] speak to the little things we enjoy doing as a family.”*



*“Trying out a crunchy cucumber w/dressing for the first time.”*



Through a method called Photovoice, four parents/family members that work with *Promising Minds* participants shared photos that highlighted the ways in which children in their care are thriving. Parents and families shared pictures of their children exploring the rain, playing with their grandparent, visiting the beach, and trying new foods for the first time.

Parents shared that they enjoyed spending time with their children and sharing these experiences with them. One parent explained, *“Even if we are busy working parents we can still spend quality time with [our child] and do things with [them] that [they] enjoy.”*



# Takeaways from Family

Families shared that it is important to create “little moments” to enhance keiki’s learning and build trusting relationships and attachments with them.

*Simple things like reading a book to my daughter in the evening, despite how tired I may be, is worth so much! She lights up and has so much fun, and she's also learning at the same time.*



*Form trusting relationships, introduce new foods and new experiences, play outside even if in the rain.*



*The little moments of connection with kids makes a huge impact in their lives and development.*



*Learning for children is important. We like to play with our daughter and love seeing her get excited to do things. She likes to make us proud.*



Parents/family members also explained what **messages these pictures can send to people who care for their children and other children in Hawaii.** They noted that these pictures described the importance of creating “little moments” to share with their children, such as reading books together, cuddling on the couch, and playing with their children. Parents/families explained that these moments helped introduce their children to new experiences, allows children to learn and grow, and helps parents and family members build connections and trusting relationships that can “**make a huge impact in their lives and development.**” One parent also shared that their child benefited from the care provided by an organization trained by *Promising Minds*. This parent shared, “[My child] has greatly benefited from being a part of *Imua Family Services*. We are very grateful to this organization for all the help they continue to provide to [my child] and many other families in Maui County.”

A close-up photograph of two hands gently cupping a small, dark mound of soil. A tiny green seedling with several small leaves is growing out of the center of the soil. The hands are positioned as if they are carefully nurturing the plant. The entire image is overlaid with a semi-transparent orange filter. The text 'SYSTEMS DEVELOPMENT' is written in large, white, bold, sans-serif capital letters across the lower-left portion of the image.

# SYSTEMS DEVELOPMENT

# COHERENT AND SUPPORTIVE SYSTEM

One key desired outcome of PM is that early educators, practitioners, service providers, and families and children are supported by a coherent system to be resilient. **But what would a cohesive, resilient early learning system look like? And how will we know when we see it?**

To explore this, we started by conducting **conversations and interviews with 14 leaders across Hawai'i**. These leaders represented early education, public health, mental health, social services, and non-profits, including perspectives on these issues through a Hawaiian culture lens.

Next, based on themes that emerged from the interviews, along with learnings from other components of the PM evaluation, a **systems tool was developed, the Resilient Early Childhood Systems Self-Assessment (RECSSA)** tool. The RECSSA is a self-assessment to be completed by organizations with 12 items to rate across four system domain areas.



## Why a Systems Tool?

Systems change is complex! Becoming a coherent system of resilience is an **ongoing journey** for a collective of organizations that is not linear. One of the challenges with systems change is identifying meaningful indicators of interim progress towards long-term change. The RECSSA was designed to **break down the process and identify key indicators** to help guide organizations and communities towards deeper changes needed to be trauma-informed.



# COHERENT AND SUPPORTIVE SYSTEM

A participatory self-assessment tool can identify areas to strengthen systems to support resilience among families, caregivers, service providers and community leaders.

Six organizations and agencies in Hawai'i completed the RECSSA - each as a team. Together, they assessed the status of addressing trauma and resilience in the areas of Leadership (leaders), Quality Improvement (programs), Infrastructure (organization) and Partnerships and Alignment (community).

Overall, across the six organizations, leadership was the strongest domain area, while there were more opportunities to strengthen infrastructure. It appeared that organizational leaders demonstrated understanding and support of trauma-informed practices by creating supportive environments and opportunities for staff. As explained in the interviews,

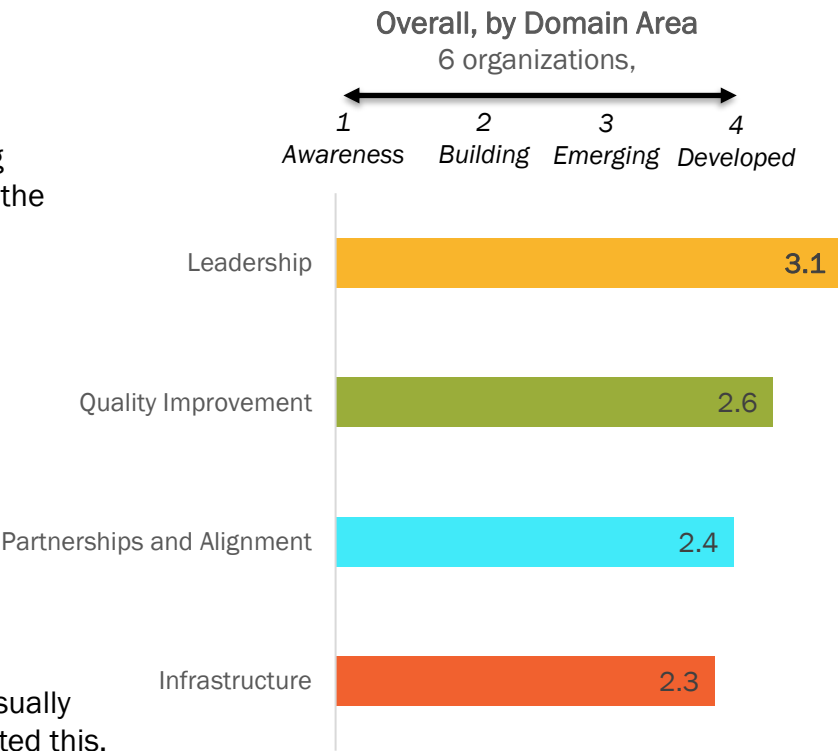
*“From the public health prevention standpoint, ensuring that first of all, providers have a good understanding of trauma informed care. Not only from the perspective of identifying potential trauma in families and how to deliver services based on that, but then also identifying potentially in themselves how trauma may have impacted them or it is influencing them in their delivery of services.”*

*“It would be really good for all types of professions to have this training. Bridging the gaps.. and just that continuum of relationships with the families.”*

Infrastructure can be the most challenging area to address as it is usually resource-intensive and takes time to see change. Interviews highlighted this.

*“We have very, very few who specialize in infants and toddlers in that early learning group.”*

*“There aren't many policies in place to regulate [data sharing]. I know that there are many other programs who have a lot more data that can be shared that we just don't have access to.”*

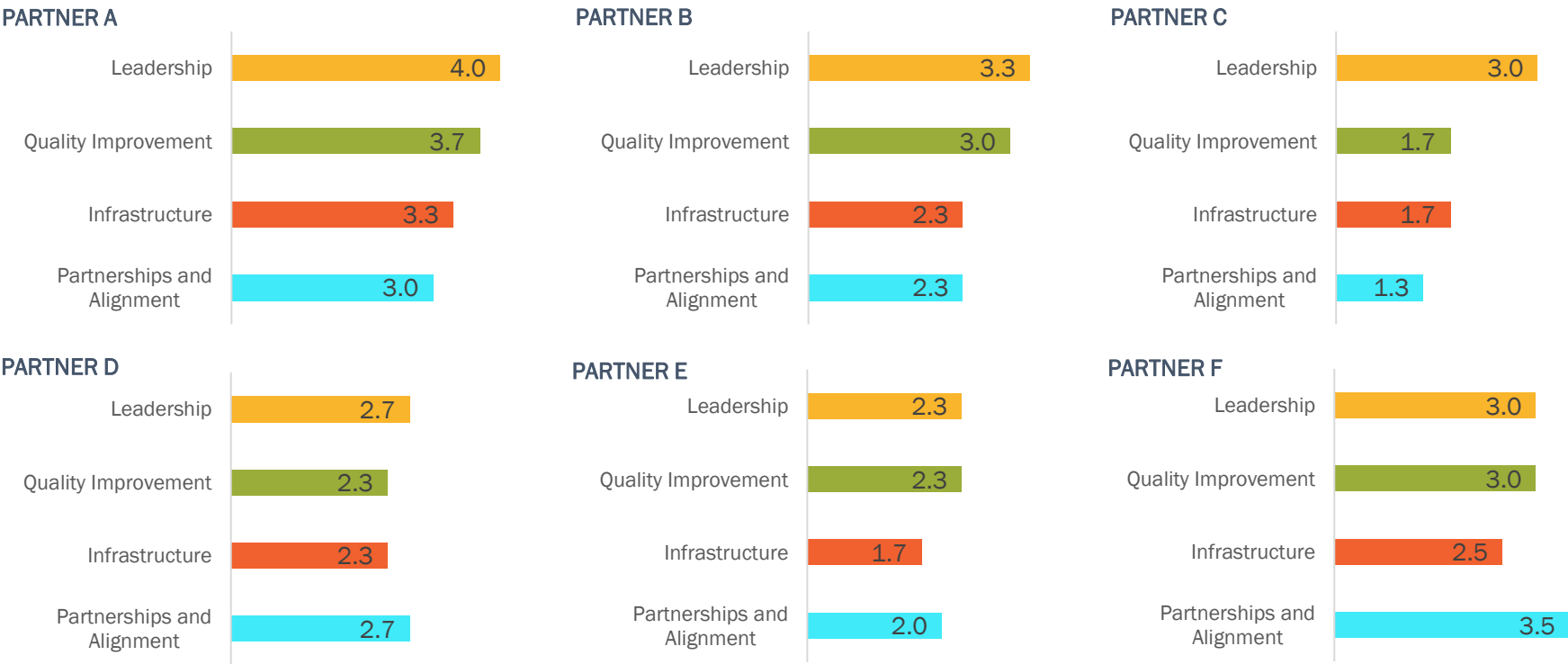




# COHERENT AND SUPPORTIVE SYSTEM

*“I think [PM] is great because it builds community across sectors. And what we are really striving for is cross sectors. [W]e don't want all the people that are like-minded and also in the same field. It's not exactly right. We're looking for more variety and more perspectives. Because so many types of people service that zero to five, right? It's that building of community.”*

What was also interesting about the findings was that although the overall averages show one thing, the **strengths and opportunities really vary by organizations**. The results by organizations below suggest that **collaborations may be beneficial** to strengthen the system, overall.



For example, Partners “A” and “B” have strengths in leadership and can collaborate with Partners “D” and “E” to strengthen their leadership. Similarly, Partner “F” shows strength in partnerships and alignment, so they may collaborate with Partners “C” and “E” to share resources and skills. Strengths may also inform roles these organizations can take on within communities and systems.

# COHERENT AND SUPPORTIVE SYSTEM

Systems self-assessment items reveal specific areas of strengths and strategic opportunities to lead and collaborate.

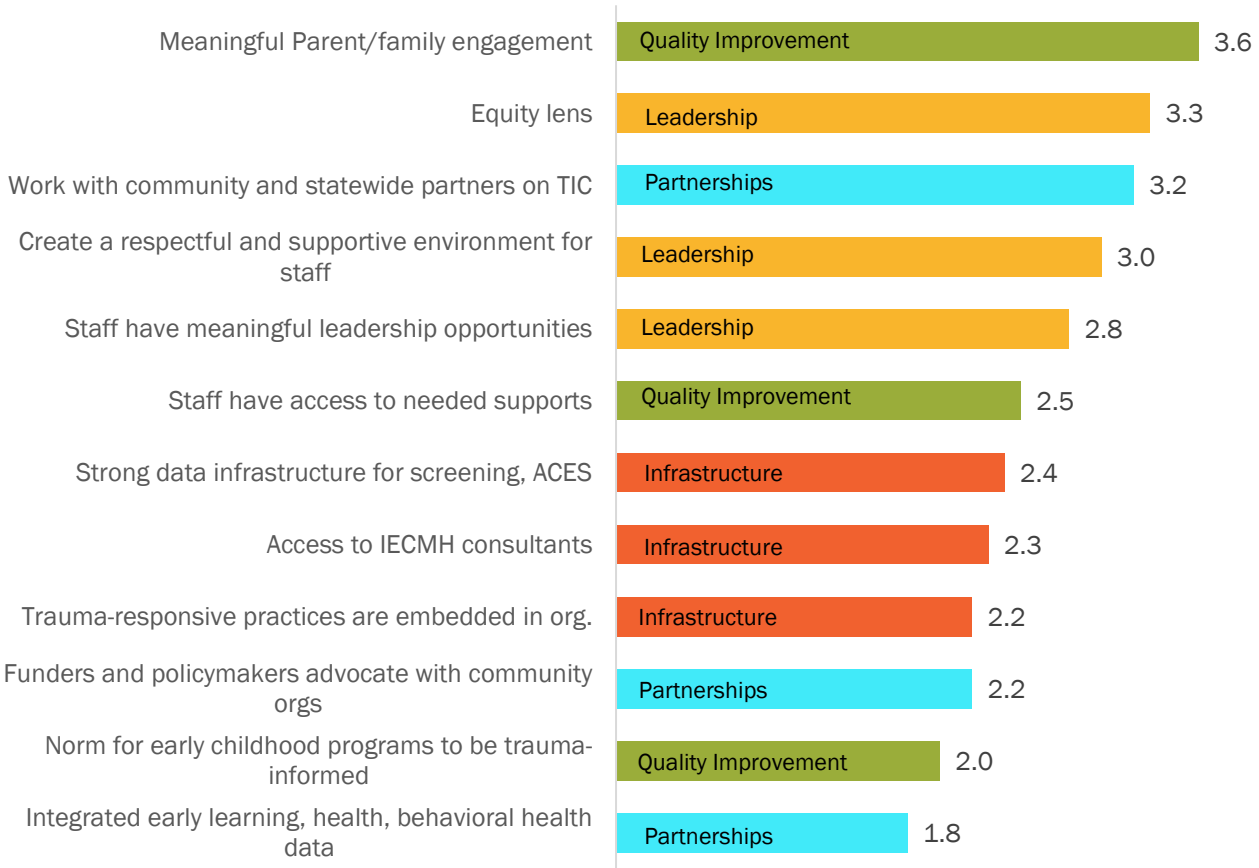
Finally, an analysis of the RECSSA tool items showed **more specific areas of strengths and strategic opportunities**. The item with the highest score was on “*meaningful family engagement*” which is not surprising. The values of ohana are strong and central in Hawai’i as illustrated by these quotes.

*"We're always calling the family. The families get together to support the family. [W]hen one family is hurting, all the other families will come and do some type of kokua for this ohana. When I was little, I knew that if someone was sick or someone passed away, we would always go to their house, take food, help them do whatever they need to. So it's just what you do."*

*"Our methods are always, of course, first to assist the ohana. They're our priority."*

These data also show how the leadership items are clustered in the top half, while the infrastructure items are clustered in the bottom half. This may be an opportunity for leaders to gather and strategize about how to address areas such as infrastructure, data and advocacy.

Summary of RECSSA Items, across 6 organizations



# COHERENT AND SUPPORTIVE SYSTEM

There are several factors that can help scale and sustain what works in Hawai'i to support and promote resilience.

It is important to note that this REC SSA is customized to be used in Hawai'i. Throughout the REC SSA tool, across all domains, Hawaiian context and values are woven in as informed by the leader interviews and PM participant group conversations.

*"I think it's also important to talk a little bit about historical trauma, because it's important for [service providers and families] to have a common ground and to understand that a lot of Pacific, Micronesian, Islanders all share this history. Oftentimes, when we show them the commonality they have or even just the joys in their culture that they share, the singing, the dancing, when we start off with something that bridges them together first, it helps and allows them to be open and understanding that we are the same and we are here for the same reason, because our people have faced oppression and historical trauma. We are here to learn to heal together."*



The leader interviews provided ideas and suggestions that align with the REC SSA data on strategic opportunities to strengthen the system. These include the following:

- Interviewees remarked about the **PM Community of Practice (COP) model** and the benefit of having ongoing COP professional development. *"[O]bviously it's something we haven't had here and it's a great way to expand capacity. As an administrator, I'm very happy for the zero to three population. We potentially will have more and more professional workforce capacity to help our zero to three population."*
- Related to the above, several leaders also discussed ways to **embed trauma-informed practice training into existing structure** as **time is often a barrier or challenge**. *"Moving upstream to get [training] programs into the universities, obviously retraining or having pathways to have people train, and promote trauma informed care throughout our work life course."*
- Many leaders also remarked that the **current policy and legislative climate** is favorable towards early care and education and trauma-informed practice. One interviewee suggested, *"With the legislature, it's really the squeaky wheel that gets the grease. So I think having more awareness around the need for these types of supports and services, not just having one group go, or one person go to the legislature, but having groups of people within the system talking to various legislators about the importance and the results of the work."* Another stated that *"perseverance on policy change, I think, is important."*



# CONCLUSIONS



# CROSS-CUTTING THEMES & TAKEAWAYS

As described in this report, the Year 3 evaluation lifted five main cross-cutting themes and takeaways. Additionally, we heard from partners about their impressions of *Promising Minds*.

1

Promising Minds continues to **equip early childhood professionals** in varying roles, years of experience, and care settings with critical **tools to address trauma**.

2

PM practitioners gained knowledge and understanding of the impact of trauma on children, families and their selves and the **importance of self-care**. This knowledge proved particularly useful during the pandemic when the application of **trauma informed approaches** was most needed.

3

PM Fellows gained knowledge and confidence in skills related to infant and early childhood mental health through peer-to-peer connections and support, and by practicing Reflective Supervision and Consultation.

4

Keiki and families working with PM practitioners enjoy enriching the lives of the keiki in their care. Family members mentioned that it's important to create “little moments” to enhance keiki's learning and build trusting relationships with them.

5

Systems self-assessment data provide insight into how organizations can collaborate to scale what works and strengthen the early childhood system to support resilience through leadership, quality improvement, infrastructure and partnerships and alignment.



# PARTNERS' IMPRESSIONS OF PROMISING MINDS

On September 30, 2021, Hawai'i Community Foundation brought funders and community partners together to gather their insights on the first three years of Promising Minds. Many were interested in the importance of relationship building and connections within this systems change effort, how to provide continued support to practitioners who support keiki and families, and what could be learned from the challenges faced during the ongoing COVID-19 pandemic.

Through small group discussions, partners identified potential areas or opportunities for systems growth that they are interested in exploring for the next phase of PM. Below and to the right are key points from these discussions:

- **Recognizing Strengths**
  - Each partner organization has a unique set of strengths that contributes to the early childhood and infant care system. Partners shared that recognizing strengths of others and sharing successes and challenges could promote meaningful collaborations across the system.
- **Leveraging Existing Partnerships and Relationships**
  - Partnerships and relationships with other agencies could build trauma informed networks, streamline PD offerings, and scale PM more quickly
  - Some recommended potential partnerships include the ECAS network, DHS taskforce, Keiki Coalition in West Hawaii, and Aloha at Home.
  - Partners mentioned the importance of finding ways to have neutral parties encourage collaboration in order to deepen the integration of trauma informed care practices within the early childhood and infant care system in Hawai'i.

## INSIGHTS FROM PARTNERS

What strikes partners about Promising Minds so far?

- **RESILIENCE:** How PM practitioners met the COVID-19 moment with trauma informed practices
- **RELATIONSHIPS:** The importance of building relationships among practitioners, agencies, and families to advance systems change
- **RIPPLE EFFECTS:** The impact that PM has made on families and keiki across the state

What additional questions do partners have?

- **SHARE & LEARN:** How can the infant and early childhood care system and its funders support ongoing efforts for practitioners, organizations and institutions to share and learn from each other?
- **COLLABORATION:** How might grantmaking be different in a truly collaborative system?
- **EVALUATION:** How can all actors in the system implement culturally responsive, homegrown approaches to evaluation to track systems change?

# SUGGESTED NEXT STEPS FOR EVALUATION

- Gather developmentally appropriate data on children and their families that can illustrate the impact of PM.
- Collaborate to build gradual data capacity starting with supportive and accessible data infrastructure that is integrated across sectors.
- Continue to tell stories centering the voices of early learning practitioners, caregivers, children and families.
- Monitor the progress and growth of a trauma-informed early childhood system through conversations with organizations, community leaders and RECSSA tool data.

Suggested next steps for ongoing evaluation are listed on the left and build on what was learned from the evaluation to date. In the first three years of *Promising Minds* a strong foundation has been developed for early learning practitioners and the systems that support them. These next steps are strongly influenced by local culture, history, experts, politics, and community dynamics; therefore, it will be important for the approaches to have care and respect for families, be culturally-responsive and equitable, and for data to be meaningful to communities. We strive to conduct this evaluation with aloha.



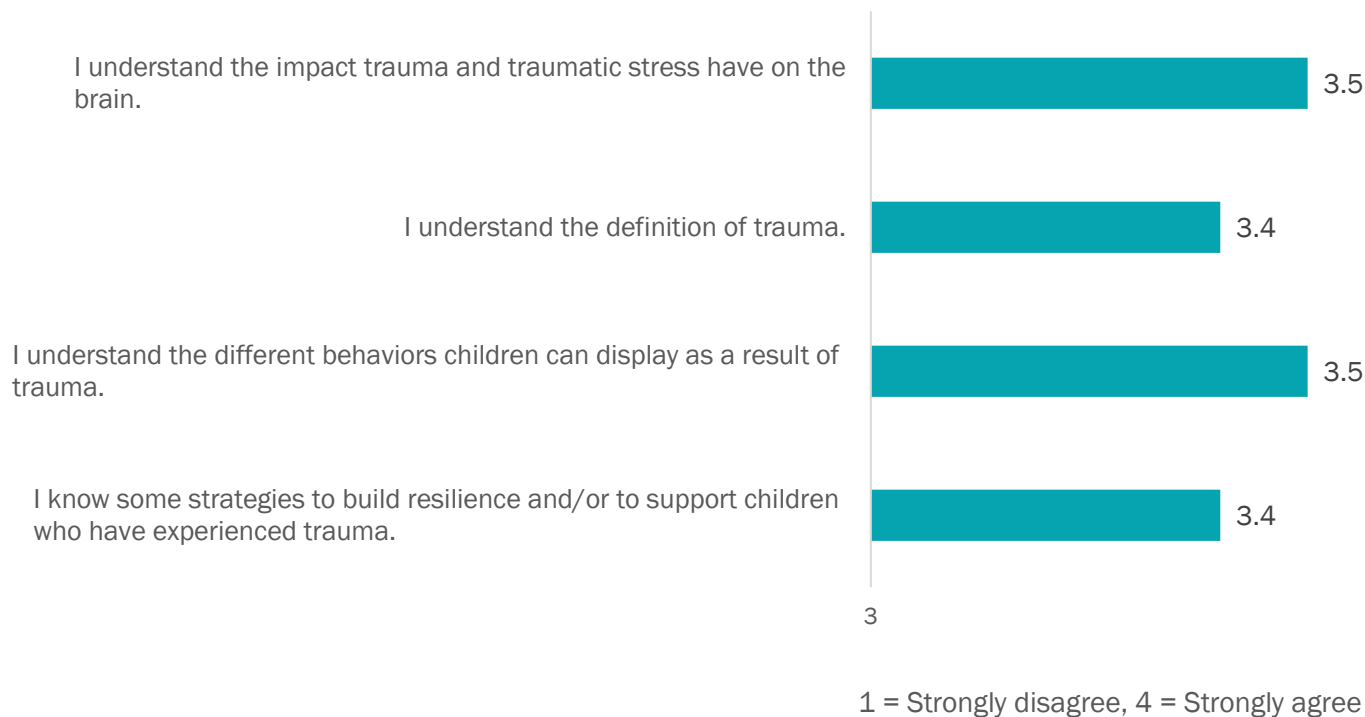


A teal-tinted photograph of a wooden filing cabinet drawer. The drawer is pulled out, revealing a thick stack of papers. A magnifying glass with a black handle and a silver rim is resting on the papers. To the left, another drawer is visible with a white label that has the letters 'K II' on it. The overall image has a monochromatic teal color scheme.

# APPENDICES

# APPENDIX A: Community of Practice Participant Survey

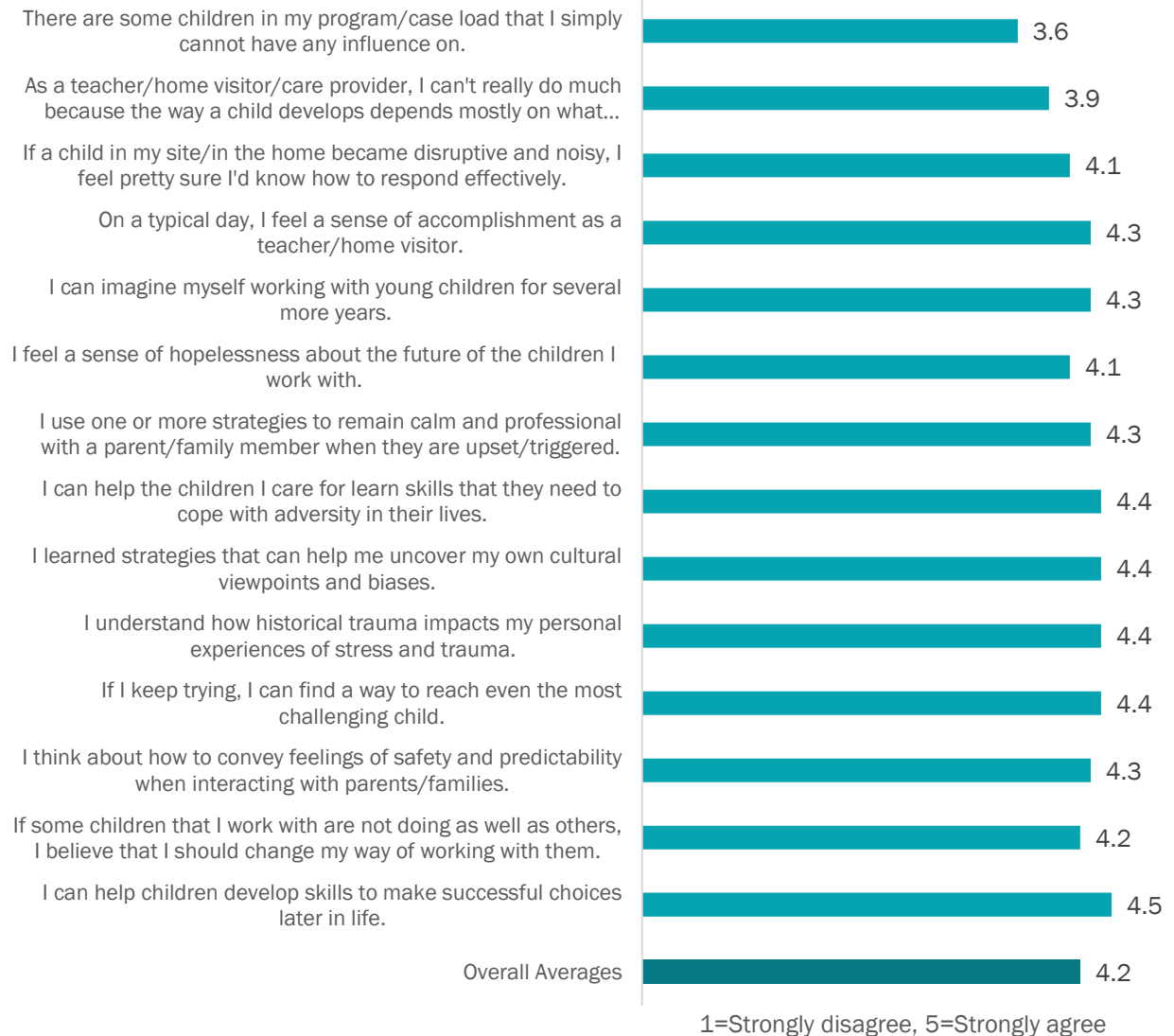
To what extent do you agree with the following statements related to trauma informed care? (n=54)



\* Differences in knowledge of trauma related concepts by cohort and primary work setting were not significant.

# APPENDIX A: Community of Practice Participant Survey cont.

## Promising Minds participants' self-efficacy to implement trauma informed care practices, n=54



\* Differences in self-efficacy by cohort and primary work setting were not significant.



# APPENDIX A: Community of Practice Participant Survey

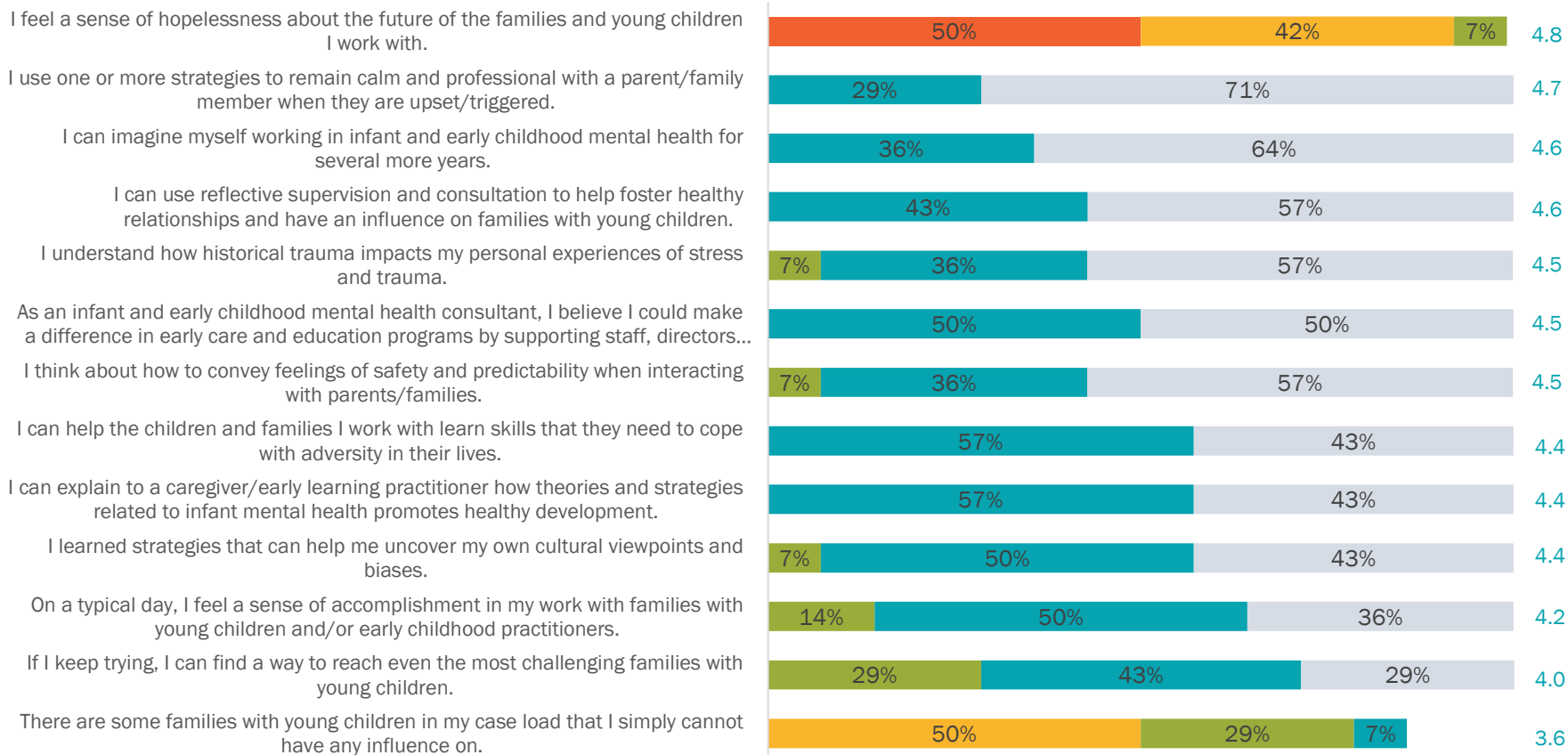
To what extent do you agree with the following items about self-care? (n=54)



\* Differences in self-care by cohort and primary work setting were not significant.

# APPENDIX B: IECMH Fellows Participant Survey

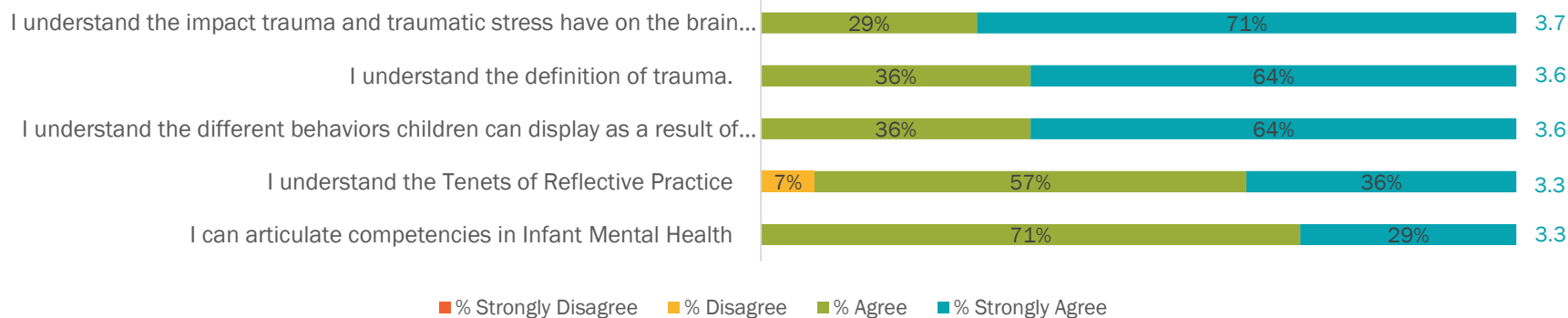
## Participant Beliefs and Self-Efficacy (n=14)



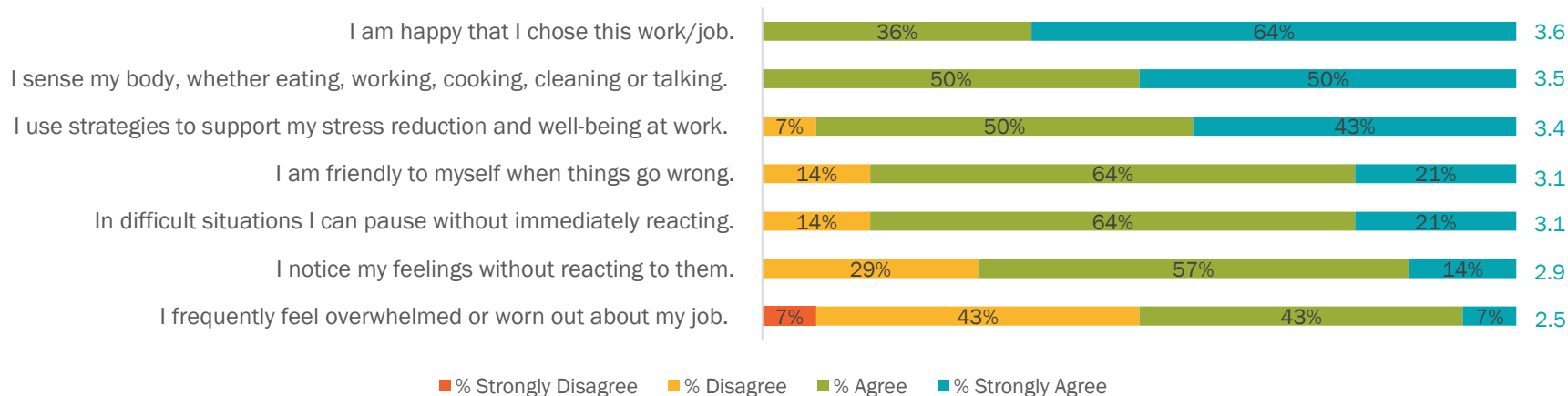
■ % Strongly Disagree 
 ■ % Disagree 
 ■ % Neutral 
 ■ % Agree 
 ■ % Strongly Agree

# APPENDIX B: IECMH Fellows Participant Survey

## IECMH Knowledge (n=14)



## Participant Beliefs about Self-Awareness and Care (n=14)





# APPENDIX B: IECMH Fellow Participant Survey cont.

## Helpfulness of Fellows Program Resources (n=14)

