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Evaluation of Relief Nurseries in Oregon

Commissioned by the Oregon Association of Relief Nurseries

July 2014–June 2016

June 2019

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Elizabeth Vale Gandhi
Aisling Nagel
Timothy Speth
Leah Childress

November 2017

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About Education Northwest

Founded as a nonprofit corporation in 1966, Education Northwest builds capacity in schools, families, and communities through applied research and development. The Oregon Association of Relief Nurseries (OARN) contracted with Education Northwest to conduct a program evaluation to examine the effectiveness of the Relief Nursery programs throughout Oregon in achieving several programmatic goals related to family and child well-being.

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Executive Summary

The overall goal of Relief Nurseries (RNs) in Oregon is to support families with very young children who are at an increased risk of becoming involved in the child welfare system. To achieve this, the RNs provide a variety of services to children under the age of 6 and to their families, with a focus on equity and a goal of serving underserved populations. Their services aim to:

- Reduce child and family risk factors associated with increased risk of child maltreatment
- Improve family stability and family functioning (e.g., improved coping, consistent family routines)
- Improve parents' ability to successfully parent their children
- Support positive child development and well-being

The Oregon Association of Relief Nurseries (OARN) contracted with Education Northwest to conduct this evaluation to examine the work of the RNs between July 1, 2014, and June 30, 2016. The evaluation examined families served by the RNs and how their services helped participants achieve the programmatic goals outlined above. Specifically, the evaluation addresses the following research questions:

1. Which populations do the RNs serve and what services do these families receive?
2. What successes have the RNs achieved and what challenges remain?
3. How do the RNs conduct intentional outreach to provide equitable supports for underserved children and families?
4. To what extent are recent RN families involved in the child welfare system?

Which populations do the RNs serve and what services do these families receive?

Population summary from the central RN database

- Between July 1, 2015 and June 30, 2016, the RNs provided outreach services to 1,648 children (1,237 families) and therapeutic classroom services for 1,387 children (1,039 families).[1]
- More than three-quarters of RN children are living in poverty, and nearly half are children of color. RNs serve a higher share of children of color and a much higher share of children in poverty than the overall populations of these demographic groups in the counties where they operate.

[1] South Coast Family Harbor is not included in the outreach totals for privacy reasons. Note that the two services are not mutually exclusive; a child may start in outreach and move to the classroom when a spot becomes available, or a family may have one child receiving classroom services and another child receiving outreach services. See Appendix A and Table A2 for more information.

- RNs serve children and families with at least five risk factors linked to child abuse and neglect. Across the RNs, the average number of risk factors per family at intake is 16. More than three-quarters of these families have a history of under- or unemployment and half the families have a history of mental health problems. Nearly half the families reported experiencing an alcoholic or drug-affected caregiver, food insecurity, intimate partner violence, and childhood physical abuse or neglect.

Services summary from the RN staff survey and family interviews

- Almost all RN staff members who completed the survey identified the therapeutic classroom as both very important and very useful for clients. According to staff members, mental health counseling, parenting education, and home visits were close behind in importance ratings, although fewer respondents said that these services were "very useful" for the children and families they serve.
- The two services that are not provided universally across RNs—mental health counseling and drug/alcohol recovery programs—were both characterized as "very important" and "very useful" by more than three-quarters of survey respondents, which may suggest a need to expand these offerings.
- Every interviewed RN family member shared that they not only found the RN services helpful, but would also recommend these services to other families and use them again.

What successes have the RNs achieved and what challenges remain?

The following insights about successes, challenges, and requested supports are based on interviews with staff members from each of the RNs, interviews with family members served within the evaluation period, and a staff survey.

Key successes and benefits

- **Improved child and family outcomes** such as reduced rates of foster care placement, child abuse, and removal from the home; decreased behavioral issues; increased emotional regulation; and increased hygiene.
- **Positive relationships with families** that allow RN staff to provide needed items like clothing and diapers, as well as valuable services such as home visits, therapeutic classrooms, and respite care.

I have seen families who were homeless get housing, families more competent to be on their own and don't need us right there with them. If going to get services we often have to go with them and now we see families going on their own. We see parents who have gotten jobs because we connect and partner with local business training agencies. We have parents who have gotten GEDs and they want to work and get a better job.

–RN staff interview

I had one family that started the program with drug addiction and fear of losing their home and their children. They worked so hard to change everything while I was working with them. I saw the family few years later sober, full time jobs, stable housing and a brand new baby.

–RN staff survey

It touches both parents and children, both of us grow. It is like an extended family.

-RN family interview

- **Positive community impact** on engagement with RNs and awareness of their services.
- **Children and families connected to community services** such as early intervention, mental health services, and medical care.

Remaining challenges

- **Adequate funding** to enable RNS to expand services, reach more children and families, and provide adequate staff and supplies (e.g., books, toys, and food) for running their on-site programs.
- **Family commitment and participation** including parents' low commitment to following through on suggestions; resistance to participating in home visits, classes, and other relevant services; and the difficulty of getting families to see the value of these opportunities.
- **Staffing** including staff turnover due to low wages and limited benefits, the emotionally draining nature of the work, too many responsibilities and not enough time to focus on serving families, and hiring qualified staff members who meet education requirements, and the scarcity of qualified bilingual staff for hire.
- **Meeting basic family needs** such as affordable housing, transportation to RN and community services, supports for children's special needs, and other family needs related to poverty and mental health.
- **Community support** in terms of expanded community services and more volunteers.
- **Staff training** on various topics, such as how to work with challenging behaviors in the classroom, mental health issues, teaching and home visiting, assessments, the database, budgets, and the funding structure of the RNs.

Requested supports

- **More resources** to improve and expand services.
- **Staffing and management support** such as increased pay to improve retention, substitute teachers, support staff, and increased communication and guidance from RN management.
- **Community support** from volunteers, legislators, private donors, and other funders and community partners who are empathetic to the RN cause.
- **More formalized standardized, streamlined policies, practices, and procedures.**
- **More training and peer-learning opportunities for staff** including trainings on resources and activities to provide during home visits, approaches for providing therapeutic supports in the classroom, how to facilitate difficult conversations, steps to support families with mental health needs, and information about nutrition.
- **Ability to offer additional services on site** such as mental health supports, family counseling, parenting classes on a broader range of topics (e.g., child development, resources for parents with older children, communication, finances, cooking), laundry facilities, and drop-in childcare.

- **More intentional focus on family engagement and commitment** by seeking input from families about needs and interests, securing commitment from families to participate in program services, and continuing to provide support and encouragement to build relationships and trust.

How do the RNs conduct intentional outreach to provide equitable supports for underserved children and families?

- According to staff members, all RNs have families self-referring and calling in for their services, and some even said that they do not need to do any active recruiting because they have so many self-referrals. More than half of interviewed RN staff members mentioned this as a recruitment success.
- Additional outreach successes included utilizing bilingual recruitment materials and building trust within the community.
- More than a third of interviewees said they found it challenging to hire qualified bilingual staff. Other key outreach challenges included reaching isolated families and lack of capacity to meet the demand for RN services in their area.

To what extent are recent RN families involved in the child welfare system?

We analyzed data from the Oregon Department of Human Services (DHS) on foster care placements and maltreatment reports. Of the 1,537 names we submitted,[2] DHS linked 764 children with their unique identification numbers through an exact name and birth date match (50%). Of those with IDs, 295 children appeared in the foster care data system (39% of those matched) and 469 had maltreatment reports (62% of those matched), though most of the foster care placements and maltreatment reports were from before RN intake.

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Foster care placements

- Foster care data suggest a potential positive effect of RN services on families with historical involvement in foster care. Almost two-thirds of the RN children who were matched in the foster care data were reported to be in foster care only before RN intake, which may reflect the positive effect of RN supports for keeping these families together.
- Parent drug abuse and neglect are the primary reasons for removal to foster care (indicated for about two-thirds or more of the cases in our sample). Other notable reasons for removal included parent alcohol abuse, incarceration of parent(s), inadequate housing, and (especially for those in foster care both before and after RN intake) caretaker's inability to cope.

[2] We restricted the child welfare data analysis to children who had received at least six months of classroom services and home visits and were served during the evaluation period (July 1, 2014, to June 30, 2016).

Maltreatment reports

- Maltreatment data also suggest a potential positive effect of RN supports for preventing abuse and neglect. Among the 469 RN children who were matched with substantiated maltreatment reports, almost half (47%) had earlier maltreatment reports but did not have any reports after starting at the RN, which may reflect the positive effect of RN supports for child safety. Among children with substantiated reports both before and after RN intake, the data provide suggestive evidence for decreases in caregiver drug abuse, financial problems, and inadequate housing after families start at the RNs. The data for these children also suggest increases over time in neglect and physical abuse, which may reflect increased identification and reporting of such cases after RN entry.
- Neglect was by far the most prevalent type of maltreatment, with slightly more than three-quarters of RN children with substantiated reports having at least one instance of reported neglect. About half the children had ever had a report with the "other" maltreatment type, which includes "threat of harm," and less than 25 percent or less had ever had a report of physical abuse.

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Acknowledgments

Many people came together to make this work possible. We would like to thank Mary Ellen Glynn, executive director of the Oregon Association of Relief Nurseries, for her support in helping the evaluation team at Education Northwest better understand the intricacies of the 14 core Relief Nurseries. The Relief Nursery directors and board and staff members for the programmatic work helped in many ways, including collecting the data that are the basis for this report. Jeremy Bensman helped us navigate the Oregon Association of Relief Nurseries' database and created new data reports for the evaluation. Staff members at Family Building Blocks provided photographs of the children and families they serve. Finally, we would like to thank the Relief Nursery staff and families who volunteered to be interviewed. Their honesty and generosity gave us a deeper understanding of the services provided by the Relief Nurseries.

Chapter 1. Introduction

The overall goal of Relief Nurseries (RNs) in Oregon is to support families with very young children who are at an increased risk of becoming involved in the child welfare system. To achieve this, the RNs provide a variety of services to children under the age of 6 and to their families, with a focus on equity and a goal of serving underserved populations. Their services aim to:

- Reduce child and family risk factors associated with increased risk of child maltreatment
- Improve family stability and family functioning (e.g., improved coping, consistent family routines)
- Improve parents' ability to successfully parent their children
- Support positive child development and well-being

> *I can honestly say that if everybody could experience the Relief Nursery, even people who make money and all of that, it would be so beneficial for society in general. You learn basic kindness. They are doing phenomenal, world-changing and community-changing work.*
>
> –RN family interview

The 14 core RNs in Oregon are independent organizations that come together under the Oregon Association of Relief Nurseries (OARN) and agree to follow the Relief Nursery Quality Assurance Standards. Some of the RNs operate at one central location while others serve children and families at up to four sites (Table 1). In our analysis, we aggregate the data across satellite sites and present it at the level of the 14 core RN organizations.

Table 1. Core Relief Nursery organizations

Name	Location
A Family Place	McMinnville and Newberg
Family Building Blocks	Dallas and Salem (3 sites)
Family Development Center	Myrtle Creek and Roseburg (2 sites)
Family Nurturing Center Rogue Valley	Grants Pass, Medford, and Phoenix
Family Relief Nursery - Cottage Grove	Cottage Grove and Drain
Family Tree Relief Nursery	Albany and Lebanon
Lifeworks NW Children's Relief Nursery	Gladstone, Hillsboro, and Portland
MountainStar Family Relief Nursery	Bend, Madras, and Prineville
Old Mill Center for Children and Families	Corvallis
Pioneer Relief Nursery	Pendleton
Relief Nursery, Inc.	Eugene and Springfield
South Coast Family Harbor	Coos Bay
Treasure Valley Children's Relief Nursery	Ontario
VOA Family Relief Nursery	Portland (2 sites)

OARN commissioned this evaluation to examine the work of the RNs between July 1, 2014, and June 30, 2016.[3] The evaluation examined families served by the RNs and how their services helped participants achieve the goals outlined above. Specifically, we address the following research questions:

1. Which populations do the RNs serve and what services do these families receive?
2. What successes have the RNs achieved and what challenges remain?
3. How do the RNs conduct intentional outreach to provide equitable supports for underserved children and families?
4. To what extent are recent RN families involved in the child welfare system?

To answer research question 1, we analyzed participant demographics and program service data, such as family assessment data on risk factors from the central OARN database. To answer research questions 2 and 3, we administered a survey to RN staff and conducted semi-structured interviews with staff and families. To answer research question 4, we analyzed foster care and child maltreatment data from the Oregon Department of Human Services (DHS).

This report summarizes findings organized by the four research questions. Appendix A presents the risk factors checklist form that RNs use for new families. Appendix B provides additional information about the data sources. Appendices C, D, and E include the survey and interview protocols.

[3] The survey, interview, and child welfare data for this report cover the full evaluation period. The OARN database data are restricted to the July 1, 2015, to June 30, 2016, period because the database launched in summer 2015.

Chapter 2. Populations Served and Services Provided

Which populations do Relief Nurseries serve?

Child demographics

The RNs range in size, serving from 32 to almost 400 children between July 1, 2015, and June 30, 2016 (Table 2).[4] More than three-quarters are living in poverty and nearly half are children of color. In relation to the overall populations of these demographic groups in the counties where they operate, the RNs serve a higher share of children of color and a much higher share of children in poverty.

Table 2. Child demographics, 2015-16

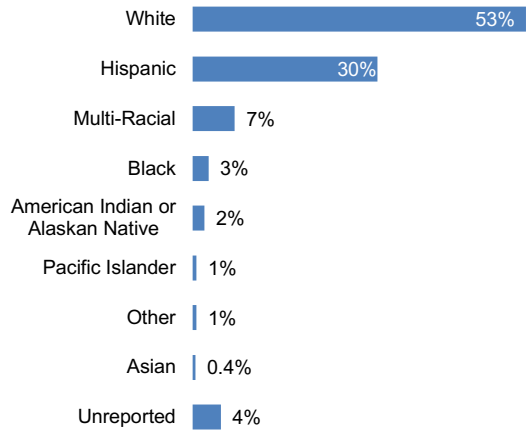
	RN population: Number of children served	County: Percent children of color	RN population: Percent children of color	County: Percent children in poverty	RN population: Percent children in poverty*
A Family Place	107	33%	63%	18%	55%
Family Building Blocks	392	31–49%	63%	18-24%	66%
Family Development Center	351	19%	19%	31%	97%
Family Nurturing Center Rogue Valley	202	21–30%	30%	25–34%	77%
Family Relief Nursery - Cottage Grove	213	19–28%	26%	23–31%	82%
Family Tree Relief Nursery	189	23%	48%	22%	86%
Lifeworks NW Children's Relief Nursery	256	26–45%	70%	12–19%	85%
MountainStar Family Relief Nursery	126	20–61%	51%	18–32%	75%
Old Mill Center for Children and Families	176	26%	42%	15%	98%
Pioneer Relief Nursery	85	47%	39%	26%	84%
Relief Nursery, Inc.	284	28%	51%	23%	80%
South Coast Family Harbor	32	25%	34%	30%	97%
Treasure Valley Children's Relief Nursery	77	54%	64%	34%	73%
VOA Family Relief Nursery	123	43%	54%	19%	89%
State total	**2,613**	**35%**	**46%**	**20%**	**81%**

*Children are categorized as "in poverty" according to the RN risk-factor assessment question that asks whether family income is below the federal poverty level.
Note: County-level data are for all children, whereas the RNs serve children age 5 and under.
Source: RN population data are from the OARN database for July 1, 2015, through June 30, 2016. These data were retrieved on October 20, 2017. County data are from 2015 and were retrieved from the KIDS COUNT Data Center, http://datacenter.kidscount.org/ County data are given as a range when the Relief Nursery operates sites in multiple counties. County-level "children of color" was calculated as 100 percent minus the percent of non-Hispanic White children

[4] OARN launched its common database in summer 2015. While the database allows the RNs to input service data from prior years, data from this earlier period are not consistently available across sites nor did all RNs input data prior to this period. We therefore chose to restrict database reports to the July 1, 2015, to June 30, 2016, period instead of the full 2014–16 evaluation period to ensure more comparable data across organizations.

Figure 1 provides more detail about the RN children's racial/ethnic make-up, with Hispanic children accounting for the largest share of children of color and 30 percent of the total service population.

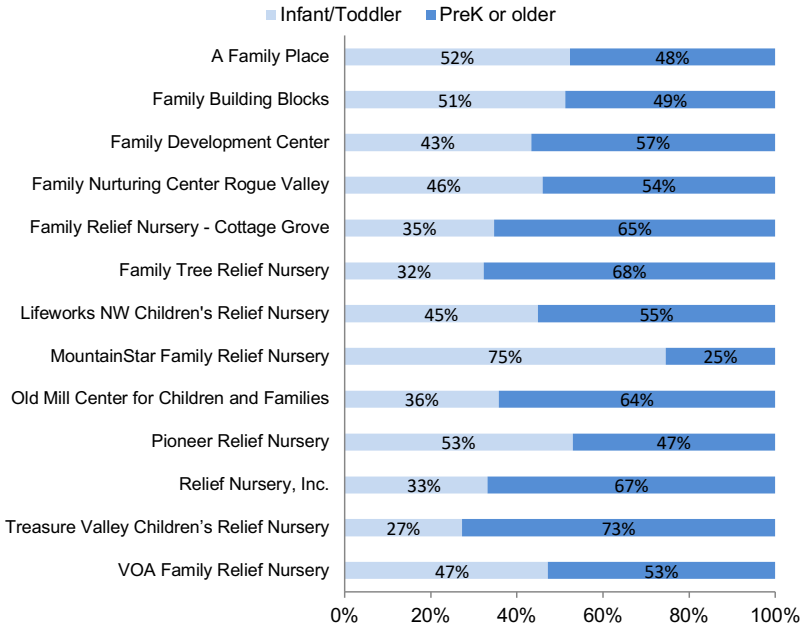
Figure 1. Child race/ethnicities across the 14 Relief Nurseries, 2015-16



Source: OARN database for July 1, 2015, through June 30, 2016. Retrieved on October 5, 2017.

The RNs provide supports to families with children aged 0–6. Across the RNs, preschool and older children account for the majority of those served (Figure 2).

Figure 2. Children served by age group, 2015-16



Note: South Coast Family Harbor served fewer than ten infants/toddlers during this period and is omitted from this figure to comply with our data privacy rules.
Source: OARN database for July 1, 2015, through June 30, 2016. Retrieved on October 5, 2017.

Family risk factors

When a family enters an RN program, a staff member documents the family's historical risk factors as well as a set of current risk factors that continue to be assessed every six months. The repeated risk factor questions include items on family violence and victimization, poverty, child welfare, mental health, and physical health. The full risk factor checklist includes 47 items and is not intended to be completed by the family members themselves. RN staff members are instructed to answer the questions based on their clinical observations and knowledge of the family. (See Appendix A for the complete risk factors checklist form.)

The families served by RNs enter these programs with a high incidence of past trauma and current risk factors. Across the RNs, the average number of risk factors per family at intake is 16.[5] More than three-quarters of these families have a history of under- or unemployment and half the families have a history of mental health problems (Table 3). Nearly half the families

[5] We used the number of families with assessments and the average number of risk factors per family at each organization to calculate this weighted average.

reported experiencing an alcoholic or drug-affected caregiver, food insecurity, intimate partner violence, and childhood physical abuse or neglect.

Table 3. Historical risk factors (n = 1,810 families with intake assessments)

Based on your clinical observation and knowledge of the family, do any members of this family have a history of any of the following?	Percent yes
Being under/unemployed	77%
Mental health problems	50%
At least one person in this family was raised by an alcoholic or drug-affected person	47%
Being unable to provide food to obtain adequate nutrition for every family member	46%
Emotional, verbal, or physical intimate partner violence	46%
At least one adult in this family was a victim of physical abuse or neglect as a child	45%
Homelessness	41%
A history of limited education (less than a high school diploma or GED)	41%
Incarceration or under criminal justice supervision	34%
An adult in this family has had an open child welfare case	34%
At least one adult in this family was a victim of sexual abuse or incest as a child	26%
A child that's been in foster care	23%
At least one parent that is a teen parent (17 years old or younger at first birth)	18%
An adult in this family has had at least one child permanently removed from their care by a termination of parental rights (TPR)	9%

Source: OARN database for July 1, 2015, through June 30, 2016. Retrieved on October 20, 2017.

Some of the other risk factor data collected by the RNs are not designated "historical" risk factors but pertain to factors that are either unchanging or otherwise outside the scope of what the RNs and their partners address. We refer to such risk factors as immutable. These include families with divorced or separated caregivers, a single parent, a member of a racial or ethnic minority, or an adult with anger management issues, each of which was reported for over a third of RN families (Table 4). Statewide data are available for comparison in some of these areas and suggest that the RNs are serving a higher share of families with immutable risk factors than are present in the general population.[6] For instance, 41 percent of RN families are single-parent families, whereas 31 percent of children live in single-parent families statewide. Similarly, 40 percent of RN families include a family member of a racial or ethnic minority, whereas in the overall state population only 23 percent of people are of a race/ethnicity other than "non-Hispanic White."

[6] State comparisons are 2015 data from the KIDS COUNT Data Center (http://datacenter.kidscount.org/).

Table 4. Immutable risk factors (n = 1,810 families with intake assessments)

Based on your clinical observation and knowledge of the family, at intake were any of the following present?	**Percent yes**
Caregivers in this family are divorced or separated	41%
This family is a single parent family	41%
At least one member of this family is a member of a racial or ethnic minority	40%
An adult in this family has issues with anger management	34%
An adult in this family has an emotionally, verbally or physically violent intimate partner relationship	24%
An adult in this family is incarcerated or under supervision with the criminal justice system	23%
At least one parent or child in this family is experiencing a medical disability	22%
At least one child in this family has a developmental disability	19%
This family has more than three children in the household	18%
At least one parent in this family has a developmental disability	11%
The mother of this family is currently pregnant	10%
One or more parents has a new domestic partner	9%
This family has had at least one multiple birth (twins, triplets)	4%

Source: OARN database for July 1, 2015, through June 30, 2016. Retrieved on October 20, 2017.

Of the remaining mutable risk factors—those with the potential to change due to the direct or indirect influence of RN services—the most prevalent are poverty, under- or unemployment, and high family stress, each of which affects more than three-quarters of RN families (Table 5). As with the immutable risk factor examples above, statewide data on mutable risk factors suggest that the RNs are serving a higher share of families with these risk factors than are present in the general population.[7] For instance, 88 percent of RN families have income below the Federal Poverty Level (FPL), whereas statewide only 17 percent of families with related children have incomes below the FPL. Food insecurity is another example, affecting 44 percent of RN families versus 23 percent of children statewide.

[7] State comparisons are 2015 data from the KIDS COUNT Data Center (http://datacenter.kidscount.org/).

Table 5. Mutable risk factors (n = 1,810 families with intake assessments)

Based on your clinical observation and knowledge of the family, at intake were any of the following present?	**Percent yes**
This family's income is below the Federal Poverty Level (FPL) for a family of this size	88%
This family is under/unemployed	79%
At least one parent in this family is experiencing high stress such as difficulty coping and/or multiple stressors	76%
This family lacks a support system other than the Relief Nursery or other professional personnel	51%
At least one parent in this family is experiencing mental health problems	50%
This family has inadequate family supplies/child supplies	48%
At least one parent in this family is experiencing low self-esteem that interferes with their daily functioning	46%
This family lacks needed child care	45%
This family is unable to consistently access and/or provide food to obtain adequate nutrition for every family member	44%
This family does not have access to reliable transportation	38%
At least one child in this family is experiencing mental health problems	27%
This family has an open child welfare case	24%
The caregivers in this family are homeless or have no permanent home	22%
At least one caregiver in this family is receiving substance abuse treatment	20%
In this family there are English language difficulties	18%
At least one child in this family is being neglected or is being physically, emotionally, or sexually abused	18%
Untreated substance abuse is present in this family	16%
At least one child in this family is currently in DHS-mandated out-of-home care	10%
This family is currently at extreme high risk (child in imminent danger of abuse/neglect)	10%
This family has no telephone or no access to a reliable telephone	9%

Source: OARN database for July 1, 2015, through June 30, 2016. Retrieved on October 20, 2017.

"Six months after we were in the program and getting the support of home visits I was unemployed and a single mom and at the time staying at home and had the stress of living off of TANF. I had some support for my family, but didn't feel comfortable asking for more. I could have used three times more than I was receiving."

–RN family interview

"Food insecurity comes up in all families. They don't have enough food for each family member to eat three meals a day."

-RN staff interview

Access to affordable housing, childcare, and transportation are challenges. If you are a single mom with three kids and you have a job and don't have a car, [then] even with employment-related childcare assistance it is difficult to manage transportation and all things that need to happen to secure employment."

-RN staff interview

"We were relocated to Oregon due to domestic violence. When we moved out here my son posed some challenges due to what we were exposed to. They were able to guide me through some of his behaviors and how to approach him and meet him in the middle in a way that he can comprehend. I go to childcare play therapy with him."

-RN family interview

What services do Relief Nursery children and their families receive?

While the RNs offer a variety of programs to provide comprehensive supports for the families they serve, there are two core programs under the RN model:

1. **Therapeutic Early Childhood Program (TECP)**, which includes classroom services for nurturing and promoting the healthy development of high-risk children and home visiting by classroom teachers to support the whole family
2. **Outreach services**, which includes home visiting, on-site respite care, and basic needs support

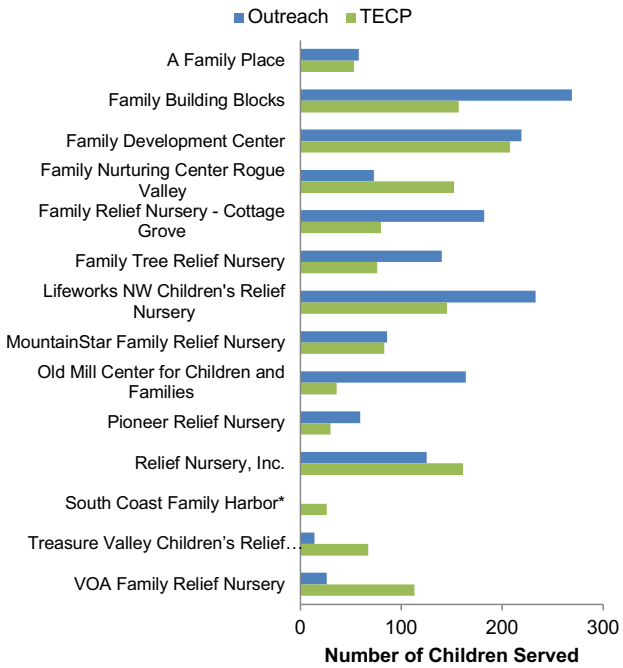
Sometimes called the "safety net" or waiting list, outreach services are a way to support families and connect them to needed services when the therapeutic classroom is full or the family chooses not to enroll their child in it.[8] Figure 3 shows the numbers of children who received outreach services and attended therapeutic classrooms at each RN during the study period. (See Appendix B for table version of these data.)

With home visits we have our teacher come and it is nice to have her in our home, so she can see where we are coming from and the behaviors we struggle with and she can give an educated outsider's perspective. She will ask, 'Have you tried this or that?' She gives us more tools to make family time peaceful. She gives us new ideas of how to approach something. Our teacher has helped us immensely. We have the same plan of attack at home and in the classroom, so it doesn't change between the first half and second half of the day.

–RN family interview

[8] For more information about RN requirements and core services, visit: https://www.oregonreliefnurseries.org/what-it-takes-to-be-a-relief-nurser

Figure 3. Children served, by program, across the 14 Relief Nurseries 2015-16



* South Coast Family Harbor served fewer than ten children in its outreach program during this period. That data point is omitted from the figure to comply with our data privacy rules.
Source: OARN database for July 1, 2015, through June 30, 2016.
Retrieved on October 5, 2017.

> *We worked with a mom who was an active drug user. She was enrolled in our program and receiving therapeutic classroom services. We got her hooked up with other community resources, and [found her] stable housing. This mom went from a six-month period of DHS trying to remove her child—when she wasn't able to even hold her baby because she was so detached—to stable housing and childcare … The knowledge of the community resources and praising the small steps she was taking to have a good relationship with her baby made the difference. Last time I went there for a home visit she was down on the floor crawling with him.*
>
> –RN staff interview

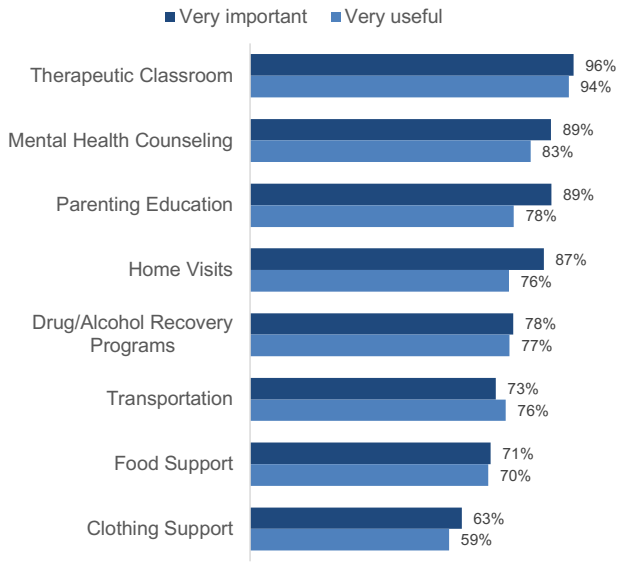
Other common services across the RNs include parenting education, food and clothing support, and transportation. Some sites also offer mental health counseling and drug/alcohol recovery programs as RN services, whereas others refer out for these services.

During interviews, we asked family members about the services in which they participated. Almost all interviewed family members said their RN provided them with resources such as food boxes, diapers, and clothing and connected them to other resources in their community. Family members also mentioned receiving home visits, therapeutic classroom services, parent education, counseling, and transportation.

How important and helpful are these services?

In our survey of RN staff members, we asked respondents to provide their perspectives on how important and useful each service is for RN children and families (Figure 4). Almost all respondents said that therapeutic classrooms are both very important and very useful for clients. Mental health counseling, parenting education, and home visits were close behind in importance ratings, although fewer respondents said that these services were "very useful" for the children and families they serve. Notably, the two services that are not provided universally across RNs—mental health counseling and drug/alcohol recovery programs—were both characterized as "very important" and "very useful" by more than three-quarters of respondents, which may suggest a need to expand these offerings.

Figure 4. Relief Nursery staff perspectives on RN services



Source: Evaluation survey of Relief Nursery staff members, n = 133–136 for each item.

> *There was a family that started when the boy was barely 2 … Both mom and child had severe separation and social anxiety and had to come to school together for the first month and a half before they could separate. We helped by transitioning the time she was in the classroom to shorter and shorter. We started in September and by December he was able to get on the bus and come by himself. He just turned 4 and transitioned to a pre-K program. We tried to do it last year and he had too much anxiety. This year they are feeling positive and excited about a change. The whole family is ready for a change.*
>
> –RN staff interview

During interviews, we also asked family members how helpful they found the RN services, whether they would recommend them to others, and whether they would use them again. Every family member said that the RN services were very helpful for them and their children, they would recommend them to other families, and they would use them again. They mentioned several aspects they found most helpful, including overall support, home visits, therapeutic classroom services, time for self-care, food boxes, parenting education, and transportation.

> *I can't even tell you how helpful the services have been. Having someone there I can call on … I can text my teacher with any problem and she always gets back to us within 30 minutes. She says, "I'm here for you working on this. I'm here to help you." She has been our only support for a while because we move a lot. It's been wonderful to have someone who cares about your kid and asks, "How are you doing? How are you handling everything?"*
>
> –RN family interview

> *Having the emotional support that I have received and the chance for me to get a break so I'm not going nuts, the chance for me to have a safe place to take my son where they will accommodate his special needs.*
>
> –RN family interview

> *It touches both parents and children—both of us grow. It's like an extended family.*
>
> –RN family interview

Chapter 3. Successes, Challenges, and Community Impact

In interviews and in response to the staff survey, staff members shared key successes they achieved through their work with children and families and shared aspects of their work that are challenging. Additionally, we interviewed family members about the benefit of RN services and whether they had suggestions for additional services that should be provided. Staff members also reflected on how their community would be impacted if RN services were not available. When describing these results, we utilized indications of frequency to describe the percentage of participants who made various statements (i.e., most = approximately 90 percent, many = at least 80 percent, and a few = approximately 20 percent). The following sections summarize the key themes that emerged from their responses.

What are key successes and benefits?

- Improved child and family outcomes
- Positive relationships with families
- Positive community impact
- Children and families connected to community services

Both staff and family members touted several aspects of RN work as key successes and benefits. Many staff interviewees, approximately three-quarters of family interviewees, and about half of staff survey respondents said that a key success was improved child and family outcomes. Improved child outcomes included reduced rates of foster care placement, child abuse, and removal from the home; decreased behavioral issues; increased emotional regulation; and increased hygiene. Examples of ways that families made improvements included improved parent-child relationships and parenting skills, increased confidence, and increased stability through housing and employment.

> *My life is completely amazing. I feel like my daughter is going to be the best. She is flourishing. She is going into kindergarten this year and she is ready. When I look at everything she knows how to do … She can write her name, she knows her numbers, her alphabet. If I didn't know what was developmentally appropriate that wouldn't be the case. My whole life is about advocating for that and children and education, and I am transformed. I hope to someday work in the Relief Nursery. That is how much it has touched my life.*
>
> –RN family interview

I had one family that started the program with drug addiction and fear of losing their home and their children. They worked so hard to change everything while I was working with them. I saw the family a few years later—sober, full-time jobs, stable housing, and a brand new baby.

–RN staff survey

The relief nursery model I think is amazing. I am watching the changes in those children, seeing them go from a wide-eyed person—you know, the kind of things they've been exposed to—to see them build their resiliency and self-confidence. You have to have a sense of self; you have to know that you have a place on the planet. It is Maslow's Hierarchy of Needs, you have to have security and safety and if you are worried about your next breath, being burned, or the man coming through the door that is an issue. They see that they are safe here and secure. A lot of kids walk on in with their shoulders back, they strut on in.

–RN staff interview

Another key success that more than two-thirds of staff survey respondents and almost a third of staff and family interviewees identified was the benefit of building relationships with families and children that allow them to provide needed items like clothing and diapers, as well as valuable services such as home visits, classrooms, and respite care.

I think the biggest success we can have is becoming familiar enough with a family that they become willing to open up about their struggles and the needs they truly have. It takes time to get there, but seeing this relationship form—and [knowing] the effect it will have on the children—is my favorite part.

–RN staff survey

They helped me grow emotionally and be able to care for my children. With the help of them helping my children learn and providing home visits it has been wonderful to interact with them, and they would watch me interact with the kids. They were amazing in my life to help us grow and become a happier family after daddy passed away.

–RN family interview

About half of interviewed staff members described the RNs' positive impact on their community in terms of engagement and awareness.

The beauty of a Relief Nursery program that engages the community every month is that we have over 100 active and engaged volunteers. Before we existed these volunteers weren't aware of abuse and neglect in our county.

–RN staff interview

Additionally, a few staff and family members pointed out the benefit of connecting children and families to community services such as early intervention, mental health services, and medical care.

When we first started with the Relief Nursery, we didn't know he was autistic. They helped us find services and neurologists and helped us figure out where we needed to go and what we needed to do to help our son.

–RN family interview

I have seen families who were homeless get housing, families more competent to be on their own and don't need us right there with them. If they were going to get services we often had to go with them, and now we see families going on their own. We see parents who have gotten jobs because we connect and partnered with local business training agencies. We have parents who have gotten GEDs and they want to work and get a better job.

–RN staff interview

What challenges do Relief Nurseries face?

- Funding
- Family commitment and participation
- Staffing
- Meeting basic family needs
- Community support
- Staff training

Funding emerged in many interviews and a third of survey responses as a key challenge facing the RNs. Financial challenges prevent staff members from expanding the services they provide, reaching more children and families, and providing adequate staff and supplies (e.g., books, toys, and food) for running their on-site programs.

Not enough support for the classrooms. Never having enough staff to maintain the minimum of three adults in the classroom. Never having enough subs. More support from mental health professionals in the classroom—helping to set up behavior plans (focused interventions) for high-needs kids. Teachers having no budget for supplies.

–RN staff survey

Money is always a challenge. Like oxygen, we have to have it. I would love OARN to get some big grant money and come together as an association to really access some transforming grant, so that we can get to the next level. It would make a difference in the security and soundness of the association.

–RN staff interview

We always have a waiting list. I know that we could do more if we had more. That is the thing that keeps me awake at night—how to serve more kids? Frequently, we have people come and we can't help them.

–RN staff interview

Staff members described how they successfully braid and blend some combination of funding from federal source, state sources, grants, contracts, and private donations to provide services. One staff member described this as "An amazing balancing act." Another staff member described how 40 percent of their funding comes from the state and the other 60 percent comes from community grants and private donations. Meanwhile, another staff member shared that most of their funding comes from the state and the remainder comes from donations and grants.

We are good at braiding and blending. We have a three-legged stool: donations, contracts, and grants. Unfortunately, all legs are not equal, so we rely on braiding.

–RN staff interview

Many interviewees mentioned funding challenges such as the competitive nature of securing funds, the fact that many funders want to fund new initiatives rather than established initiatives, and the difficulty of communicating to funders about their full range of needs.

Keeping the lights on and paying the bills are always at the forefront. We have been able to secure enough funding to run successfully … but every year it is a challenge. It would be good if we were funded with a more substantial funding source. We end up with money [left over] sometimes and sometimes we don't, and we have to figure out how we will maneuver programs, so we can offer the same level of service.

–RN staff interview

Never quite enough funding, having enough funding is the hamster wheel of grant writing, which is not a super stable way [to do it]. I would like to have more solid funding, and I'm working toward that.

–RN staff interview

Almost half the surveyed staff members identified **family commitment and participation** as challenges. This includes parents' low commitment to following through on suggestions; resistance to participating in home visits, classes, and other relevant services; and the difficulty of getting families to see the value of these opportunities.

The families on my caseload struggle with attending the therapeutic classroom and family events. Some also struggle to follow through on the feedback they receive at home visits on how to support their children.

–RN staff survey

The most challenging aspect is when a parent does not want to participate in the home visits or mental health services provided. It can be challenging to see any growth when a parent is not willing to put in the time and effort.

–RN staff survey

Many interviewees and about a third of survey respondents mentioned **staffing challenges**, including staff turnover due to low wages and limited benefits, the emotionally draining nature of the work, and too many responsibilities and not enough time to focus on serving families. Other staffing challenges included how to hire qualified staff members who meet education requirements and the scarcity of qualified bilingual staff for hire.

Having enough staff support has always been a challenge at [this RN]—having enough subs and having enough volunteers to support teachers and children in the classrooms has always been a struggle. It always feels like we don't have enough money to pay our staff what they are worth.

–RN staff survey

For our nursery, I feel that we are chronically understaffed, and with less hands on deck it's hard to get things done. How can our families feel safe when we as a staff are always in flux and stressed out?

–RN staff survey

When we are working within a system that wants to value staff education levels but is unwilling to pay for that education, then it puts us in a difficult position. I had a bilingual bicultural staff person who was perfect, [but] who discovered that if she went back to school and got a bachelors' in education she would be able to make three times what she made at the Relief Nursery by going into the public schools. It's hard to keep highly trained and educated staff. I know that 90 percent of my staff who have bachelor's degrees will leave within five years. It's a reality. [This position] continues to be a short-term placement for a lot of staff who will move on to more lucrative positions.

–RN staff interview

About a quarter of staff survey respondents described the **challenge of meeting basic family needs**, such as affordable housing, transportation to RN and community services, supports for children's special needs, and other family needs related to poverty and mental health. A couple of staff interviewees reiterated the challenging nature of finding affordable housing for families.

Access and transportation are a constant barrier to meeting families where they are at. Getting them to resources they need or with continuing services they need, which are preventing them from meeting their own goals. Accessing mental health services or being open to these services is another barrier that many of our families face.

–RN staff survey

A challenge I have come across many times is helping a family get housing. There are not a lot of low-income housing units, [and many of] the families have a poor rental history. Being homeless causes a lot of stress in a family.

–RN staff survey

Another challenge a few staff survey respondents mentioned was the need for **community supports** in terms of expanded community services and more volunteers.

In the community, as a whole, we lack services to support families to break out of poverty (i.e., lack of housing programs, affordable and good childcare, transportation, education).

–RN staff survey

A couple of staff survey respondents and interviewees said that they need additional **staff training** on various topics, such as how to work with challenging behaviors in the classroom, mental health issues, teaching and home visiting, assessment, the database, budgets, and the funding structure of the RNs. Staff members also said they would like the opportunity to network and learn from other RNs.

I do not have enough training for dealing with parents with mental health issues and drug abuse issues ... I often don't know if what I am seeing is drug or mental health issues or how to help or respond. I really do not have the skills or background to work with adults with these issues—my training and experience is with children, not adults. The issues that arise with mentally unstable adults are the most challenging aspect of my job.

–RN staff survey

[A] staff training budget would make a huge difference for folks. If there was money to support their training to come to the [professional] level that OARN is requiring staff to have.

–RN staff interview

Additional challenges mentioned by one to two staff interviewees focused on a need for better assessments and outcome measures, more mental health care, a desire to expand the RN model to use with 4-year-olds, and too much paperwork and other issues related to working with DHS.

What supports do Relief Nurseries need?

- Resources to improve and expand services
- Staffing and management
- Community support
- Policies, practices, and procedures
- Training and peer-learning opportunities for staff
- Ability to offer additional services on site
- Focus on family engagement and commitment

During interviews and in response to the staff survey, staff members provided various suggestions for additional supports to help them address these challenges.

About a third of staff members said **more resources** would help them to support and expand services. They asked for increased funding "for more nurseries and greater capacity at the existing nurseries," to support capital projects and buy program supplies, and to maintain or expand the types of services provided.

> *More classrooms, especially in higher need areas … would be vital services to support children at risk of abuse and neglect in [our] county. There are simply not enough services available, and there are hundreds of children who are underserved because of funding challenges.* –RN staff survey

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> *Classroom teachers or site supervisors could have a budget for each month so that supplies and equipment could be purchased. If the site supervisor controlled the budget then teachers could have a classroom petty cash amount so they could purchase what their specific class needed—for example, stickers, bubble wands and solution, food for sensory projects or tasting activities to promote healthy eating, or books that promote healing or laughter.* –RN staff survey

> *It has been helpful to have our own therapist on site that parents are familiar with and more likely to access. Many of our parents need relationship and communication help and to build their self-esteem. More resources to promote this would be great.* –RN staff survey

A few staff members said they need support around **staffing and management**. They noted high turnover rates and suggested increasing staff pay and benefits to improve retention and to attract staff with the needed training and skills. They also mentioned the need for substitute teachers for classrooms; support staff for other tasks such as cooking, cleaning, and transportation; and improved communication and guidance from RN management to support employees.

> *I believe that teacher/home visitors really are acting as case managers and sometimes as counselors and that they are grossly undercompensated for this difficult and meaningful work. In order to have strong employees and to decrease turnover in this difficult field, case managers must be compensated appropriately ... Children in therapeutic classrooms need consistency, and this is exceedingly difficult to achieve when the turnover is so high from burnout and poor financial compensation. Something must be done about this in order to appropriately meet the needs of staff and clients.*
>
> –RN staff survey

> *Have clearer expectations and more communication from supervisors/management about parent class requirements and, in general, daily functions and operations and what to hold each family accountable to.*
>
> –RN staff survey

A few also said they need help mobilizing **community support**. To continue to provide quality services for RN families, they emphasized the importance of volunteers, legislative support, private donors and other funders, and "community partners who have land and infrastructure already in place." They also mentioned empathy as an essential part of mobilizing community support—the need for community members to understand the challenges these families are facing and the importance of the services RNs provide.

> *There needs to be an open dialogue between officials and the nursery. There needs to be awareness of what these families are facing each day. There needs to be more knowledge of what exactly the nurseries do.*
>
> –RN staff survey

A few staff members said they would like more support around **policies, practices, and procedures**. Staff members suggested formalizing staff procedures and protocols, "fine tuning paperwork requirements and expectations, so it's more concise and consistent among staff expectations," and standardizing training requirements across the RNs. Respondents also suggested streamlining documentation and ensuring that data collection is aligned with supporting families and documenting program impacts.

> *Pertaining to streamlining documentation, [I would suggest] doing a documentation inventory across the nurseries and forming a committee (maybe some directors and direct service staff) to streamline enrollment paperwork, home visit logs, contact logs, and other paperwork. I think it would help formalize [the OARN] as an organization.*
>
> –RN staff survey

I wish there was a system that had built-in workflows for documentation that would make collection of information more trauma-informed and actually get information that helps determine whether we are in fact helping to move families forward in a meaningful way.

–RN staff survey

A few staff members also said it would be helpful if the RNs provided more **training and peer-learning opportunities for staff**. Examples of requested training topics include resources and activities to provide during home visits, approaches for providing therapeutic supports in the classroom, how to facilitate difficult conversations, steps to support families with mental health needs, and information about nutrition. Staff members also noted the value in learning from other RNs and suggested having more peer-networking opportunities.

I think that home visitors should be made aware of more options for parent education opportunities. Being able to provide this information consistently would really help to improve parents' follow-through. Also having multiple options allows room for parents to fit it into their schedules. If they can understand the meaning behind their children's behaviors and how their choices are affecting their children, then they are more likely to take actions that benefit their children.

–RN staff survey

I would love to hear [how] other RNs have approached community partners about how to get the word out about the resources we provide for families. I'm eager to find new avenues.

–RN staff survey

I would like some more research and advocacy on working with families in more rural areas that have significant needs and much less access to resources. In our county a very disproportionate number of child abuse cases come from the smaller towns where resources are less available, yet those communities are also not as financially able to support Relief Nursery services. It is always helpful for me to hear from other relief nurseries how they handle processes that we all work with, such as screening.

–RN staff survey

A few staff members also said they would like to offer **additional services to families**. These services included mental health supports, family counseling, parenting classes on a broader range of topics (e.g., child development, resources for parents with older children, communication, finances, cooking), laundry facilities, and drop-in childcare.

Lastly, a couple of staff members said they would like support to bolster **family engagement and commitment**. Respondents suggested more intentionality about family engagement, including seeking input from families about needs and interests, securing commitment from

families to participate in program services, and continuing to provide support and encouragement to build relationships and trust.

> *A suggestion to address the challenges with families is to have a more strict policy that is reviewed with families regarding home visit fulfillment and communication availability.*
>
> –RN staff survey

> *I believe that the most important thing to do is to remain persistent. Continue to build a relationship with families that are difficult to engage, in order for them to see that you are there to help, support, and encourage them, not judge them.*
>
> –RN staff survey

How would communities be impacted if there were no Relief Nurseries?

During interviews, we asked RN staff members, "If your RN services were not available, what impact would that have for your community?" All RN staff members said not providing RN services would make a huge impact on children and families, and many described these impacts in stark terms. Most mentioned the negative impact on child and family outcomes. For example, in their opinion there would be more instances of child abuse and neglect, lower kindergarten readiness and lower third-grade reading skills, increased behavioral issues, more juvenile incarceration, less stability, increased foster care placement, and missed special education diagnoses. In the opinion of RN staff members, parents would also be impacted in various ways, including decreased employment; decreased understanding of how to have healthy relationships; increased isolation; and more substance abuse, mental health, and domestic violence. RN staff members also believed that families would also have less access to resources such as food, diapers, and clean clothes and services such as social and emotional support.

> *Less children would be receiving services. A lot of developmental delays would go undiagnosed—we are catching things the doctor is not seeing and parents don't have the child development knowledge to see. Some of our most at-risk children would have more CPS involvement and more removals, and the children's health would be impacted. We are promoting well-child checks and hearing and dental here.*
>
> –RN staff interview

> *The establishment of a trusting relationship—that may be the only time that parents have an understanding of how to develop a healthy relationship with another adult that isn't based on trying to get something from them. That is a template for a much greater world for them in terms of how to sustain and have healthy relationships with other people, how to set healthy boundaries with yourself and your kid.*
>
> –RN staff interview

A lot more families would be isolated and alone. That is one of the biggest [impacts]. Families always talk about how they feel like they are part of a community or family and how, without us, they wouldn't have reached out.

–RN staff interview

About a third of those interviewed attributed the positive impact of RNs to the unique way they interact with children and families. In particular, they contrasted RN services with those provided by other organizations or agencies, such as Head Start.

When I see others who serve families and young children, they serve those who are more functioning. We serve families that are low functioning—no food, transportation, low mental health. So, we meet all families where they are. For example, we don't assume they can fill out an intake form. [Without the Relief Nurseries] high-need families would not get served and families and kids would suffer.

–RN staff interview

The closest thing to us is Head Start, [but] they are limited to a specific age group and people have to meet their financial qualifications and academic focus rather than therapeutic ratio and approaches.

–RN staff interview

A few also discussed how the overall culture of the community would change for the worse without RN services.

It would be a different culture here. We have done a lot over the past 20 years to change the way that people think about families. We have a new respect for parents that ask for help and a lot less judgement. There would be a lot of trauma. Agencies would step up but [they would] do more damage as they are trying to figure it out. It would have a huge impact.

–RN staff interview

Chapter 4. Outreach Efforts

How do Relief Nurseries conduct outreach efforts?

During interviews with RN staff members, we asked how RNs conduct intentional outreach to provide equitable supports for underserved children and families. According to staff members, all RNs have families that self-refer and call in for their services, and some even said that they do not need to do any active recruiting because they have so many self-referrals.

> *We don't have to recruit. The most common way they come to us is self-referrals. They say, "I've heard about you guys and my friend said you can help me." Or, "My friend in the trailer next to me said you really helped her and my MS is acting up and I lost my job."*
>
> –RN staff interview

> *We have a steady stream of people being referred by other agencies or walking in our door. We have had people walking in the door hearing about us by word of mouth from other families. It is spreading.*
>
> –RN staff interview

Other forms of recruitment include referrals from community agencies, hospitals, churches, DHS, courts, law enforcement, and drug and alcohol treatment centers. About a third of RNs mentioned actively recruiting at diaper banks and community events such as health fairs and by meeting with families at local parks. Family interviews confirmed these outreach methods. About half the families reported learning about their RN from an agency such as DHS or Temporary Assistance for Needy Families (TANF) or a hospital, and the other half reported learning about their RN from a friend or family member.

> *When I first moved back to town my TANF and food staff worker referred us, and I have been there ever since. I think it is well-known. I help give referrals. I get parents to go to parent group.*
>
> –RN family interview

What outreach successes do Relief Nurseries experience?

The biggest recruitment success—mentioned by more than half of interviewed RN staff members—is the fact that RNs are reaching a large number of families and that most of these families are coming to them through referrals rather than specific outreach efforts.

> *The fact that our biggest source of referrals is our clients: If they're telling their friends and neighbors about it, then that's an indication to me that we must be doing something*

right. It speaks volumes. When you have people saying that, "They made a big difference in my life, and now I'm headed in a different direction"—that is telling.

–RN staff interview

Another success described by RN staff members is the use of bilingual recruitment materials, which have increased the reach of their recruitment efforts and ensured that recruitment efforts are more equitable.

We have materials in the language of the families we serve. We have staff who speak the language and are representative of the culture or race or ethnicity. We have a reputation and are considered LGBT safe. We have community relationships and partnerships and we have been doing a lot especially with equity. We now have an equity committee. We are trying to do what we need to do—based on what families are telling us—to serve the families who want to be served.

–RN staff interview

A few staff members mentioned other success, such as building trust within their community, building trust with the families they serve, and conducting successful marketing campaigns that have accurately represented the work of the RNs to the community.

What outreach challenges do Relief Nurseries face?

RN staff members reported facing a few significant recruitment challenges. More than a third of interviewees said they have found it challenging to hire qualified bilingual staff members to work with families.

We have been doing quite a bit of recruitment, but it is hard when the recruitment person doesn't look like the demographic. Finding staff that are bilingual [and] that meet expectations for hiring is a challenge. –

RN staff interview

A little less than a third said they find it challenging to reach all families who may need services but are not accessing them, such as those who are isolated or in rural areas. A few RN staff interviewees talked about not reaching the monolingual Latino population in their area.

We are always concerned that we are missing the families that are facing such isolation and stigmatization that they are not coming. There is something to be said for a family that reaches out to you and comes for diapers. That is different than a family holed up in a tent. What can we do to reach families that are going under the radar?

–RN staff interview

A little less than a third of staff interviewees said a major challenge was not having the capacity to meet the demand for RN services in their area.

> *We always have more families wanting services than we can deliver. It is heartbreaking to talk with them. Every parent who calls is in need of something really important.*
>
> –RN staff interview

Other recruitment challenges mentioned by individual RN staff members included: inadequate transportation, not enough staff recruitment, variable enrollment numbers throughout the year, a need for more recruitment funding, and a lack of clear messaging around the services RNs provide to families.

Chapter 5. Involvement in the Child Welfare System

We used two types of data from the Oregon Department of Human Services (DHS) to examine the extent to which children served by the RNs are involved in the child welfare system:

1. Data on foster care placements from the Adoption and Foster Care Analysis and Reporting System (AFCARS)
2. Reports of child maltreatment from the National Child Abuse and Neglect Data System (NCANDS)

We submitted to DHS a list of children who met the following criteria:

- Served by a Relief Nursery during the evaluation period, July 1, 2014, to June 30, 2016
- Participated in therapeutic classroom services *and* received home visits
- Received at least six months of these services (these six months did not need to fall entirely within the evaluation period)

DHS uses an exact name and date of birth match to link the names with the unique identifier for the DHS data systems. This is called the ORKids ID. They explained that they do not use anything less than an exact match (e.g., a two-word surname with a hyphen would not match in their system if a space appeared between the words instead of a hyphen) because they could not be sure that the welfare data belonged to that child. It is important to note that while this method protects against false matches, the number of child welfare cases identified is likely lower than the true number due to errors or inconsistencies in the names and birth dates submitted. This may disproportionally affect children whose names are not in English or whose names follow the naming conventions of another language—as such names would be more likely to appear with different spellings and/or punctuation in different data systems—and these children may be underrepresented in our matched sample.

Of the 1,537 names we submitted, DHS linked 764 children with their unique identification numbers through an exact name and birth date match (50%).[9] Of those with IDs, 295 children appeared in the foster care data (39% of those matched) and 469 had maltreatment reports (61% of those matched.) The following sections summarize these children's demographics, locations, and the circumstances of their child welfare system involvement.

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[9] See Appendix B for more information about the DHS data.

Foster care placements

AFCARS data are reported biannually and summarize the child's foster care placement status across the prior six months. For children whose time in foster care spanned multiple reporting periods and who appear more than once in the data, we use the most recent observation for the descriptive statistics below.

Of the 764 children served by RNs and matched with DHS identification numbers, there were 295 children who appeared in the foster care data. Almost two-thirds of these were reported to be in foster care only before RN intake, which may reflect the positive effect of RN supports on keeping these children with their families. About a quarter appeared in the foster care data only after starting at the RN, and 10 percent were in foster care both before and after their RN intake dates. Tables 6 and 7 summarize the demographics and geographic distribution, respectively, of these children. Note that this sample includes a much higher share of white children than the general population of children served by RNs, which may be a result of the DHS matching process and the requirement for an exact match on full name.

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Table 6. Demographics of children with foster placement data (n = 295)

	Foster placement only *before* RN intake (n = 185)	Foster placement only *after* RN intake (n = 80)	Foster placements *before and after* RN intake (n = 30)
Share of foster data sample	63%	27%	10%
Age at RN intake (average)	3.1	2.4	3.2
Male	52%	59%	70%
Female	48%	41%	30%
Hispanic/Latino ethnicity	16%	9%	*
American Indian or Alaska Native	5%	*	*
Asian	0%	0%	*
Black or African American	8%	*	0%
Native Hawaiian/Pacific Islander	*	0%	0%
White	88%	95%	100%
Unable to determine race	3%	*	0%

* Percents representing counts between 1 and 5 are masked to assure confidentiality.
Note: A single report may indicate multiple races, so the columns will not add to 100 percent.
Source: AFCARS data provided by DHS for the September 2008 through September 2016 reporting periods.

Table 7. Foster placements by region (based on local agency county)

Region	Counties	Organization(s)	Foster placement only *before* RN intake (n = 185)	Foster placement only *after* RN intake (n = 80)	Foster placements *before and after* RN intake (n = 30)
Bend area and Eastern Oregon	Crook, Deschutes, Grant, Jefferson, Malheur, Umatilla, and Wheeler	MountainStar Family Relief Nursery, Pioneer Relief Nursery, and Treasure Valley Children's Relief Nursery	18	13	*
Coos and Douglas	Coos and Douglas	Family Development Center, Family Relief Nursery – Cottage Grove, and South Coast Family Harbor	33	14	10
Corvallis and Salem areas	Benton, Linn Marion, and Polk	Family Building Blocks, Family Tree Relief Nursery, and Old Mill Center for Children and Families	34	7	*
Eugene area	Lane	Family Relief Nursery - Cottage Grove and Relief Nursery, Inc.	25	16	*
Portland area	Clackamas, Multnomah, Tillamook, Washington, and Yamhill	A Family Place, Lifeworks NW Children's Relief Nursery, and VOA Family Relief Nursery	29	10	*
Southern Oregon	Jackson and Josephine	Family Nurturing Center Rogue Valley	58	20	8

* Counts between 1 and 5 are masked to assure confidentiality.
Source: AFCARS data provided by DHS for the September 2008 through September 2016 reporting periods.

Each foster placement record includes the reason(s) for removal. Both before and after RN intake, the primary reasons for removal were parent drug abuse and neglect, each appearing as removal reasons for approximately two-thirds (or more) of the children in our sample (Table 8).

Other notable reasons for removal included parent alcohol abuse, incarceration of parent(s), inadequate housing, and—especially for those in foster care in both periods—caretaker's inability to cope. Very few cases (fewer than five children in each of the three groups below) included child's behavior problem, child alcohol abuse, death of parent(s), or relinquishment as reasons for removal. Note that while some of the primary removal reasons appear more prevalent after RN intake (e.g., parent drug abuse, neglect, caretaker's inability to cope) this may be due to risks identified through involvement with the RN and its partner organizations that may otherwise have gone unreported.

Table 8. Reasons for removal in most recent removal episode

	Children with foster placement only *before* RN intake (n = 185)	Children with foster placement only *after* RN intake (n = 80)	Children with foster placements *before and after* RN intake (n = 30)	
			Before	After
Parent drug abuse	68%	65%	67%	77%
Neglect	61%	74%	63%	77%
Parent alcohol abuse	16%	15%	*	*
Incarceration of parent(s)	15%	*	17%	*
Inadequate housing	13%	15%	17%	*
Caretaker's inability to cope	12%	18%	23%	30%
Physical abuse	9%	13%	*	*
Sexual abuse	3%	*	0%	0%
Abandonment	3%	0%	0%	0%
Child's behavior problem	*	*	0%	*
Child alcohol abuse	*	0%	*	0%
Death of parent(s)	0%	*	0%	0%
Relinquishment	0%	*	0%	0%

* Percents representing counts between 1 and 5 are masked to assure confidentiality.
Note: A single report may indicate multiple reasons for removal, so the columns will not add to 100 percent.
Source: AFCARS data provided by DHS for the September 2008 through September 2016 reporting periods.

Child maltreatment

We received maltreatment reports from DHS on 469 children who were served by the RNs and matched with DHS identification numbers. NCANDS data include a separate entry for each maltreatment report submitted to DHS, so a child may have multiple reports before and/or after starting at the RN. Each report includes a disposition flag that indicates whether the report was determined to be substantiated. Table 9 compares the report dispositions of all maltreatment reports to the dispositions of reports from before RN intake and after RN intake. This comparison analyzes each report separately and does not compare a family's reports over time.

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Commented [LC4]: It appears the file submitted in April included only substantiated reports, which is why the number was so different—it dropped the ~300 children whose reports weren't substantiated. So, the overall count of substantiated reports (460 vs 469) is almost identical, but it seems these numbers are from a slightly different time period (see note below).

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All maltreatment reports provided for the 469 children who matched with DHS identification numbers were substantiated. Of these, around half (47%) had earlier maltreatment reports but did not have any reports after starting at the RN, which may reflect the positive effect of RN supports on these families (Table 10). Thirty-two percent of children with substantiated reports only had reports after RN intake, which may include maltreatment identified through involvement with the RN and its partners that may otherwise have gone unreported.

Table 10. Children with any or substantiated maltreatment reports

	Total unique children	Children with maltreatment report(s) only *before* RN intake	Children with maltreatment report(s) only *after* RN intake	Children with maltreatment report(s) *before and after* RN intake
Substantiated reports	469	220 (47%)	152 (32%)	97 (21%)

Source: NCANDS data provided by DHS for the September 2010 through September 2018 reporting periods.

Tables 11 and 12 summarize the demographics and geographic distribution, respectively, of these children. For children with multiple maltreatment reports, we use the most recent observation for these calculations. As in the foster placement sample, this group also includes a much higher share of white children than the general population of those served by RNs. This may be due to the DHS matching process and the requirement for an exact match on full name.

Table 11. Demographics of children with substantiated maltreatment reports

	Maltreatment report(s) only *before* RN intake (n = 220)	Maltreatment report(s) only *after* RN intake (n = 152)	Maltreatment report(s) *before and after* RN intake (n = 97)
Age at RN intake (average)	3.2	2.4	3.1
Male	59%	53%	56%
Female	41%	46%	44%
Hispanic/Latino ethnicity	15%	9%	13%
American Indian or Alaska Native	*	7%	5%
Asian	0%	0%	*
Black or African American	5%	5%	*
Native Hawaiian/Pacific Islander	*	*	0%
White	78%	84%	89%
Unable to determine race	15%	7%	5%

* Percents representing counts between 1 and 5 are masked to assure confidentiality.
Note: A single report may indicate multiple races, so the columns will not add to 100 percent. Individuals for whom all race categories were marked "no" are included with those for whom "Unable to determine race" was marked "yes."
Source: NCANDS data provided by DHS for the September 2010 through September 2018 reporting periods.

Table 12. Children with substantiated maltreatment reports by region (based on county of residence)

Region	Counties	Organization(s)	Maltreatment report(s) only	Maltreatment report(s) only	Maltreatment report(s)

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			before RN intake (n = 220)	*after* RN intake (n = 149)	*before and after* RN intake (n = 97)
Bend area and Eastern Oregon	Crook, Deschutes, Grant, Malheur, Jefferson, Umatilla, and Wheeler	MountainStar Family Relief Nursery, Pioneer Relief Nursery, and Treasure Valley Children's Relief Nursery	27	22	22
Coos and Douglas	Coos and Douglas	Family Development Center, Family Relief Nursery – Cottage Grove, and South Coast Family Harbor	32	29	21

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Corvallis and Salem areas	Benton, Linn Marion, and Polk	Family Building Blocks, Family Tree Relief Nursery, and Old Mill Center for Children and Families	38	19	16
Eugene area	Lane	Family Relief Nursery - Cottage Grove and Relief Nursery, Inc.	40	24	5
Portland area	Clackamas, Multnomah, Tillamook, Washington, and Yamhill	A Family Place, Lifeworks NW Children's Relief Nursery, and VOA Family Relief Nursery	33	24	10
Southern Oregon	Jackson and Josephine	Family Nurturing Center Rogue Valley	49	31	33

Source: NCANDS data provided by DHS for the September 2008 through September 2016 reporting periods.

For Table 13, we looked across reports to see whether a child had at least one report with a specific caregiver risk factor. Drug abuse and alcohol abuse each appeared as caregiver risk factors at least once for more than half the children with substantiated maltreatment reports, and about a third of the children had ever had domestic violence or financial problems marked as caregiver risk factors. While we did not conduct significance tests for differences over time, the data for children with reports in both periods suggest a reduction in the incidence of drug abuse, financial problems, and inadequate housing as caregiver risks after these families started at an RN.[11]

Table 13. Caregiver risk factors

	Children with maltreatment report(s) only *before* RN intake (n = 220)	Children with maltreatment report(s) only *after* RN intake (n = 152)	Children with maltreatment report(s) *before* and *after* RN intake (n = 97)	
			Before	After
Drug abuse	70%	65%	73%	65%
Alcohol abuse	58%	56%	59%	56%
Financial problem	37%	39%	46%	36%
Domestic violence	34%	29%	36%	44%
Inadequate housing	17%	24%	21%	10%

Note: A single report may indicate multiple risk factors, so the columns will not add to 100 percent.

[11] We chose not to perform significance tests on the pre- and post-maltreatment data due to a lack of detailed information about the services provided to RN families. Without supportive evidence that the RNs provided services directly targeted at these risk factors and family functioning areas, then the link between RN services and maltreatment changes is too indirect to attribute impacts.

Source: NCANDS data provided by DHS for the September 2010 through September 2018 reporting periods.

For Table 14, we identified children who had at least one report with the given type of maltreatment. Neglect was by far the most prevalent type, with more than three-quarters of children with substantiated reports having at least one instance of reported neglect. Slightly more than half the children had ever had a report with the "other" maltreatment type, which includes "threat of harm," and 25 percent or less of the children had ever had a report of physical abuse. Medical neglect, sexual abuse, and psychological/emotional maltreatment were much less prevalent; each was noted in substantiated maltreatment reports for less than 5% of the children in our sample. The data for children with reports in both periods suggest increases increases over time in neglect, physical abuse, and maltreatment (including threat of harm), although this may reflect increased identification and reporting of such cases after RN entry.

Table 14. Maltreatment types

	Children with maltreatment report(s) only *before* RN intake (n = 220)	Children with maltreatment report(s) only *after* RN intake (n = 152)	Children with maltreatment report(s) *before and after* RN intake (n = 97)	
			Before	After
Neglect	80%	89%	84%	87%
Other (which includes "threat of harm")	58%	51%	58%	60%
Physical abuse	10%	18%	9%	25%
Medical neglect	*	*	*	*
Sexual abuse	*	*	*	*
Psychological/emotional maltreatment	*	*	0%	*

* Percents representing counts between 1 and 5 are masked to assure confidentiality.
Note: A single report may indicate multiple types of maltreatment, so the columns will not add to 100 percent.
Source: NCANDS data provided by DHS for the September 2010 through September 2018 reporting periods.

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Appendix A. Risk Factors Checklist

RELIEF NURSERY **RISK FACTORS CHECKLIST–INTAKE**

This form is completed **only** when program staff learn, **after** the first 60 days from Program Intake, that additional risk factors **were present at intake**. The term "family" refers to the served child's legal and primary family and does **not** include the child's foster family. "Adult" refers to the served child's primary parent(s).

INTERVENTIONIST: _____ DATE: _____ FAM# _____

PRIMARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

SEONDARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

Name of child (for file):_____

Names of other children in this family:_____; _____;_____; _____

Based on your clinical observation, and knowledge of the family, at intake were any of the following present:

		Yes	No
1.	**FAMILY VIOLENCE AND VICTIMIZATION**		
a)	An adult in this family has issues with anger management	O	O
b)	An adult in this family has an emotionally, verbally or physically violent intimate partner relationship	O	O
c)	An adult in this family is incarcerated or under supervision with the criminal justice system	O	O
2.	**POVERTY**	Yes	No
a)	This family has more than 3 children in the household	O	O
b)	This family is unable to consistently access and/or provide food to obtain adequate nutrition for every family member	O	O
c)	The caregivers in this family are homeless, or have no permanent home	O	O
d)	This family has inadequate family supplies / child supplies	O	O

	e) This family has no telephone or no access to a reliable telephone	○	○
	f) This family's income is below the Federal Poverty Level (FPL) for a family of this size	○	○
	g) This family does not have access to reliable transportation	○	○
	h) This family is under/unemployed	○	○
3.	**CHILD WELFARE**	Yes	No
	a) At least one child in this family is being neglected, or is being physically, emotionally, or sexually abused	○	○
	b) At least one child in this family is currently in DHS-mandated out of home care	○	○
	c) This family has an open child welfare case	○	○
4.	**MENTAL HEALTH**	Yes	No
	a) At least one parent in this family is experiencing high stress such as difficulty coping and/or multiple stressors	○	○
	b) At least one child in this family is experiencing mental health problems	○	○
	c) At least one parent in this family is experiencing mental health problems	○	○
	d) At least one parent in this family is experiencing low self-esteem that interferes with their daily functioning	○	○
5.	**MEDICAL**	Yes	No
	a) At least one parent or child in this family is experiencing a medical disability	○	○
	b) At least one child in this family has a developmental disability	○	○
	c) At least one parent in this family has a developmental disability	○	○
	d) The mother of this family is currently pregnant	○	○
6.	**OTHER RISK FACTORS**	Yes	No
	a) In this family there are English language difficulties	○	○
	b) Caregivers in this family are divorced or separated	○	○
	c) This family lacks a support system other than the Relief Nursery or other professional personnel	○	○
	d) This family lacks needed child care	○	○
	e) At least one member of this family is of a member of a racial or ethnic minority	○	○
	f) One or more parents has a new domestic partner	○	○
	g) This family is a single parent family	○	○

h) This family has had at least one multiple birth (twins, triplets)	○	○
i) Untreated substance abuse is present in this family	○	○
j) At least one caregiver in this family is receiving substance abuse treatment	○	○
k) This family is currently at extreme high risk (child in imminent danger of abuse/neglect)	○	○
l) Other:_____	○	○
m) Other:_____	○	○
Total Number of Risk Factors (sum of Yes responses)		

Based on your clinical observation, and knowledge of the family, do any members of this family have a history of any of the following:

7. **HISTORICAL RISK FACTORS**	Yes	No
a) Incarceration or under criminal justice supervision	O	O
b) Emotional, verbal, or physical intimate partner violence	O	O
c) Homelessness	O	O
d) Being under/unemployed	O	O
e) A history of limited education (less than high school diploma or GED)	O	O
f) Being unable to provide food to obtain adequate nutrition for every family member	O	O
g) At least one parent that is a teen parent (17 years or younger at 1st birth)	O	O
h) Mental health problems	O	O
i) At least one adult in this family was raised by an alcoholic or drug-affected person	O	O
j) An adult in this family that has had an open child welfare case	O	O
k) An adult in this family has had at least one child permanently removed from their care by a termination of parental rights (TPR)	O	O
l) A child that's been in foster care	O	O
m) At least one adult in this family was a victim of physical abuse or neglect as a child	O	O
n) At least one adult in this family was a victim of sexual abuse or incest as a child	O	O

Appendix B. Data Sources

Relief Nursery staff survey

In May and June 2017, we worked with Relief Nursery (RN) directors or their designated representatives to collect the names and email addresses of program staff to contact for the staff survey. The purpose of this survey was to gather perspectives from service providers about the usefulness and relevance of RN services and to find out about the successes and challenges they have had. (See Appendix C for the complete staff survey protocol.)

We launched the staff survey on June 27, 2017, with an original close date of July 14. After sending two email reminders and discussing the survey at the July 21 board meeting, we extended the survey through July 28 to improve the response rates across the RNs. We sent a total of six reminders to the survey sample. See Table A1 below for a summary of survey participation by RN. A few staff members were removed from the sample because the survey invitation email bounced, they had already participated in an interview, or they no longer worked at the RN.

Table A1. Relief Nursery staff survey

Organization	Surveys sent	Removed	Completed	Response rate
A Family Place	8		7	88%
Family Building Blocks	25		13	52%
Family Development Center	17		10	59%
Family Nurturing Center Rogue Valley	33		25	76%
Family Relief Nursery - Cottage Grove	7		5	71%
Family Tree Relief Nursery	15		13	87%
Lifeworks, NW Children's Relief Nursery	20	1	15	79%
MountainStar Relief Nursery	17	1	15	94%
Old Mill Center for Children and Families	7	1	5	83%
Pioneer Relief Nursery	3		3	100%
Relief Nursery, Inc.	11		10	91%
South Coast Family Harbor	5	2	3	100%
Treasure Valley Children's Relief Nursery	10	2	6	75%
VOA Family Relief Nursery	13		6	46%
Total	**191**	**7**	**136**	**74%**

Relief Nursery staff and family interviews

In May and June 2017, we also worked with the RN directors or their designated representatives to identify key staff members to interview about services provided, populations served, funding sources, outreach efforts, and successes and challenges. (See Appendix D for the complete staff interview protocol.) The interviews were conducted in June, and we spoke

with representatives from all 14 RNs. Each phone interview lasted approximately 60 minutes and included the RN director or their designate and, when necessary, other key staff members who were knowledgeable about service delivery and data management.

We also asked the RNs to identify a current or previously served family that would be willing to speak with us about services provided, benefits received, and any suggestions for RN program improvement. (See Appendix E for the complete family interview protocol.) As a thank-you to the participants, we provided each interviewee with a $20 gift certificate to Fred Meyer or Walmart. In June, we completed interviews with families from 12 of the 14 core RNs.

OARN database

To characterize the populations served by the RNs and these families' risk factors, we used participant data from the OARN database, which launched in July 2015 and serves as a central repository of RN program data. The RNs enter demographic, service delivery, and assessment data for their children and families, and the database provides summary output tables that the RNs can use for reporting to the state or other funders. Each RN only has access to its own data in the database. We set up an individual data-sharing agreement with each RN to gain access to the full database.

While the database allows the RNs to input service data from prior years, data from this earlier period are not consistently available across sites nor did all RNs input data prior to this period. We therefore chose to report on the July 1, 2015, to June 30, 2016, period to ensure more comparable data across organizations.

Table A2 provides a summary of the numbers of children and families that received outreach services and therapeutic classroom services (TECP) during the study period. The two programs are not mutually exclusive, and a given child or family may be counted in both columns. For example, a child would be counted twice if they started in outreach and then moved into TECP when there was an opening. Note that cell sizes of less than ten are masked in the table below and throughout the report for data from the OARN database. This is Education Northwest's general practice for protecting individual information when our data sharing agreement with the data owner does not specify an alternative suppression rule.

Table A2. Children and families served, by program, 2015-16

	Outreach		Therapeutic Classroom	
Relief Nursery	**Children**	**Families**	**Children**	**Families**
A Family Place	58	43	53	45
Family Building Blocks	269	202	157	120
Family Development Center	219	174	208	142
Family Nurturing Center Rogue Valley	73	57	152	126
Family Relief Nursery - Cottage Grove	182	118	80	74
Family Tree Relief Nursery	140	104	76	70
Lifeworks NW Children's Relief Nursery	233	163	145	144
MountainStar Family Relief Nursery	86	73	83	79
Old Mill Center for Children and Families	164	115	36	33
Pioneer Relief Nursery	59	57	30	27
Relief Nursery, Inc.	125	99	161	156
South Coast Family Harbor	*	*	26	25
Treasure Valley Children's Relief Nursery	14	12	67	56
VOA Family Relief Nursery	26	20	113	86
Total	**1,648***	**1,237***	**1,387**	**1,039**

* South Coast Family Harbor served fewer than ten children/families in its outreach program during this period and is omitted from the table to comply with our data privacy rules. The reported totals sum across the other 13 RNs.
Source: OARN database for July 1, 2015, through June 30, 2016. Retrieved on October 5, 2017.

Child welfare data

For matching with the child welfare data, we provided DHS with the full names and birth dates of the children served. We also asked the RNs to provide intake dates so we could calculate the children's ages at program entry and to allow DHS to flag any welfare reports as occurring before or after the start of RN services. The RNs either uploaded participant lists to our secure server (5 RNs), instructed us to pull these data from the OARN database (6 RNs), or used a combination of these data sources (3 RNs). We cleaned and combined the lists and sent them to the DHS research team via their secure message system.

Since our study period spans 2014-16 and the RNs serve children through age 5, we requested data from the September 2008 through September 2016 abuse/neglect and foster care reports to capture all historical data for these children. The data DHS provided are de-identified, but we were allowed to retain flags for whether the reports were before or after RN program intake, the child's (rounded) age at RN intake, and the child's county of residence and/or county of report.

Note that cell sizes of five or less are replaced with an asterisk when reporting on DHS data. This is to comply with the DHS Research Application and Information Access Agreement which states that "summary counts reported at less than State-level figures (e.g. county level) will be masked when values are between 1 and 5."

Appendix C. Staff Survey Protocol

Dear Oregon Relief Nursery Staff Member,

We invite you to complete this online survey about the Oregon Relief Nursery where you work. This survey is part of an external evaluation of the Oregon Relief Nurseries. This evaluation is conducted by Education Northwest, a private nonprofit education research and technical assistance provider in Portland, Oregon. The purpose of the evaluation is to provide the Oregon Association of Relief Nurseries (OARN) with useful information about services provided and ultimately to determine whether the Relief Nurseries are successful in achieving their programmatic goals. As part of the evaluation we are interviewing key staff and family members from each Relief Nursery, conducting a staff survey, and analyzing OARN and child welfare data.

The purpose of this survey is to find out about your perspectives on the usefulness and relevance of program services and successes and challenges faced. Your answers will help improve the Oregon Relief Nurseries.

This survey should take about 15 minutes to complete, and you are not required to participate. You may stop participating at any point during the survey or skip any questions with no consequences or risk. Participation will not affect your employment at the Oregon Relief Nurseries and your responses will be kept confidential and will not be shared with anyone outside of the research team. Survey responses will be combined and reported OARN program staff. We will not use your name or personal information in any reports to ensure that no one will be able to identify your responses.

If you have any questions you may contact Tim Speth at Timothy.Speth@educationnorthwest.org or (503) 275-9500.

Do you agree to take the survey?
☐ Yes ☐ No

Background information

1. Where do you work?
   a. Children's Relief Nursery, Portland
   b. Family Building Blocks, Polk County
   c. Family Building Blocks, Salem
   d. Family Development Center, Roseburg
   e. Family Nurturing Center, Medford
   f. Family Tree Relief Nursery, Albany/Sweet Home
   g. Family Relief Nursery, Cottage Grove/Drain
   h. Family Stepping Stones, Gladstone
   i. Juniper Junction Relief Nursery, Madras
   j. MountainStar Family Relief Nursery, Bend
   k. Old Mill Center Relief Nursery, Corvallis
   l. Pioneer Relief Nursery, Pendleton
   m. Relief Nursery, Inc., Eugene/Springfield
   n. Treasure Valley Children's Relief Nursery, Ontario
   o. VOA Family Relief Nursery, Portland

2. What is your role?
   a. Classroom teacher
   b. Program director
   c. Other (please specify):_____

3. How long have you worked in your current role at the Relief Nursery?

Oregon Relief Nursery program services

4. From your perspective, how important are the below Oregon Relief Nurseries services for children and families? (not important, a little important, important, very important)
   a) Therapeutic Classroom
   b) Home visits
   c) Parenting education
   d) Mental health counseling
   e) Drug and alcohol recovery programs
   f) Food support
   g) Clothing support
   h) Transportation
   i) Other (please specify):_____

5. From your perspective, how useful are the below Oregon Relief Nurseries services for children and families? (not useful, a little useful, useful, very useful)
   a) Therapeutic Classroom
   b) Home visits

c) Parenting education
d) Mental health counseling
e) Drug and alcohol recovery programs
f) Food support
g) Clothing support
h) Transportation
i) Other (please specify):_____

Oregon Relief Nursery successes and challenges

6. What key successes you have achieved in the work you do with children and families at your Relief Nursery? (open-ended)

7. What key challenges do you face in your work with children and families at your Relief Nursery?

8. What suggestions do you have for how to address these challenges and what additional supports would you need?

9. Is there anything else you would like to share about the work you do at your Relief Nursery?

Appendix D. Semi-Structured Staff Interview Protocol

Introduction

Interviewer: _____ Date: _____

This interview is part of an external evaluation of the Oregon Relief Nurseries. The evaluation is conducted by Education Northwest, a private nonprofit education research and technical assistance provider in Portland, Oregon. The purpose of the evaluation is to provide the Oregon Association of Relief Nurseries (OARN) with useful information about services provided and ultimately to determine whether the Relief Nurseries are successful in achieving their programmatic goals. As part of the evaluation we are interviewing key staff members and family members from each Relief Nursery, conducting a staff survey, and analyzing OARN and child welfare data.

The interview takes about **30 minutes** and will focus on questions about services provided, populations served, funding sources, outreach efforts, and successes and challenges.

As a key Oregon Relief Nurseries staff member, your perspective on how the program is being implemented is extremely important. Your participation is voluntary, you can choose to not answer any question you are uncomfortable with, and you may discontinue your participation at any time.

So that I can take accurate notes, I would like to record this interview. I will not share the recording beyond the evaluation team. Once our notes are complete, the digital recording will be destroyed. If at any time you would like me to turn the recorder off, please ask and I will do so.

Education Northwest will not share your individual data with anyone at OARN and we will not include your name or your school name in any of our documents. When we report the data we will combine your answers with other interview and survey data. We anticipate no risk to your participation and your responses will help to ensure the best services are delivered to Oregon Relief Nurseries children and families.

Do you have any questions before we begin the interview?
Do you agree to participate in the interview? Y/N
Do you agree to have the interview digitally recorded? Y/N

I'm now starting the recording, let's begin.

Interview questions

1. Please describe your role at the Relief Nursery where you work.

2. How long have you worked at the Relief Nursery?

3. What key funding sources do you utilize to support your work at your Relief Nursery?
    a. How have you been able to braid or blend funding from different sources?
    b. What challenges have you encountered and what supports do you need for best utilizing funding from different sources?

4. What are the key services your Relief Nursery provides to children and families? For each service, please provide an example of how children and families experience these services. *(Note: interviewer ask them to provide us with any programmatic materials that may help us better understand their program)*
    a. Center-based services:
        a. Therapeutic child care
        b. Other?
    b. Home-based services:
        a. Home visits
        b. Other?

    (Probe: other services may include parenting education, counseling, drug and alcohol recovery programs, food and clothing support, or transportation)

5. Who are the children and families you serve at your Relief Nursery?
    a. What is the ethnic makeup of children and families?
    b. What types of special populations (special education, English learner) do you serve?
    c. What key challenges do your children and families face (e.g., poverty, child welfare issues)
    d. Other?

6. How does recruitment work at your Relief Nursery?
    a. How do you identify children and families? *(Probe: Do you utilize data to do so?)*
    b. How do you reach identified families?
    c. How do you ensure that this recruitment is intentional to provide equitable supports for underserved children and families?
    d. What successes have you experienced with recruitment efforts
    e. What challenges have you faced with recruitment efforts?

7. What are key successes you have achieved in the work you do with children and families at your Relief Nursery and how do you know you are successful (probe: what evidence do you utilize)?
    a. Specific to therapeutic child care?
    b. Specific to home visits?
    c. Specific to your work with children?
    d. Specific to your work with families?
    e. Specific to your work in the community?

8. What aspects of your work at your Relief Nursery are challenging?
    a. What suggestions do you have for how to address these challenges?
    b. What additional supports would you need for addressing these challenges?

9. If your Relief Nurseries services were not available what impact would that have for on community?

10. Is there anything else you would like to share about the work you do at your Relief Nursery?

Appendix E. Semi-Structured Family Interview Protocol

Introduction

Interviewer: _____ Date: _____

This interview is part of an external evaluation of the Oregon Relief Nurseries. The evaluation is conducted by Education Northwest, a private nonprofit education research and technical assistance provider in Portland, Oregon. The purpose of the evaluation is to provide the Oregon Association of Relief Nurseries (OARN) with useful information about services provided and ultimately to determine whether the Relief Nurseries are successful in achieving their programmatic goals. As part of the evaluation we are interviewing key staff and family members from each Relief Nursery, conducting a staff survey, and analyzing OARN and child welfare data.

This interview takes about **30 minutes or less** and will focus on questions about services provided, populations served, funding sources, outreach efforts, and successes and challenges.

As an Oregon Relief Nurseries family member, your perspective on how the program is being implemented is extremely important. Your participation is voluntary, you can choose to not answer any question you are uncomfortable with, and you may discontinue your participation at any time.

So that I can take accurate notes, I would like to record this interview. I will not share the recording beyond the evaluation team. Once our notes are complete, the digital recording will be destroyed. If at any time you would like me to turn the recorder off, please ask and I will do so.

Education Northwest will not share your individual data with anyone at OARN and we will not include your name or your school name in any of our documents. When we report the data we will combine your answers with other interview and survey data. We anticipate no risk to your participation and your responses will help to ensure the best services are delivered to Oregon Relief Nurseries children and families.

Do you have any questions before we begin the interview?
Do you agree to participate in the interview? Y/N
Do you agree to have the interview digitally recorded? Y/N

I'm now starting the recording, let's begin.

Interview questions

1. What services has your Relief Nursery provided you?

(Probe for: therapeutic child care, home visits, parenting education, mental health counseling, drug and alcohol recovery programs, food support, clothing support, transportation, other?)

Follow-up questions about the services they used

2. How helpful have those services been for you and your children? (*Probe for specific detail*)
    a. Would you use these services again?
    b. How could these services be more helpful or how could they be improved?
    c. Which of these services have been most helpful for your family?

3. Are there services you wish your Relief Nursery was providing that you could benefit from?

4. Overall, how have you befitted from participating in your RN services?

5. How did you hear about your RN and the services they offered?

6. Is there anything else you would like to share about the services you or your family has received from your Relief Nursery?

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