Bringing Out the Best

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Abstract

Bringing Out the Best (BOB) is an early intervention program that provides short term, free, family-centered, and community-based services that target children in early childhood (ages 0–5). A priority goal of the program is to increase the number of children that are healthy and ready to succeed as they enter school. Through trainings and technical assistance for educators and administrators, trainings and consultation for families, and screenings and individual interventions for children, specialists, families and teachers collaboratively develop individualized plans for increasing a child's success in the classroom and at home. BOB is in its 15th year of operation under the Center for Youth, Family, and Community Partnerships at UNC Greensboro and has served over 2400 participants to date. With BOB's aim to increase the number of healthy children ready to succeed as they enter school, this chapter will emphasize that although elementary students may not be entering physical classrooms this year, the attendance for childcare centers has maintained if not increased; therefore, social and emotional learning are even more essential to the early care curriculum. This chapter will describe the previous processes in place at BOB as well as measures taken to reinvent those services during the COVID-19 pandemic.

Keywords: Social Emotional Learning, Development, Education, Early Childhood, School Readiness

1. Introduction

Social–Emotional Learning has become a topic of much conversation in early childhood and elementary school settings over the last few decades [1]; many programs have been implemented with the aim of increasing children's social and emotional competencies and much has been learned about how our social and emotional capacities can influence our educational experiences [2, 3]. And, while great strides have been made in the understanding and implementation of social emotional learning programs, school building closures, quarantining, social distancing, and virtual learning are terms that have all but encompassed the last year of our lives. As a result, much public concern has been expressed regarding children's ability to progress academically, interact socially, and regulate their emotions in this "new normal."

Although students may or may not be entering physical classrooms this year and a return to consistent face-to-face instruction is still to be determined, the attendance for childcare centers has maintained and even increased as students enrolled in afterschool care may be attending center-based care full time. Child Care Centers across the world have remained open, have continued serving their children and families, with new, necessary, but strenuous, standard operating procedures in place. The COVID-19 pandemic has certainly brought to light how essential early

childhood education services are to the well-being of our communities and the continuity of children's development. Now more than ever, the inclusion of social and emotional learning is an essential component to the early care curriculum. This chapter will begin by exploring social and emotional learning, its influence on children's school readiness, and one specific program, Bringing Out the Best (BOB), whose implementation aims to enhance social and emotional competencies for those connected to the early childhood age range. Additionally, the chapter will explore the program's processes in place, pre-pandemic, as well as how the program has navigated the various service provision changes brought about by the pandemic.

2. The role of social emotional learning in early childhood education and its relation to school readiness

Social and Emotional Learning can be defined as the process through which we "acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions" {2]. Acquisition of these knowledge and skills are a fundamental part of children's overall development and serve well into our adult development. Additionally, such knowledge and skills contribute immensely to academic education as research has shown a number of correlated outcomes [2]. Social and Emotional learning specifically has been shown to be linked with 1) improvement in students' social and emotional skills, relationships with others, academic performance, and perceptions of their classroom and school climate, 2) a decline in students' anxiety, reduced behavior problems, and substance use, as well as 3) long-term improvements in students' prosocial behaviors and academic performance [2, 3]. Therefore, incorporating social and emotional learning curricula and content as early as possible should secure these benefits at an earlier rate.

With compelling links clearly established between social/emotional development, behavior and school success [2, 3], funds from the Office of Head Start and Child Care Bureau were allocated to create a national resource center focused on promoting the social emotional development and school readiness of young children birth to age 5. Thus, the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) was born and works to disseminate important, relevant research and evidence-based practices to early childhood programs across the United States. Of note, CSEFEL promotes the use of the Pyramid Model whose base is founded on an effective workforce and systems/policies that promote and sustain the use of evidence-based practices. The next tier of the pyramid focuses on nurturing and responsive relationships, followed by high quality supportive environments. Once these foundations are in place, if children are still experiencing social and emotional challenges, the pyramid moves to suggesting targeted social emotional supports aimed to model for and equip children with skills and strategies to address the challenges they face. At the top of the pyramid lies a section for intensive interventions for children whose challenges or needs exceed what was offered in the targeted supports. This Pyramid Model aims to support the development of social emotional competence in young children and is a pivotal resource for the Early Care and Education field as they prepare children for the transition to kindergarten.

3. Meeting a community need through bringing out the best

In 2019, the North Carolina Division of Child Development and Early Education released a report which detailed that there was a total of 242,710 children being

served in 5,786 regulated childcare facilities within the state [4]. Specifically, in Guilford County, it was estimated that there were over 32,000 children birth through 5 years of age and approximately 20% of those children (6,400 out of 32,000) would be at risk for social–emotional/mental health challenges [5]. Without targeted intervention, approximately 3,200 of these children could experience negative outcomes in mental health, cognitive development, and kindergarten readiness [6, 7]. These children are at greater risk for dismissal from preschool and childcare, which further reduces their chances of being ready for kindergarten [5].

Recognizing this need earlier in their local community, Dr. Terri Shelton and other scholars from the University of North Carolina Greensboro, the Center for Youth Family and Community Partnerships, and the Guilford County community sought to create a program to address Social Emotional Learning through a multi-tiered approach. Thus, Bringing Out the Best (BOB) came to fruition in 2006 and has since served the Guilford County community for 15 years. This program provides short term, free, family-centered, individually tailored, and community-based services that target children in early childhood (ages 0–5). The goal of this program is to increase the number of children in Guilford County that are healthy and ready to succeed as they enter school.

In the scope of this work, specialists enter into a variety of early childhood education settings (private and community centers, NC Pre-Ks, family childcare homes, etc.,), community locations, as well as children's homes to provide interventions ensuring that they bring out the best in every child's behavior and address a multitude of individualized needs. BOB exemplifies family-centered and community-based services as the program as a whole strives to build relationships with each child, family and teacher/program that specialists work alongside. Specialists take time to get to know the clients and meet them where they are, wherever that may be. Specialists work closely and collaboratively with children's families and childcare setting to develop goals that will build upon and hone the child's current skills (as well as the teacher/family's) while addressing areas for further work. Specialists develop strategies and interventions that align well with those goals and that teachers/families are able to implement. Specialists often re-evaluate and re-assess to determine if those originally agreed upon goals have been reached and if new goals have developed. Most cases involve a tailored, consultative approach matching strategies with the specific referral question and increasing the capacity of families and/or providers/teachers to implement independently.

These services are rendered on a referral basis and children can be referred through a variety of sources whether it be their parent/guardian, teacher, childcare director, social worker or pediatrician. Children are referred to Bringing Out the Best for a variety of reasons, but the most common referrals are based upon emotion regulation concerns expressed by teachers/parents, followed by a close second of exhibiting aggression. As noted previously, social/emotional development and behavior and school readiness are intricately linked. Thus, while the overarching goal of the program focuses on children's school readiness, program administration and specialists are aware that much goes into the process of ensuring children are happy and ready to succeed as they embark upon kindergarten entry. Therefore, there are a number of additional goals that the program strives to achieve. With the aforementioned referral needs in mind, primary program aims are to 1) increase the capacity of providers/teachers and families to identify and address children's needs, 2) lay the foundation to strengthen children's social emotional competence, 3) increase kindergarten readiness, and 4) enhance the quality of the education and care that children receive.

3.1 Increasing caregiver competencies and capacities

Both research and personal practice have implicated the vital roles that teachers and families play in a formative span of children's development [8]. Cosford and

Draper [9] eloquently describe the similarities within the roles of teachers and families as: "both carry the expectation of concern for and commitment to fostering the development of children … " (p. 348). Thus, building upon the competencies and capacity of educators and families is an essential component to the linkage between children's well-being and learning [8]. As the goal of Bringing Out the Best is to increase the number of children in Guilford County that are healthy and ready to succeed as they enter kindergarten, through a holistic and strength-based approach that is culturally responsive, specialists build the competencies of the child and increase the capacity of their families and their teachers through classroom-based technical assistance, center and family-focused training workshops, targeted short-term home visiting, and referrals to other community supports and services so that competencies and capacity are built across both the home and center environments.

Activities encompassed within the specific services provided include that specialists, families and teachers work collaboratively to develop individualized plans for increasing a child's success in the classroom and in the home. Bringing Out the Best (BOB) uses both evidence-based and evidence-informed strategies to guide the framework for service provision. BOB uses an array of evidence-based/evidence-informed (EB/EI) practices and strategies to support the social emotional development of young children.

Further, through a consultation/coaching model based on the Evidence Based Practice Pyramid Model and techniques from Substance Abuse and Mental Health Services Association's Center for Excellence for Infant and Early Childhood Mental Health Consultation [5], specialists are able to focus special attention on building upon and improving the capacities of children's caregivers in order to support their children's social emotional development. Specifically, these strategies inform the way they approach technical assistance, coaching/consultation, and develop specific child, provider/teacher, and family strategies and interventions.

Through intentional processes and practices such as those described above, the adults in children's lives then demonstrate an increased capacity to identify and address children's needs in the classroom and at home, ultimately reducing behavioral challenges. Additionally, when caregivers understand children's social–emotional/developmental needs and use evidence-based strategies to address behavioral challenges, children who have or are at risk for social–emotional or developmental challenges will be supported in their emotional, social, and cognitive development and will be more likely to succeed in kindergarten.

4. Previous processes in place at BOB

The program is within its 15th year of service and has served over 2400 participants to date. Prior to the onset of COVID-19, approximately 150 children were referred to BOB annually and approximately 120 of those children's families elected to receive services. Throughout those 15 years of service and considerable caseload, the program has modified its service provision since its original development through a number of means to improve the quality of those services. Specifically, and most recently, prior to the onset of COVID-19 in the United States, BOB was involved in a continuous quality improvement (CQI) process which modified the Program's process map of how services are provided (see Appendix 1). Of note, one of the most fundamental changes implemented through this CQI process required more teacher/provider involvement and collaboration throughout the development of strategies and goal planning. This was made possible through more effective

communication means and time management practices to ensure providers were able to be present and involved in the process. In the past, specialists may not have been able to meet with teachers outside of the classroom, or while teachers were not responsible for the supervision of children. With this new piece of the process map in place, in order to receive the services of the program, center administrators would need to ensure that teachers were able to meet outside of the classroom during their working hours. This would ensure teachers would be able to provide more insight regarding children's needs or behavior to the specialists, play an integral role in the development of appropriate strategies to address children's needs as well as provide honest thoughts and feedback regarding their implementation of those strategies, while not being pulled in different directions with competing responsibilities.

5. Measures taken to reinvent those services during the COVID-19 pandemic

Amidst the ongoing pandemic, the Bringing Out the Best program staff have been intentional and methodical in their thinking of ways to still provide their much needed and sought-after services to the Guilford County community (see Appendix 2). Although the Center for Disease Control has issued specific guidelines, and additional stipulations have been put in place by the Governor of the State of North Carolina, and further, as well as child care administration policies that limit access to child care centers in order to slow the spread of COVID-19, the BOB team has managed to maintain their caseloads by implementing options for virtual visits via video conferencing software (i.e., Zoom, Google Hangouts), phone consultation, and providing materials and interventions via curbside service at the program's location as well as dropping off materials to the child care center/homes of clients. Additionally, the program was awarded additional grant funding by a local initiative focused on children's school readiness to purchase additional software to reinvent their service provision. This particular software promotes true reflection for teachers/providers as they can securely view video recordings of their classroom experiences throughout the day for self-reflection, share recordings with a specialist for discussion and soliciting feedback, and/or share with an administrator/coach for evaluation purposes [10].

Additionally, in terms of training/family education, the BOB program staff have altered this element of their work to accommodate virtual learning. Staff members have created information rich, engaging, and thought-provoking presentations that are available to the public through their website (https://bringingoutthebest.uncg.edu/). The staff have also intensified their social media presence to multiple platforms to provide tips and/or resources to families and care providers multiple times per week. They have collaborated with a variety of community partners to provide easily accessible and digestible information related to children's development, their behavior, and how to answer children's questions about the pandemic and its effects.

As uncertainty of what the future will entail still lingers, the BOB program staff is still striving to achieve the primary program aims of: 1) increasing the capacity of providers/teachers and families to identify and address children's needs, 2) laying the foundation to strengthen children's social emotional competence, 3) increasing kindergarten readiness, and 4) enhancing the quality of the education and care that children receive. Although the elements of provision have changed drastically, the program staff are resilient and dedicated to the children, families and childcare

providers of Guilford County. They continue to contribute in creative ways to the children's successful entrances to kindergarten and beyond.

6. Conclusions

In conclusion, Social Emotional Learning is a crucial element to children's classroom experiences and overall development. Research has continuously shown how this construct is related to children's emotional well-being and their academic outcomes. This chapter describes, in depth, a program situated in the Southeastern United States that focuses on children's social–emotional development and its connection to their school readiness in early childhood education settings.

Acknowledgements

For more information regarding the program, implementation or opportunities for expansion to your area, please contact Center Director, Dr., Christine Murray at cemurray@uncg.edu or visit the program website at https://bringingoutthebest.uncg.edu/

Conflict of interest

The authors declare no conflict of interest.

Appendix 1: Amended for Publication BOB Case Management Process Narrative

General Process – All Referrals	
Step	**Description**
Receive Referral	• Information-gathering • Make outside referrals as needed
Paperwork Initiated	• Paperwork sent to caregiver
Referral Accepted	• Paperwork received

Referral Assigned to Appropriate Service	• Program Director assigns to appropriate services:
	  ○ For Child Referrals, see "Process A"
	  ○ For Classroom Referrals, see "Process B"
	  ○ For Home-Visiting Referrals, see "Process C"

Process A: Child Referrals

Step	Description
Initial Observation	• Gather data
Waitlist	• High-alert cases rise to top • Waitlist prioritized by date paperwork received and need
Assignment to Specialist	• Assignment depends on who is available, whether the child/family is Spanish-speaking, and how other cases are assigned (i.e. seek to avoid two specialists in one classroom)
Initial Classroom Visit	• Complete introductions • Observe activities • Teacher consultation
Visit 2	• Action planning • Seek Clarification
Visits 3+	• Progress check • Revise action plan as needed
Final Observation	• Post-Intervention assessment

Close Case	• Case is closed when either
	  ○ Progress is achieved
	  ○ Specialist determines that BOB services are not needed and/or not appropriate for the situation
	  ○ Child does not respond to interventions
	  ○ Noncompliance by adults
	  ○ Family circumstances lead to discontinuation of services

Process B: Classroom Referrals

Step	Description
Initial Observation	• Gather Data
Provide Feedback	• Meet with Director to share feedback from initial observation
Second Visit	• Observe classroom • Action Planning
Additional Visits (as needed)	• Scheduled based on need

Close Case	• Case is closed when:
	  ○ Target child is picked up/assigned to a specialist
	  ○ Teacher decides help is not needed

Process C: Home Visiting Referrals

Step	Description
Initial contact/visit	• Introduction • Initial interview and observation
Follow up	• Action Planning
Additional Visits	• Progress Check • Review action plan, change as needed • Seek Clarification as needed
Close Case	• Case is closed when either

Process C: Home Visiting Referrals	
Step	**Description**
	○ Progress is achieved ○ Specialist determines that BOB services are not needed and/or not appropriate for the situation ○ Child does not respond to interventions ○ Noncompliance by adults ○ Family circumstances lead to discontinuation of services

Deliverable/ service/activity	**Visits start back in one month**	**Visits start back end of summer**	**No visits until 2021**
Waitlist	• Call parent to determine status • If no response, call center (is center open?) • Is child returning to center? • Possibly limited visits for children entering kindergarten	• Call parent to determine status • If no response, call center (is center open?) • Is child returning to center? • Children entering kindergarten will be closed	• Call parent to determine status • If no response, call center (is center open?) • Is child returning to center? • Children entering kindergarten will be closed
Referrals			
Current case load	• Call parent to determine status; if family is unresponsive after a period of time, send letter giving deadline. • If no response, call center (is center open?) • Is center open for the summer? • Continue remote or in-person support for children at home if desired (how often?); • How long is child at home? • How long do we wait for child to return to school? (case by case), should there be a maximum period that we can wait? • Adjustment period after returning to school • Can we drop off tip sheets, handout, interventions if centers are open, but not allowing visitors?	• Call parent to determine status • If no response, call center (is center open?) • Continue remote support for children at home if desired (how often?) • How long is child at home? • How long do we wait for child to return to school? • Adjustment period after returning to school • Can we drop off tip sheets, handout, interventions if centers are open, but not allowing visitors?	• Call parent to determine status • If no response, call center (is center open?) • Continue remote support for children at home if desired (how often?) • How long is child at home? • How long do we wait for child to return to school? • Adjustment period after returning to school • Can we drop off tip sheets, handout, interventions if centers are open, but not allowing visitors?
Non-client consultation (family)	• Continue for 3 consults or until no longer needed (whichever comes first)	• Continue for 3 consults or until no longer needed (whichever comes first)	• Continue for 3 consults or until no longer needed (whichever comes first)
Non-client consultation (teacher - working remotely)	• Continue for 3 consults or until no longer needed (whichever comes first)	• Continue for 3 consults or until no longer needed (whichever comes first)	• Continue for 3 consults or until no longer needed (whichever comes first)

Deliverable/ service/activity	Visits start back in one month	Visits start back end of summer	No visits until 2021
Non-client consultation (teacher - working in center)	• What kind of support is needed? 3 consults	• What kind of support is needed? 3 consults	• What kind of support is needed? 3 consults
Parent training	• Schedule seminars? (in-person) • Continuously assess needs	• Schedule seminars? (in-person) • Continuously assess needs	• Schedule seminars? • Continuously assess needs
Teacher training	• Develop trainings for 20–21 fiscal year • Continuously assess needs	• Develop trainings for 20–21 fiscal year • Schedule in-person trainings; market trainings • Continuously assess needs • Continue virtual trainings	• In-person trainings will depend on guidance from the CDC on group gatherings • Continue virtual trainings • Continuously assess needs
Community family support	• Continue to reach out through social media • Offer virtual support group?	• Continue to reach out through social media • Offer virtual support group?	• Continue to reach out through social media • Offer virtual support group?
Community teacher support	• Continue to reach out through social media • Offer virtual support group?	• Continue to reach out through social media • Offer virtual support group?	• Continue to reach out through social media • Offer virtual support group?
BOB team support	• What support is needed in the short term? • Support will be different for seasoned team members vs. new team members		
BOB projects (if office opens before community visits resume)	• Maker space • Lending library • Making interventions • Continue to add to resource files • Continue professional development		

Notes: This is a moving target. Federal, state, and local directives are constantly changing. We must be able to adapt quickly in response to community needs, changing restrictions and guidelines, and capacity to meet the needs under the restrictions of our funding structure.

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References

[1] Zins JE, editor. Building academic success on social and emotional learning: What does the research say?. Teachers College Press; 2004 Apr 15.

[2] The Collaborative for Academic, Social, and Emotional Learning (CASEL). What is SEL? [Internet]. 2020. Available from: https://casel.org/what-is-sel/

[3] The Center on the Social Emotional Foundations in Early Learning (CSEFEL). [Internet]. 2020. Available from: http://csefel.vanderbilt.edu/

[4] North Carolina Department of Health and Human Services Division of Child Development and Early Education Child Care Analysis Detail. 2020.

[5] Infant and Early Childhood Mental Health Consultation (IECMHC). Infant and Early Childhood Mental Health Consultation Toolbox [Internet]. 2018. Available from https://www.samhsa.gov/iecmhc/toolbox

[6] Brennan EM, Bradley JR, Allen MD, Perry DF. The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. Early Education and Development. 2008 Dec 3;19(6):982-1022.

[7] Hepburn KS, Perry DF, Shivers EM, Gilliam WS. Early childhood mental health consultation as an evidence-based practice: Where does it stand. Zero to Three. 2013;33(5):10-19.

[8] Murray-Harvey R, Slee PT. School and home relationships and their impact on school bullying. School Psychology International. 2010 Jun;31(3):271-295.

[9] Cosford B, Draper J. 'It's almost like a secondment': parenting as professional development for teachers. Teacher Development. 2002 Oct 1;6(3):347-362.

[10] SWiVL. Video Collaboration for Schools. [Internet]. 2021. Available from: https://www.swivl.com/