

Improving Supports for Parents of Young Children

State-level Initiatives

Louisa B. Higgins | Shannon Stagman | Sheila Smith

September 2010



The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

IMPROVING SUPPORTS FOR PARENTS OF YOUNG CHILDREN

State-level Initiatives

Louisa B. Higgins, Shannon Stagman, Sheila Smith

AUTHORS

Louisa B. Higgins, MA, is a research analyst at NCCP for early childhood and health and mental health. She is currently the coordinator for Project Thrive, the policy support initiative for the State Early Childhood Comprehensive Systems (ECCS) grantees, funded by the Maternal and Child Health Bureau.

Shannon Stagman, MA, is a research analyst for early childhood and health and mental health at NCCP. She works primarily on Project Thrive and provides research support for various mental health projects, including Unclaimed Children Revisited: California Case Study.

Sheila Smith, PhD, is director of early childhood at NCCP. Dr. Smith directs the Improving the Odds for Young Children project. Her research focuses on the role of early childhood programs and policies to promote the healthy development and school readiness of young children.

ACKNOWLEDGEMENTS

The authors thank Melanie Bronfin, Susan Perkins, Bethany Geldmaker, K. Vilay, and Judy Walruff for their willingness to share their experiences and expertise. Special thanks also to Morris Ardoin, Amy Palmisano, and Telly Valdellon for their production support.

Improving Supports for Parents of Young Children

State-level Initiatives

Louisa B. Higgins | Shannon Stagman | Sheila Smith

September 2010

Introduction

Most states are working to strengthen supports for young children's health and development across the different systems that affect family and child well-being. Increasingly, efforts to support parenting are an important focus of this work. While states' strategies are varied, most strive to provide families with information and access to programs that help parents keep their children safe and healthy while nurturing their development and promoting their school readiness.

These efforts make a great deal of sense in view of growing evidence that parents and young children can benefit in many ways from parent education,¹ and that children in families experiencing economic hardship are at higher risk of poor health and educational outcomes in the absence of parenting supports.² New federal funding for home-visiting programs,³ along with the cross-systems planning being carried out by states' Early Childhood Comprehensive Systems (ECCS) initiatives and Early Childhood Advisory Councils, create new opportunities for states to strengthen supports for parents with young children.

At the same time, this area of work is likely to pose special challenges for states. One challenge is the still limited evidence concerning effective programs. Another is that stakeholders may lack information about the full array of existing programs in their state and the extent to which these programs are meeting the needs of different types of families. States also face the complex task of identifying resources and opportunities in different systems that could be marshaled to strengthen parenting supports along the continuum from promotion to intervention.

This issue brief presents information that states can use as they address these challenges and opportunities. The following sections present:

- ◆ highlights from research that links parenting to child outcomes;
- ◆ questions to guide decisions about programs that could address different families' needs in a state or territory;
- ◆ efforts by four states to establish specific goals related to parenting supports and to make progress toward achieving those goals; and
- ◆ recommendations for state-level work in this area that reflect current research and states' experience.

Parenting Matters for Child Outcomes

There is strong research evidence that that several dimensions of parenting in the first five years of life affect young children's development. Parents who show warmth and positive responses to their young child's needs and interests are often described as having a sensitive caregiving style. Children who experience sensitive caregiving in the first five years have better social-emotional, language, and learning outcomes.⁴ The benefits of sensitive caregiving in the early years extend into children's later schooling and include positive behavior and academic success.⁵

Parents also shape early learning opportunities in the home environment. Children's language development is fueled by opportunities to talk with parents in the course of everyday activities and book reading.⁶ Since strong preschool language skills help children become good readers, parents' support of early language development can play an important role in children's school success.⁷ In addition, a stimulating home learning environment has been found to promote children's positive approach to learning, which includes curiosity, persistence, and motivation to learn.⁸ These "approach to learning" behaviors help children become highly engaged in classroom learning activities in preschool settings, the early grades, and beyond, increasing their chances of strong academic achievement.⁹

Given the critical role that parenting plays in the early years, it is important to understand circumstances that may limit parents' ability to provide sensitive caregiving and rich early learning opportunities in the home environment. Parents struggling with financial hardship have been found to have higher rates of stress and depression.¹⁰ Maternal depression, anxiety, and lack of social support are associated with less responsive caregiving and weaker supports for young children's early learning.¹¹ Just as sensitive styles of caregiving and a stimulating home environment support positive academic and social-emotional outcomes for children, less optimal parent behavior has been found

to predict higher rates of behavior problems and lower school achievement.¹²

Many types of parenting programs have shown evidence of enhancing parents' ability to support children's early health, social-emotional and learning needs.¹³ Examples include the Nurse Family Partnership home-visiting program, which targets low-income, first-time mothers beginning in pregnancy and continuing through 24 months of the child's life;¹⁴ Avance, a program specially designed to meet the needs of Hispanic parents, which offers group parent education and related adult education and job services for parents with children birth to age 3;¹⁵ and the Incredible Years parent training programs for parents of children birth through preschool age who show early behavior difficulties.¹⁶ A number of parent-child interventions that specifically target young children's language and literacy skills have also shown promise.¹⁷

Questions to Guide Planning

Parenting education is a broadly used term that encompasses a variety of approaches to improving outcomes for children by helping parents gain the support, knowledge, and child-rearing skills they need to approach child-rearing with competence and confidence. Available evidence suggests that states are currently using a wide variety of parenting education programs.¹⁸ These programs differ extensively by targeted population, expected outcomes, emphasis on promotion versus prevention or intervention, mode of delivery, and availability of efficacy evidence. The following questions can help guide states in their efforts to identify programs that address the needs of families.

What are the different types of families in your state that can benefit from parenting programs?

While all families can benefit from parent education, states will need to consider the fit between the needs of different types of families and different parent programs. As a first step in planning, state leaders may find it useful to create a descriptive profile of the different types of families that could benefit from parenting programs within their state. This profile should include the numbers of families with infants, toddlers, and preschoolers since parent programs typically target parents of children within a specific age range. In addition, the profile might highlight different types of families whose needs could be addressed by particular parent programs. Examples include families headed by teen parents and families in which no adults speak English.

One source of data for this type of information is the forthcoming *Young Child Risk Calculator*, which can be found on the NCCP website.¹⁹ The *Young Child Risk Calculator* provides state-specific information about children from birth to 5. Users can determine the percentage of a state's children in different age groups (for example, infants versus preschoolers) whose families are experiencing one or more of 12 “risk factors,” including low maternal education, teen or single parent household, extreme poverty, and large family size. Each of these factors is associated with increased risk of poor health and developmental outcomes for children.²⁰ State leaders can also estimate the prevalence of young children at exceptionally high risk of poor health and developmental outcomes by using this tool to calculate the percentage of young children with three or more of any risk factors. In the absence of interventions, multiple risks are associated with negative outcomes such as school failure and behavior problems.²¹

How can parent programs that target different outcomes for families work in concert with other early childhood programs to promote the well-being and school readiness of children in a state or territory?

Parent education programs differ a great deal in the type and scope of outcomes they are working to achieve. The Parent-Child Home Program (PCHP) and the Home Instruction for Parents of Preschool Youngsters (HIPPPY) are examples of programs focused on improving a broad range of children's school readiness competencies, including language and emergent literacy skills.²² Other programs, such as the Incredible Years, are concerned with children's social-emotional development and preventing behavioral problems,²³ while the Nurturing Parenting Programs are designed to prevent child abuse and neglect.²⁴ Still other programs, such as Parents as Teachers (PAT), target multiple dimensions of child wellbeing, including school readiness, physical health, detection of developmental delays, and prevention of abuse and neglect.²⁵

All of the major outcomes targeted by existing parent programs play an important role in children's long-term development. For this reason, it is difficult to rank one as superior to another based on targeted outcomes. However, state planners can identify programs that work to support particular outcomes for children – or for children in a certain age group or locale – that may not be fully addressed by other programs. For example, in states or regions within states that have limited opportunities for toddlers and preschoolers in center-based early learning programs, a priority might be the expansion of parent programs that help parents promote early language development and school readiness in the home. Similarly, in a state or region where most young children have access to preschool programs, but families are experiencing high levels of poverty and stress, there may be a strong need for expansion of parenting programs that address children's safety, health, and behavioral needs.

What evidence about program effectiveness is important to consider?

Selecting programs that are most likely to produce desired results requires a consideration of several factors, including the type of available evidence concerning a program's effectiveness and the conditions under which the program will be implemented in a state or territory. First, it is important to recognize that relatively few existing parent programs currently meet the highest standard of evidence. This gold standard is met in studies that measure outcomes among participants who were randomly assigned to intervention and non-intervention groups, and compare outcomes across these groups; these studies are called randomized controlled trials. Overall, well-known parent programs vary widely in the types of effectiveness evidence they can offer. The Nurse Family Partnership and Incredible Years are examples of programs that have been studied in randomized controlled trials.²⁶ Other programs have accumulated evidence of efficacy through a series of non-randomized studies that used rigorous methods. Some programs that have not yet been subject to rigorous evaluation may be highly regarded by the practitioners involved in their delivery.

When state leaders consider investments in programs that lack strong efficacy evidence, two strategies may help determine their potential for providing benefits to parents. The first is an examination of a program to assess whether it has any of the identified elements found to be related to effectiveness. Examples of these elements are sufficient intensity and the capacity to engage families and connect them with other supports.²⁷ (See box for sources of information about these elements.)

The second strategy is to examine existing programs' actual performance on these key elements. For example, programs may be able to provide information about the percent of families engaged for the duration of an intervention or the regularity and number of completed home visits. However, it is important to note that even evidence of strong performance on these indicators cannot

provide assurance that the program is achieving its intended outcomes. For this reason, investment in a program that lacks efficacy evidence is best made when it is possible to also support a rigorous evaluation of the program's benefits for participating families.

It is important to consider whether the conditions that exist in your state and territory are the same conditions under which a parent program was found to be effective. These conditions include the credentials and training of staff such as parent educators, the use of the full curriculum or program at the same level of intensity, and the capacity to link families to other supports, such as employment assistance, if this is part of the model. Scaling up evidence-based programs in a way that maintains their intended fidelity and efficacy is likely to require carefully designed training and technical assistance to agencies that administer the programs.²⁸ As noted later, it is not unusual for parent programs to be implemented with varying degrees of fidelity to a program model. In general, when an implemented program lacks fidelity to the model that was studied and found to be effective in an evaluation, state leaders cannot assume that the program will produce the same results as those found in the evaluation.²⁹

It is also important to consider whether a program, under conditions of actual implementation, will serve the same types of families as those who showed benefits in the program's evaluation. Parenting programs are sometimes found to have positive impacts or stronger benefits for certain groups of families.³⁰ Characteristics such as race/ethnicity, income, and primary language may be associated with different responses to an intervention. For example, in one evaluation of the Parents as Teachers program, positive effects on parenting and children's cognitive development were found for Latino families, but not for non-Latino families.³¹ Several parent programs that have been culturally adapted or specially designed to meet the needs of different racial/ethnic or cultural groups have shown positive outcomes for families.³²

A number of sources provide information about parenting programs' evidence of effectiveness and the features of programs that are most likely to contribute to positive outcomes for children and parents. These include published research reviews,

databases providing descriptions and results of program evaluations, and reports on programs serving particular populations. *See the box below for key resources.*

Sources of Information About Parent Programs: Efficacy Evidence and Characteristics of Effective Programs

Research Reviews and Reports

A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness,¹ from the Center for Disease Control, offers a thorough examination of published evaluations of parent education programs and characteristics of programs that resulted in positive outcomes for parents and children.

FRIENDS Factsheet #16: Parent Education features a review of the characteristics of successful parenting programs, a list of recommended evidence-based practices, and additional resources that provide information and research on model programs and curricula.

The National Center for Children in Poverty's publication, *Supporting Parents of Young Children in the Child Welfare System*,² presents recommendations for criteria to consider when choosing effective parenting programs, along with a review of a selection of programs that are evidence-based, or empirically supported.

What Works for Home Visiting Programs: Lessons from Experimental Evaluations of Programs and Interventions, a Child Trends publication, offers a review of experimental evaluations of home-visiting programs.³

In *The Role of Home-visiting Programs in Preventing Child Abuse and Neglect*, Howard and Brooks-Gunn examine the evaluations of nine home-visiting programs to determine their effectiveness for outcomes related to parenting and child well-being, with a special emphasis on abuse and neglect.⁴

The Future of Children published an entire issue on home visiting programs that examines their practices and impact.

Online Sources of Information About Evidence-based Programs

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) is a searchable database of interventions for the prevention and treatment of mental and substance use disorders.

Blueprints for Violence Prevention, at the Center for the Study and Prevention of Violence at the University of Colorado, aims to identify outstanding violence and drug prevention programs that meet a high scientific standard of effectiveness.

The Model Programs Guide (MPG), developed by the Office of Juvenile Justice and Delinquency Prevention, is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs. The database features scientifically-proven programs that address a range of issues, including substance abuse, mental health, and education programs.

The Harvard Family Research Project helps stakeholders develop and evaluate strategies to promote the well being of children, youth, families, and their communities. HFRP's publications include analyses of strategies that promote family engagement in parent and early childhood programs.

1. Kaminski, Jennifer Wyatt; Valle, Linda Anne; Filene, Jill H.; Boyle, Cynthia L. 2008. A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal and Child Psychology* 36: 567-589.

2. Beckman, Katherine A.; Knitzer, Jane; Cooper, Janice; Dicker, Sheryl. 2010. *Supporting Parents of Young Children in the Child Welfare System*. New York, NY: National Center for Children in Poverty.

3. Kahn, J.; Moore, K.A. 2010. *What Works for Home Visiting Programs: Lessons from Experimental Evaluations of Programs and Interventions*. Washington, DC: Child Trends.

4. Howard, K. S.; Brooks-Gunn, J. 2009. The Role of Home-visiting Programs in Preventing Child Abuse and Neglect. *The Future of Children* 19(2): 119-146.

Key Components of State Efforts to Strengthen Supports for Parents with Young Children

Many states are working to strengthen parenting supports as part of their early childhood systems building efforts.³³ In this section, we describe key components of work in four states that are developing cross-systems parenting initiatives. While these components do not represent the full range of possible approaches, they suggest some important strategies and lessons that could be used by other states.

Creating a Dedicated Entity

New York, Louisiana and Virginia have created new entities that are dedicated to strengthening statewide supports for parenting. These new entities reflect goals of the states' broader early childhood systems-building efforts and provide opportunities for focused efforts to enhance the quality of parent programs statewide.

The New York State Parenting Education Partnership (NYSPEP) is a network of over 65 organizations and individuals that was formed to address a key objective of the state's two key planning frameworks, the Early Childhood Comprehensive Systems initiative and the Children's Plan. NYSPEP's overall mission is to enhance parenting skills, knowledge and behavior by developing a statewide network of programs and providers that offer high quality parenting education. NYSPEP's activities are carried out by four workgroups that correspond to its key goals. For example, members of the Professional Development and Networking Workgroup promote continuing education for parent educators by organizing training events and disseminating information about available trainings to encourage them to improve their practices. Members have also initiated a credentialing process for parent educators to be recognized for their level of expertise and skill. Other NYSPEP workgroups focus on program evidence and evaluation, funding and policy, and social marketing.

In addition to one paid staff person, NYSPEP succeeds with assistance from many dedicated volunteer professionals. The organization receives in-kind staff support and other resources from state agencies and other partners including the New York State Council on Children and Families, a state agency that coordinates supports for families across New York's health, education, and human service systems; the New York State Education Department; Prevent Child Abuse New York and the Children and Family Trust Fund, a program of New York's Office of Children and Family Services that receives state appropriations for investment in child abuse prevention services. In addition, the NYS Council on Children and Families has provided funding to train parent educators and to develop a New Parent Kit. The NYS Office of Mental Health (OMH) has funded parent education training and the development of an online, searchable database of parent education programs. Also with funding from OMH, NYSPEP partners are conducting parent focus groups to learn about the gaps that exist between what parents want and need from parent education programs, and what is currently being offered. NYSPEP funding partners are providing grants to parenting programs to address obstacles that may prevent parents from participation, including child care and transportation.

Louisiana Parenting Education Network (LAPEN), an association of parent educators with diverse professional backgrounds, was formed to "provide infrastructure and support for parent educators in the state across fields and departments."³⁴ To that end, LAPEN has three goals: 1) to develop and support a statewide network of parent educators who offer parenting education services; 2) to promote best practices in parenting education; and 3) to provide and promote continuing education and professional development opportunities for parent educators. With a structure similar to NYSPEP, LAPEN carries out its work through subcommittees that include groups focused on core competencies,

fund development, and effective programs and implementation. LAPEN has a part-time staff person funded by Louisiana's Children's Trust Fund, a child-abuse and neglect prevention program within the state's Department of Children and Family Services. The Network is also supported by BrightStart, the state's Early Childhood Comprehensive Systems initiative and the Louisiana Partnership for Children and Families, the state's leading child advocacy organization. BrightStart has provided staff support and funds for operating expenses, while the LA Partnership serves as an auspice for LAPEN's applications for grant funding. LAPEN's partners, including the non-profit organization, Prevent Child Abuse LA, and the state's parent information and resource centers have co-sponsored regional trainings, provided meeting space and contributed to the content of conferences and trainings.

The Virginia State Parent Education Coalition (VSPEC) was created in 2005 through the state's Early Childhood Comprehensive Systems initiative. VSPEC is a coalition of service providers and stakeholders in public agencies and organizations operating at the state and community levels. The mission of VSPEC's diverse membership is "to advocate ... that all caregivers have access to quality parent education, information, services and support necessary to raise happy, safe and healthy families."³⁵ VSPEC's co-chairs and coordinator are based in the Virginia Department of Health and Prevent Child Abuse Virginia, a statewide, nonprofit organization engaged in advocacy, public education, and direct services. Members of VSPEC organize and participate in professional training, policy planning and information sharing activities. VSPEC currently has a half-time staff person who is supported by ECCS funds. The organizational structure includes an executive committee, a steering committee with voting members, and subcommittees in the following areas: Organizational Development, Centralized Directory, Best Practices, Parent Education Conference and Public Education, Awareness and Advocacy.

Information Gathering

Gathering information about parenting education programs and providers is an important initial step in the parenting initiatives of New York, Louisiana and Virginia. NYSPEP developed a web-based survey to collect basic information about parent programs operating in the state. The primary purpose of the survey, which was sent to approximately 300 parent education programs and providers, was to learn more about the models and curricula being used and factors that determined their selection.

NYSPEP had a 22 percent response rate to their survey, with 65 providers reporting on 71 parent programs. Among the 19 program models that were cited, 22 percent were being implemented as modified versions of an original model while 27 percent were mixed models, developed by providers using components of different curricula. The remaining programs (51 percent) were being implemented in accordance with the design of an existing model. Only two of the program models had strong research-based evidence of effectiveness. In response to a question about why they chose different models, 40 percent of providers stated that the models "met families' needs," while only five percent reported that strong research evidence led them to select particular models; 12 percent reported choosing models because they were among those "recognized as best."

In Louisiana, similar efforts were undertaken to learn more about parent programs in the state. BrightStart sent a survey to state funded programs for families with children age birth to 5, including programs providing parenting classes and home visitation. The survey was designed to find out more about what parenting models or curricula were being used in Louisiana, as well as training requirements and opportunities for parent educators.

The survey yielded responses from 29 programs throughout the state. Results showed that a large percentage of the programs and parent educators did not have any formal accreditation, certification or credentials, and training requirements for parent

educators appeared weak. Forty-one percent of the program respondents reported that they had no specific pre-service training requirements for their parent educators, while 45 percent reported that they did not require annual in-service training. In addition, no respondent reported belonging to a professional organization in Louisiana that provides support specifically for parent educators.

In Virginia, VSPEC distributed an online survey through e-mail listservs that coalition members had identified as opportunities to reach professionals working in some capacity with parents. The survey was designed to identify parent educators, to learn about their education and professional fields, and to see what types of parenting programs were being offered in the state of Virginia, including the use of evidence-based models. Approximately 200 respondents from all areas of the state responded to the survey. For VSPEC members, the survey results highlighted the lack of information about the quality of the programs being offered across the state. The majority of respondents did not identify an evidence-based model or program and less than five percent of parent educators indicated that they use formal methods to evaluate their programs or determine program impacts on families.

VSPEC members were surprised to learn that a large majority of parent educators described their work with parents as a response to particular problems that required piecing together whatever community resources were available. Results about how parents accessed education programs confirmed this; providers commonly reported that parents were referred by social service agencies providing child and family intervention services.

The results from surveys in New York, Louisiana and Virginia helped inform the work of these state's cross-systems parenting initiatives. In all three states, improving professional practice and program quality became a strong focus of the work. In Virginia, survey findings revealed the need to increase the availability of parent education programs that focus on promotion and prevention.

Supporting Provider Competencies and Program Quality

Recognizing that parent education practitioners have highly varied training, education, and professional backgrounds, LAPEN members saw the need to identify essential qualifications for these professionals. Drawing on a variety of resources, a LAPEN committee worked over a two-year period to complete a document that describes core competencies for Louisiana's parent educators. This document, available on LAPEN's website, describes areas of knowledge, skill, and attitudes that the workgroup identified as essential to professional practice in the field.³⁶ This set of competencies is intended to be applicable to parent educators and others who work with families, although some of the elements may be more relevant to some professionals than others.

In their dissemination of the document, LAPEN members have promoted it as a tool that can help individual providers conduct a self-assessment and plan a course of professional development. Members also expect that it will be used to inform curricula used in professional development and as a framework for a state career lattice or credentialing program.

Another way LAPEN has supported providers is through its adoption of a code of ethics for parent educators. LAPEN chose to adopt the code of ethics created by the Minnesota Council on Family Relations. This document, *Ethical Thinking and Practice for Parent and Family Life Educators*, is available online.³⁷ This resource presents a set of ethical principles to guide work with families and provides a series of realistic ethical scenarios and a clear process professionals can use to work towards resolution of ethical dilemmas.

In addition to adopting core competencies and a code of ethics for providers, LAPEN has conducted regional trainings on cultural competence and program evaluation, held three statewide summits for parent educators, and created a Parenting Education Track for the state's Prevent Child Abuse Conference.

In New York, after gathering information about providers' use of evaluation evidence in program selection, NYSPEP created a resource to provide more information about available models for the state's parent education providers. *Resources in Parenting Education: Curricula*, available on their website, provides information about widely used programs, including intended outcomes, format, cost, and where further information about each program's evidence base is available.³⁸ NYSPEP's Evidence and Evaluation Workgroup compiled a list of online articles and resources that provide a research base for understanding elements of effective programs.

NYSPEP has expanded professional development opportunities for parent education providers by organizing regional and statewide continuing education trainings and professional development opportunities. In the current year, NYSPEP has used funding from the Office of Mental Health and the Council on Children and Families to offer 10 professional development events throughout the state based on the same format. Each training day begins with a presentation on "what works," describing evidence-based practice, and is followed by four workshops in content areas chosen to support the development of skills that will lead to a NYS Parenting Educator Certification. Although this certification is still being developed in New York, similar initiatives have been implemented in other states, including Minnesota, where a parent educator license is required for employment in early childhood family education programs.³⁹

In addition to these training activities, NYSPEP has served as an important network and communication channel that connects pediatricians, mental health providers, and others working in the field of child abuse prevention. NYSPEP members have opportunities for regular communication through a weekly blog, monthly newsletter, and two yearly meetings.

In Virginia, VSPEC has held a statewide conference on parenting education each year since the survey results were analyzed in early 2007. By using ECCS

funds and partnering with Prevent Child Abuse Virginia, local foundations, local hospitals, and the Parent Educational Advocacy Training Center (PEATC), VSPEC has been able to secure resources to organize these training and professional development opportunities. The day-long conferences bring in experts to conduct workshops that are typically abbreviations of longer trainings. For example, half-day workshops are offered on topics such as promising practices in parenting education or working with hard to reach populations such as non-English speakers and families without homes. Following these events, VSPEC staff and coalition members provide additional information about other available trainings that could deepen providers' understanding of the best practices in parent education highlighted at the annual conferences. This information is provided through list-serve communications and responses to queries by providers during the year.

VSPEC meets six times a year as a group and an important part of each of these meetings is sharing data. The group is evaluating their efforts to increase provider participation in professional development activities by tracking phone calls the VSPEC staff members receive regarding trainings, use of the website pages providing training information, and attendance at conferences. The coalition is also planning a second survey of parent educators with the hopes of seeing an increase in the use of evidence-based practices and models.

Cross Systems Collaboration to Expand Supports for Parents

After gathering information about the types of parenting programs available across the state in Louisiana, state leaders identified the need to expand programs that include a focus on promotion and prevention. Under the leadership of BrightStart, cross-agency planning is under way to implement the Triple P-Positive Parenting Program.⁴⁰ The first level of this model's five tiers of community-level intervention uses health promotion and social marketing strategies to help parents gain access to information about promoting their child's healthy

development and addressing common behavior issues. The next level provides preventive guidance for parents, delivered individually and to groups of parents, on coping with children's behavioral issues. State partners in the planning effort to bring Triple P to Louisiana and finance services across systems include the Office of Public Health, Office of Mental Health, Office of Community Services, the Children's Trust Fund, and the Office of Family Support, as well as a local private foundation. Current plans call for training providers on the delivery of levels three and four of the model at a number of sites across the state.

Arizona's First Things First, a publically funded state-level organization, recently expanded an initiative of the Virginal G. Piper Charitable Trust, a local philanthropy, to help new parents gain access to critical parenting information and resources. Under this initiative, Arizona Parent Kits are being distributed through hospitals, birthing clinics, emergency birthing sites across the state. These kits contain a parenting guide that offers practical advice for parents of newborns and children up to age 5. The guide includes information on children's safety and healthy development, a magnet with a toll-free birth-to-5 telephone helpline, a set of DVDs that provides guidance about childrearing in the first five years of life, an infant board book, and other statewide parenting resources. The kit was developed through planning that involved numerous local and state agencies and organizations, including Arizona's departments of Education, Health, and Economic Security.

Arizona's First Things First is supported by a tobacco tax and operates through regional councils to strengthen supports for the state's young children. These councils provide funding for the distribution of Arizona Parent Kits through family support and home-visitation programs, with the expectation that program staff will encourage families to use the materials. A recent analysis found that 90 percent of the parents who called the helpline identified the kit as a "referral source."

These efforts in both Louisiana and Arizona reflect the states' goal of reaching large numbers of parents to ensure that all parents have essential information to support their children's development and easy access to more intensive or specialized supports they might need.

Conclusion

States are currently involved in unprecedented long-term planning initiatives through the work of their Early Childhood Comprehensive Systems initiatives and Early Childhood Advisory Councils. These planning efforts, together with new funding for home-visiting programs, provide important opportunities to strengthen statewide supports for parenting across the promotion to intervention continuum. The following recommendations for state-level planning draw on experience of the states highlighted in this report and research on parenting programs.

Recommendations

Use information about the life circumstances and characteristics of young children and families in your state to identify the scope of need for different types of parent education programs.

- ◆ Create profiles that show the prevalence of different kinds of families that could benefit from parenting programs. These profiles should include families with characteristics known to increase children's risk of poor health and developmental outcomes as well as families in which children are experiencing multiple risks. An example of multiple risks is families headed by parents with limited education who are suffering extreme economic hardship. NCCP's forthcoming Young Child Risk Calculator can be used to help states create these profiles.⁴¹
- ◆ Set goals and benchmarks for increasing different types of families' access to and participation in appropriate parent programs, including more intensive programs for families experiencing multiple risks.

Gather information about the use of evidence-based program models in your state and the specific child and family outcomes those programs are targeting. Use this information to determine the need for new or expanded evidence-based parent programs that address unmet family needs.

- ◆ Results of the surveys conducted by organizations in New York, Louisiana, and Virginia suggested a weak emphasis in these states' parent programs

on selecting and implementing evidence-based models; these results spurred training aimed at helping providers learn about program models and practices with demonstrated effectiveness.

- ◆ Set goals and benchmarks for increasing the use of evidence-based parent programs; consider tracking progress with ongoing surveys that document providers' selection and implementation of models. Give priority to the goal of expanding parent programs that have been shown to be effective in addressing family and child needs not fully targeted by other early childhood programs.

Consider a variety of strategies to increase provider knowledge and skills, including training and competency standards.

- ◆ Developing or adopting formal competency standards, one of LAPEN's accomplishments, can support efforts to develop statewide training for parent educators.
- ◆ The organizations in New York, Louisiana, and Virginia provide examples of strategies states can use to increase training, especially professional development focused on evidenced-based practices. These include state and regional trainings on best practices in parent education; efforts following large training events to link providers to ongoing professional development; and training tied to parent educator certification.

Identify resources across multiple systems to help increase families' access to information and parenting supports.

- ◆ The creation of state-level entities in New York, Louisiana, and Virginia, each with a dedicated mission to strengthen supports for parents of young children, is a promising strategy for planning and financing parent initiatives across multiple systems.
- ◆ Draw on state-level funding from several systems like health, mental health, and child welfare, and use local programs operating in these systems to help parents easily access assistance appropriate to their needs. Arizona's state-level planning and local outreach efforts are examples of this strategy.

Endnotes

1. Chang, Mido; Park, Boyoung; Kim, Sunha. 2009. Parenting Classes, Parenting Behavior, and Child Cognitive Development in Early Head Start: A Longitudinal Model. *The School Community Journal* 19(1): 155-174.
2. Ferguson, H. B.; Bovaird, S.; Mueller, M.P. 2007. The Impact of Poverty on Educational Outcomes for Children. *Pediatrics and Child Health* 12(8): 701-706.
3. HHS News Release. Accessed July 28, 2010 from www.hhs.gov/news/press/2010pres/07/20100721a.html.
4. NIH, NICHD. 2006. *The NICHD Study of Early Child Care and Youth Development: Findings for Children up to Age 4 1/2 Years*. NIH Pub. No. 05-4318.
5. Landry, S. H.; Smith, K. E.; Miller-Loncar, C. L.; Swank, P. R. 1999. The Relation of Change in Maternal Interactive Styles to the Developing Social Competence of Full-term and Preterm Children. *Child Development* 69: 105-123.
6. Glascoe, Frances Page; Leew, Shirley. 2010. Parenting Behaviors, Perceptions, and Psychosocial Risk: Impacts on Young Children's Development. *Pediatrics* 125(2): 313-319.
7. Reese, E.; Sparks, A.; Levya, D. 2010. A Review of Parent Interventions for Preschool Children's Language and Emergent Literacy. *Journal of Early Childhood Literacy* 10: 97-117.
8. Bradley, R. H.; Caldwell, B. M.; Rock, S. L.; Ramey, C. T.; Barnard, K. E.; Gray, C. et al. 1989. Home Environment and Cognitive Development in the First 3 Years of Life: A Collaborative Study Involving Six Sites and Three Ethnic Groups in North America. *Developmental Psychology* 25: 217-235.
9. Wang, M. C.; Haertel, G. D.; Walberg, H. J. 1993. Toward a Knowledge Base for School Learning. *Review of Educational Research* 63(3): 249-294.
10. Butterworth, Peter; Rodgers, Ryan; Windsor, Tim D. 2009. Financial Hardship, Socio-economic Position and Depression: Results From the PATH Through Life Survey. *Social Science & Medicine* 69(2): 229-237.
11. Knitzer, Jane; Theborge, Suzanne; Johnson, Kay. 2008. *Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Framework*. New York, NY: National Center for Children in Poverty. Accessed June 16, 2010 from nccp.org/publications/pdf/download_228.pdf.
1. Thomas, Rae; Zimmer-Gembeck, Melanie J. 2007. Behavioral Outcomes of Parent-Child Interaction Therapy and Triple P – Positive Parenting Program: A Review and Meta-analysis. *Journal of Abnormal Child Psychology* 35: 475-495.
2. Magill-Evans, Joyce; Harrison, Margaret J.; Benzies, Karen; Gierls, Mark; Kimak, Cathy. 2007. Effects of Parenting Education on First-Time Fathers' Skills in Interactions with Their Infants. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers* 5(1): 42-57.
3. Owen, Margaret Tresch; Mulvihill, Beverly A. 1994. Benefits of a Parent Education and Support Program in the First Three Years. *Family Relations* 43(2): 206-212.
4. Mather, Mark; Adams, Dia. 2006. *The Risk of Negative Outcomes in Low-income Families*. Baltimore, MD: The Annie E. Casey Foundation. Accessed March 12, 2010 from www.aecf.org/upload/publicationfiles/da3622h1234.pdf.
5. Mather, Mark; Rivers, Kerri L. 2006. *The Concentration of Negative Child Outcomes in Low-income Neighborhoods*. Baltimore, MD: The Annie E. Casey Foundation. Accessed March 12, 2010 from www.prb.org/pdf06/NegChildOutcomes_Neighborhoods.pdf.
6. Dornbusch, S. M.; Ritter, P. L.; Leiderman, P. H.; Roberts, D. F.; Fraleigh, M. J. 1987. The Relation of Parenting Style to Adolescent School Performance. *Child Development* 58, 1244-1257.
7. Baker, L.; Scher, D.; Mackler, K. 1997. Home and Family Influences on Motivations for Reading. *Educational Psychologist* 32(20): 69-82.
8. Gottfried, A. E.; Fleming, J. S.; Gottfried, A. W. 2008. Role of Cognitively Stimulating Home Environment in Children's Academic Intrinsic Motivation: A Longitudinal Study. *Child Development* 69(5): 1448-1460.
9. Gottfried, A. E. 1985. Academic Intrinsic Motivation in Elementary and Junior High School Students. *Journal of Educational Psychology* 77(6): 631-645.
10. Gottfried, A. E. 1990. Academic Intrinsic Motivation in Young Elementary School Children. *Journal of Educational Psychology* 82: 525-538.
11. Bradley, R. H.; Caldwell, B. M.; Rock, S. L. 1988. Home Environment and School Performance: A Ten-year Follow-up and Examination of Three Models of Environmental Action. *Child Development* 59(4): 852-867.
12. Kim-Cohen, J.; Moffit, T. E.; Taylor, A.; Pawlby, S. J.; Caspi, A. 2005. Maternal Depression and Children's Antisocial Behavior: Nature and Nurture Effects. *Archives of General Psychiatry* 62: 173-181.
13. Phelan, K.; Khoury, J.; Atherton, K.; Kahn, R. S. 2007. Maternal Depression, Child Behavior, and Injury. *Injury Prevention* 13: 403-408.

12. See Knitzer, Thebarger, and Johnson in endnote 11.

Caspi, A.; Moffit, T. E.; Morgan, J.; Rutter, M.; Taylor, A.; Arseneault, L.; Tully, L.; Jacobs, C.; Kim-Cohen, J.; Polo-Tomas, M. 2004. Maternal Expressed Emotion Predicts Children's Antisocial Behavior Problems: Using Monozygotic-twin Differences to Identify Environmental Effects on Behavioral Development. *Developmental Psychology* 40: 149-161.

Bradley, R. H.; Corwyn, R. F.; Burchinal, M.; McAdoo, H. P.; Coll, C. G. 2001. The Home Environments of Children in the United States, Part II: Relations with Behavioral Development through Age Thirteen. *Child Development* 72: 1868-1886.

13. Kaminski, Jennifer Wyatt; Valle, Linda Anne; Filene, Jill H.; Boyle, Cynthia L. 2008. A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal and Child Psychology* 36: 567-589.

14. Nurse Family Partnership. Accessed July 23, 2010 from www.nursefamilypartnership.org/.

15. The AVANCE Model. Accessed July 29, 2010 from www.avance.org/why-avance/model/.

16. The Incredible Years. Accessed July 23, 2010 from www.incredibleyears.com/.

17. See endnote 7.

18. Project Thrive, an NCCP project that supports the work of the Early Childhood Comprehensive Systems (ECCS) initiatives, has gathered information about parenting programs across the states through scans of ECCS state plans, ongoing peer learning activities, and communications with ECCS coordinators.

19. www.nccp.org

20. Reference forthcoming.

21. Sameroff, A. J.; Seifer, R.; Barocas, R.; Zax, M.; Greenspan, S. 1987. Intelligence Quotient Scores of 4-Year-Old Children: Social-Environmental Risk Factors. *Pediatrics* 79: 343-350.

Sameroff, A. J.; Seifer, R.; Baldwin, A.; Baldwin, C. 1993. Stability of Intelligence from Preschool to Adolescence: The Influence of Social and Family Risk Factors. *Child Development* 64(1): 80-97.

Appleyard, K.; Egeland, B.; van Dulmen, M. H. M.; Sroufe, L. A. 2005. When More Is Not Better: The Role of Cumulative Risk in Child Behavior Outcomes. *Journal of Child Psychology* 46(3): 235-245.

22. The Parent-Child Home Program. Accessed March 2, 2010 from www.parent-child.org/aboutus/index.html.

What is HIPPI? HIPPI International. Accessed March 2, 2010 from www.hippy.org.il/html/aboutus.html.

23. Incredible Years. 2007. SAMHSA's National Registry of Evidence-based Programs and Practices. Accessed March 2, 2010 from www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=131.

24. Bavolek, Stephen J. 2005. Research and Validation Report of the Nurturing Parenting Programs. Accessed March 2, 2010 from www.nurturingparenting.com/research_validation/a4_main_r&v_article.pdf.

25. Parents as Teachers National Center. Accessed March 2, 2010 from www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091.

Parents as Teachers: An Evidence-based Home Visiting Program. 2007. The Ounce of Prevention Fund. Accessed March 2, 2010 from www.opfibt.org/pat/resources/PAT_ResearchSummary_Dec20_2007.pdf.

26. See endnotes 13 and 15.

27. Gomby, D. S.; Culross, P. L.; Behrman, R. E. 1999. Home Visiting: Recent Program Evaluations – Analysis and Recommendations. *The Future of Children* 9: 4-26.

28. Stavrakos, J. C.; Summerville, G.; Johnson, L. E. 2009. *Growing What Works: Lessons Learned from Pennsylvania's Nurse-Family Partnership Initiative*. Philadelphia, PA: Public/Private Ventures. Accessed July 22, 2010 from www.ppv.org/ppv/publications/assets/299_publication.pdf.

29. Elliot, D.; Mihalic, S. 2004. Issues in Disseminating and Replicating Effective Prevention Programs. *Prevention Science* 5: 47-53.

30. See endnote 26.

31. Wagner, M. M.; Clayton, S. L. 1999. The Parents as Teachers Program: Results from Two Demonstrations. *The Future of Children* 9(1): 91-115.

32. Bridges, M.; Cohen, S.; Fuller, B.; Velez, V. (ND). Evaluation of Abriendo Puertas: Executive Summary. Los Angeles, CA: Families in Schools.

Lau, A. S. 2006. Making the Case for Selective and Directed Cultural Adaptations of Evidence-Based Treatments: Examples From Parent Training. *Clinical Psychology: Science and Practice* 13(4): 295-310.

33. Project Thrive, an NCCP project that supports the work of the Early Childhood Comprehensive Systems (ECCS) initiatives, has gathered information about parenting programs across the states through scans of ECCS state plans, ongoing peer learning activities, and communications with ECCS coordinators.

34. LA Parenting Education Network Mission statement from website. Accessed July 22, 2010 from lapen.org/site5.php.

35. Virginia Statewide Parent Education Coalition (VSPEC) Mission statement from website. Accessed August 10, 2010 from www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/VSPEC/index.htm

36. www.lapen.org

37. www.mcfre.net/Resources/ethical_thinking_and_practice.pdf

38. preventchildabuseny.org/nyspep/pdf/NYSPEP%20Parent%20Ed%20Curricula%20Grid%209-09A.pdf

39. For more information visit www.cehd.umn.edu/ci/Programs/FYC/parent.html

40. For more information visit www.triplep.net.

41. The Young Child Risk Calculator will be available at www.nccp.org.



National Center for Children in Poverty
Mailman School of Public Health
Columbia University

215 West 125th Street, New York, NY 10027
TEL 646-284-9600 ■ FAX 646-284-9623

www.nccp.org