



Parent Education to Strengthen Families and Prevent Child Maltreatment

Parent education reduces the risk of child abuse and neglect by encouraging positive parenting practices that promote safety, well-being, and permanency for children and families. The Child Abuse Prevention and Treatment Act (CAPTA), as reauthorized in 2010, identifies parent education as a core prevention service. Many of the Children's Bureau's Community-Based Child Abuse Prevention (CBCAP) grants fund parent education programming as part of local community prevention efforts. Successful parent education helps parents and caregivers acquire the skills needed to build healthy families and communities.

This issue brief provides an overview of parent education programming, research demonstrating its benefits, and information about different types and examples of evidence-based and evidence-informed parent education programs. Innovative CBCAP-funded parent education programs also are highlighted.

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What Is Parent Education?

While parenting may come naturally to some, others may need additional support and guidance to understand child development, to respond appropriately to their child's needs, and to cope with the challenges of parenting. Parent education provides caregivers with knowledge, resources, and support to develop parenting skills to enhance child and family well-being. It can also help parents or caregivers learn the tools and strategies to provide a positive and nurturing home environment where their children will thrive physically, emotionally, and cognitively.

Research has shown the enormous impact that positive parenting practices can have on a child's social, emotional, and intellectual development, particularly during the early years (National Academies of Science, Engineering, and Medicine [NASEM], 2016). This includes a child's enhanced sense of security, the ability to focus attention, and behavioral health. Parent education programs are designed to help parents understand their children's individual needs and development, as well as their own roles and responsibilities, by offering tools and strategies aimed at maximizing positive outcomes for children and families.

Parent education may emphasize the following (NASEM, 2016):

- **Social learning theory.** The focus is on encouraging positive behavior through building the parent-child connection. Parents learn how to understand and respond to a child's cues so they can be more attentive to his or her needs. The resulting improvements in child behavior can in turn reinforce positive parental attitudes and lead to more successful parenting.
- **Skills-based interventions and family system approaches that address trauma and other challenges.** These can help to improve child behavior, the parent-child relationship, and caregiver distress (e.g., interventions that teach parents how to improve safety at home or recognize and respond to symptoms of trauma).

- **Training and consultation.** These programs aim to help families better understand children's emotions and needs, improve attachment between caregiver and child, reduce problem behaviors in children, and enhance placement stability.

For more information, see Child Welfare Information Gateway's webpage on parent education at <https://www.childwelfare.gov/topics/preventing/prevention-programs/parented/>.

What the Research Shows

Child welfare agencies are increasing their focus on evidence-based interventions to help improve parenting skills, sometimes using programs originally developed for non-child welfare populations (e.g., the Incredible Years program) (NASEM, 2016). Evidence-based interventions in child welfare are those that are consistent with family and client values and backed up by research from clinical trials. The majority of research has explored the effects of parenting practices on children ages 4–8. There is less information on evidence-based interventions for caregivers of infants and very young children—the most vulnerable group due to the long-term effects of early child abuse and neglect. This is largely due to the limited availability of evidence-based interventions for this age group. The research base is building, however, as there are several programs relevant for infants and toddlers that are accumulating evidence and well-regarded programs for older children being adapted for the youngest age group (Barth & Liggett-Creel, 2014). Most parenting interventions for infants and toddlers occur within the context of targeted home visiting programs for expectant and new parents deemed at risk for potential abuse or neglect. Home visits under the Maternal, Infant, and Early Childhood Home Visiting program (<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>) allow States to expand and tailor evidence-based programs to their specific community needs.

The National Academies of Science, Engineering, and Medicine (NASEM) formed the Committee on Supporting Parents of Young Children in 2014 to assess current research and strategies for supporting parenting practice in the United States. The product of their work, *Parenting Matters: Supporting Parents of Children Ages 0–8*, reports on effective parenting practices, how best to support parents, and research needs. The report highlighted the need for more research, particularly with regard to best practices for parents of children with special needs, father involvement, and diverse populations. It is available free online and for hard copy purchase at <https://www.nap.edu/catalog/21868/parenting-matters-supporting-parents-of-children-ages-0-8>.

Parent education programs have shown significant benefits for parents, caregivers, children, and families, such as the following (Wilder Research, 2016):

- More positive parenting style as a result of greater parental or caregiver understanding of child development and effective communication styles
 - Enhanced social connections as parents exchange ideas, provide and obtain support, and share resources
 - Improved child behavior, as children whose parents participate in these programs show greater prosocial behaviors and less negative externalizing behaviors
 - Better quality parent-child interactions as a result of parents learning how to engage with their children
- Enhanced parental mental health and well-being, as improved skills and parenting knowledge help to reduce caregiver depression, anxiety, anger, guilt, and stress
 - Reduced risk of corporal punishment and child abuse as parents learn alternatives to physical punishment and a new way of thinking about appropriate family roles and expectations of children
 - Parental self-confidence and empowerment as caregiving skills progress and parents grow more competent and comfortable in their roles

Targeting Fathers

Children whose fathers are involved with their upbringing demonstrate more positive outcomes than those with uninvolved fathers (Children & Family Research Partnership, 2016). Fatherhood programs have evolved over the past several decades from a focus on the importance of providing financial support to children to a greater emphasis on paternal parenting skills and healthy relationships. Despite this shift, limited evidence exists on specific parenting interventions that are most effective with nonresident fathers and their impact on children and families (NASEM, 2016). The U.S. Department of Health and Human Services' Administration for Children and Families is funding studies on how fathers can build early attachment with their children. For information on existing research and a list of comprehensive resources, see the National Fatherhood Initiative at <https://www.fatherhood.org/free-resources/topic/research>.

Although research evaluating father involvement is limited, the programs below are two of many aimed at enhancing the evidence base and boosting the role that fathers play in the lives of their children:

The Building Bridges and Bonds Study (B3) (<https://www.acf.hhs.gov/opre/research/project/building-bridges-and-bonds>) is evaluating fathers with children between 2 months and 3 years old in community-based settings in Los Angeles, New York, and Philadelphia (Israel, Behrmann, & Wulfsohn, 2017). The purpose of the study is to promote strong father-child relationships and provide fathers with opportunities to engage successfully with their children. B3 is adapting the Just Beginning curriculum—a parenting program created for incarcerated teenage fathers to encourage connection with their children. Just Beginning teaches fathers how to follow a child’s lead, notice actions and cues, and encourage or praise the child. The study will compare fathers who have access to the curriculum with those who do not to determine if the intervention contributes to improved father-child relationships, increased father-child contact, or greater parenting confidence.

“Developing All Dads for Manhood and Parenting” (DAD MAP) (<http://www.frpn.org/asset/frpn-grantee-report-the-dad-map-evaluation-randomized-controlled-trial-culturally-tailored>) is a culturally tailored fatherhood curriculum for low-income African-American fathers launched by the Center for Urban Families in Baltimore, MD, in 2015. A study of 164 fathers with children under age 12 participating in DAD MAP (Sarfo, 2018) showed significant positive impacts on father engagement (e.g., more time spent with children and more praise and care for them). The DAD MAP curriculum promotes parenting and communication skills, particularly the use of encouragement as a means of teaching children. It also demonstrates to fathers the strong and positive impact they can have on children when they are consistently present.

Elements of Effective Programs

Certain program characteristics and practices help make parent education programming successful. There is no “one-size-fits-all” approach. Programs need to fit community and cultural needs; have available staff and adequate resources; and, where possible, offer individualized interventions for the parents and children at risk of potential or repeated maltreatment. The following help to ensure the success of parenting programs and services (NASEM, 2016):

- Providing parents with an opportunity to network with, and receive support from, parents who are in or who have been in similar circumstances
- Efforts to engage fathers
- Treating parents as equal partners when determining which services would be most beneficial for them and their children
- Tailoring programs to the specific needs of families
- Addressing trauma to ensure that it does not interfere with parenting and healthy development
- Ensuring families with multiple needs receive coordinated services
- Offering programs that are culturally relevant to meet the needs of diverse populations

Serving Diverse Populations

Several parent education programs address the needs of diverse groups and are available in Spanish and other languages. Some programs are targeted to specific populations, such as the **Effective Black Parenting Program** (<http://www.cebc4cw.org/program/effective-black-parenting-program/detailed>), a skill-building program for parents of African-American children (rated as promising by the California Evidence-Based Clearinghouse for Child Welfare [CEBC]), and **Positive Indian Parenting** (<http://www.tribaljustice.org/program-profiles/nicwa-positive-indian-parenting>). Positive Indian Parenting was developed by the National Indian Child Welfare Association to provide culturally specific training for American Indian and Alaska Native parents (not included on CEBC but deemed effective practice by the First Nations Behavioral Health Association).

The Human Rights Campaign offers training guidelines for parent education providers specifically designed for lesbian, gay, bisexual, transgender, and queer (LGBTQ) parents (<https://www.hrc.org/resources/all-children-all-families-family-training>).

Additional practices that help reinforce protective factors and that can be tailored to program and participant needs include the following (Wilder Research, 2016):

Early parent engagement. By working with new parents or parents of very young children, programs can address potential problems early on and ensure more positive outcomes later in life.

Active parent engagement. Successful programs offer parents an opportunity to practice the skills they are learning with a professional, online, at home, or in a group setting.

Availability of frequent and ongoing classes. Programs that meet once a week over several months tend to be the most successful as well as those that can accommodate local demand and avoid putting interested parents and caregivers on a wait list.

Promotion of family routines and activities. Successful programs recognize the importance of family routines and offer family-style meals to encourage participation and bring families together.

Qualified and skilled parent educators. Parents and caregivers benefit most from programs that employ qualified and skilled parent educators.

What Makes Parenting Programs Successful?

Parent education programs that consistently improve parenting practices for child welfare-involved families may include or emphasize the following (Barth & Liggett-Creel, 2014):

- Positive parent-child interaction and communication skills
- Importance of parental consistency
- Time for parents to practice new skills during coached training sessions
- The use of a time-out when emotions or behaviors escalate

Common elements also often include the following (Barth & Liggett-Creel, 2014):

- Providers are required to have a minimum of a postsecondary/bachelor's degree and often a graduate degree.
- Duration of training or treatment ranges from 5 to 20 weeks.
- Services are typically offered in both the home and in the community.
- Feedback is provided during parenting sessions.

The Parent University Program (PUP) of Baltimore, MD, is a good example of a program that promotes key elements of parent education to help parents who may have risk factors for child maltreatment. The program was launched in a community where residents regularly confront crime, drugs, violence, and trauma. PUP uses a community-based and culturally relevant approach to teaching responsive parenting skills and involves peer leaders—parents who have been through similar circumstances and training—to help facilitate the program. The study authors note that while the first two PUP cohorts did not include peer leaders, it became obvious during the third cohort that using peer leaders as facilitators would benefit both the parents and the program by increasing engagement of parents who otherwise might be hard to reach (Liggett-Creel, Barth, Mayden, & Pitts, 2017).

PUP participants demonstrate a significant increase in responsive parenting behaviors, improved parenting attitudes, and a decrease in risk factors for child maltreatment (Promise Heights, n.d.). The program shares features of evidence-based interventions that seek to build attachment between parents or primary caregivers and their infants or very young children, including child-led play, parent coaching, lag time between sessions to practice newly acquired skills, and information about and an understanding of age-specific child developmental behavior and issues. Parents attend Parent University for 10 weeks in a community church setting and participate in parent-child interaction activities; parent group meetings on issues such as attachment, health, and literacy; and a family-style meal.

For more information, see the Parent University webpage at <http://promiseheights.org/parent-university/>.

Considerations for Implementation

Agencies have many options and considerations when setting up parent education programs. The following are questions to consider when choosing a program (National Center for Parent, Family and Community Engagement, 2015):

- What interventions are currently being offered in the community or State? How well do they meet family needs?
- What information do you have regarding child outcomes that might be improved by a particular intervention?
- What data do you have about the needs and interests of the parents who might participate? Local county extension offices might be able to provide needs assessment reports.
- What are parents, providers, and the community prepared for? (e.g., Are there staff who will see it through for a long enough period to justify the training expense? How many sessions are parents realistically likely to complete?)
- Is it evidence based or evidence informed (see below)?
- Will it fit the target audience or need to be adapted to be culturally competent and relevant?
- What expenses and resources can you afford to use to deliver an intervention?
- Can this investment be sustained over time?
- How will outcomes be evaluated?

Evidence-Informed Parenting Programs

Interventions used in the child welfare field are often rated based on existing scientific evidence. Some of the most frequently used classifications are listed below (Casey Family Programs, 2015):

- **Well-supported by research evidence.** These programs or practices have been supported by at least two peer-reviewed and published randomized control trials (RCTs), replicated in multiple settings, and found superior to appropriate comparison practice.

- **Supported by research evidence.** These programs or practices have been supported by at least one RCT in a practice setting that has deemed it superior to a comparable practice and whose effects have been sustained at least 1 year beyond the end of treatment. The RCT has been reported in a published peer-reviewed journal.
 - **Promising research evidence.** These programs or practices have had at least one study validating their effectiveness and establishing their benefit over a comparison practice.
- This section—by no means all-inclusive or intended as an endorsement of any particular program—looks at curricula that have been included on various registries of programs with varying degrees of evidence.

Looking at the Evidence

There are many resources and registries for comparing and evaluating evidence-based programs:

- The California Evidence-Based Clearinghouse for Child Welfare (CEBC) created a *Guide to Comparing Clearinghouses for Evidence-Based Programs* that compares 11 clearinghouses relevant to child welfare practice (<http://www.cebc4cw.org/files/CEBCGuideToComparingClearinghousesForEvidence-BasedPrograms.pdf>).
- The National Center for Parent, Family and Community Engagement of the U.S. Department of Health and Human Services' Office of Head Start created a *Compendium of Parenting Interventions* (<https://www.acf.hhs.gov/ecd/resource/compendium-of-parenting-interventions>) to describe and compare a wide variety of parenting interventions for parents and caregivers of children ranging in age from birth through third grade. The compendium includes an "At a Glance" table that compares interventions as well as a "Research and Outcomes" table that compares available evidence.
- The Substance Abuse and Mental Health Services Administration hosts a National Registry of Evidence-Based Programs and Practices to promote the adoption of scientifically established behavioral health interventions (<https://www.samhsa.gov/nrepp>).
- The Washington State Institute for Public Policy and the University of Washington Evidence-Based Practice Institute developed a similar tool, the *Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems* (http://www.wsipp.wa.gov/ReportFile/1672/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf).
- A 2015 research brief from Casey Family Programs analyzes several parent education interventions designed to reduce maltreatment—including those that CEBC rates as well-supported by research evidence, supported by research evidence, or having promising research evidence—for their return on investment. *Research Evidence and Benefit-Cost Data for Title IV-E Waiver Interventions* is available at <https://www.casey.org/title-iv-e-research/>.
- The Family Resource, Information, Education, and Network Development Service (FRIENDS) website offers a matrix of evidence-based practice at <https://friendsnrc.org/evidence-based-practice-in-cbcap/evidence-based-practice-directory>.

Interventions Well-Supported by Research

Incredible Years (separate programs for parents, teachers, and children)

- Target population: Parents or caregivers of children from birth through 12 years old, teachers of young children, and children ages 4–8
- Objective: To promote social and emotional competence and prevent, reduce, or treat behavioral and emotional problems in young children
- Duration: Varies from 18 to 30 weeks, depending on the program
- Delivery setting: Community agency, outpatient clinic, school, birth-family home, foster or kinship home, hospital, or workplace
- Website: <http://www.incredibleyears.com/>

Nurturing Fathers Program

- Target population: At-risk fathers and families experiencing moderate levels of dysfunction
- Objective: To teach parenting and nurturing skills to men through the promotion of healthy family relationships and knowledge of child development
- Duration: A 2.5-hour group session of 8–16 fathers that meet weekly for 13 weeks
- Delivery setting: State or local community agency, school, church, prison, etc.
- Website: <http://nurturingfathers.com/>

Parent-Child Interaction Therapy

- Target population: Children ages 2–7 with behavioral and parent-child relationship problems and their parents/primary caregivers
- Objective: To decrease negative externalizing behaviors, increase social skills and cooperation, and improve the parent-child attachment relationship
- Duration: One or two 1-hour sessions per week for 10–20 sessions (14 on average)
- Delivery setting: Community agency or outpatient clinic
- Website: www.pcit.org

A Washington State Institute for Public Policy review found that parent-child interaction therapy saves approximately **\$16,731 per family** in child welfare in Washington (Casey Family Programs, 2015).

Interventions Supported by Research

SafeCare

- Target population: Parents with a history or risk of child abuse and neglect
- Objective: To teach parents how to interact positively with their children and respond appropriately to challenging behaviors, recognize safety hazards in the home, and how to respond appropriately to symptoms of illness or injury
- Duration: Weekly 1- to 1.5-hour sessions for 18–20 weeks
- Delivery setting: Adoptive home, birth-family home, or foster or kinship home
- Website: www.safecare.org

Triple P Positive Parenting Program

- Target population: For parents and caregivers of children ages 0–16
- Objective: To inform parents and caregivers about strategies for promoting social competence and self-regulation in children
- Duration: Varies depending on program
- Delivery setting: Community agency, outpatient clinic, school, adoptive home, birth-family home, foster or kinship home, hospital, or residential care facility
- Website: www.triplep.net

A study of Pathways Triple P program—an intensive intervention for parents who have difficulty regulating emotions and related behaviors—demonstrates that child welfare-involved parents have found the program useful

and relevant and consistently recommend it to others (Lewis, Feely, Seay, Fedoravicus, & Kohl, 2016). A separate study of caseworkers' perceptions of Triple P and its applicability to their child welfare cases concludes that training caseworkers in Triple P—or any other evidence-based practice that they do not directly implement—may have a positive impact on community-based implementation and referral practices (Pinna et. al, 2015).

An interactive web-based version, Triple P Online Community, has also proven successful with on-the-ground community support from peers and agency staff (Love et al., 2016).

In South Carolina, **Triple P saves over \$1,788 per participant** by reducing child mental health problems, and a review conducted by the Washington State Institute for Public Policy found that **a public health rollout of Triple P would return \$3.22 for every \$1 spent** (Casey Family Programs, 2015).

Interventions With Promising Research

Circle of Security (Home Visiting 4 model)

- Target population: Families with children under the age of 6 in high-risk populations (e.g., families with children enrolled in Early Head Start, teen mothers, or parents with irritable babies)
- Objective: To help parents or other primary caregivers understand attachment theory, the importance of self-awareness and how to self-regulate, and how an individual's earliest experiences might affect parenting styles
- Duration: An initial 3-hour assessment followed by four 1.5-hour sessions over a 3-month period
- Delivery setting: Birth-family home, foster or kinship home, or hospital
- Website: <http://circleofsecuritynetwork.org/>

Combined Parent-Child Cognitive Behavioral Therapy

- Target population: Children ages 3–17 and their parents or caregivers in families where parents engage in coercive parenting strategies and children present with symptoms of posttraumatic stress disorder (PTSD), depression, behavioral problems, or other issues
- Objective: To reduce children's PTSD, depression, other internalizing symptoms, and behavioral problems while improving parents' mood and coping skills
- Duration: Includes 16–20 1.5-hour sessions weekly for individuals or 16–20 2-hour sessions weekly for groups
- Delivery setting: Birth-family home, community agency, or outpatient clinic
- Website: <http://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/>

Nurturing Parenting Program

- Target population: Families who have been reported to the child welfare system for child maltreatment; may be used as a court-ordered parenting program
- Objective: To build nurturing parenting skills as an alternative to abusive or neglectful parenting
- Duration: Consists of 2.5-hour weekly sessions for 15 weeks
- Delivery setting: Community agency
- Website: www.nurturingparenting.com/ecommerce/category/1:3:2/

Parents as Teachers

- Target population: For parents and caregivers of children ages 0–5, including expectant parents
- Objective: To help prevent maltreatment through enhanced parent knowledge of early childhood development and parenting practices, to provide early detection of potential developmental problems, and to boost school readiness and success
- Duration: Consists of 1-hour sessions at least 12 times annually for families with one or no high-needs characteristics and at least 24 times annually for families with two or more high-needs characteristics
- Delivery setting: Adoptive home, birth-family home, child care center, community agency, foster or kinship home, outpatient clinic, or school
- Website: <https://parentsasteachers.org/>

A study of the statewide home visiting program in Connecticut, which uses the Parents as Teachers curriculum, found that voluntary participation by high-risk families between 2008 and 2013 cut the likelihood of a substantiated report of child maltreatment by 22 percent. It also demonstrated that children were older at first substantiation compared with families who did not receive home visits (Chaiyachati, Gaither, Hughes, Foley-Schain, & Leventhal, 2018).

Period of Purple Crying

- Target population: New parents and other caregivers of young infants
- Objective: To inform parents and caregivers of infants up to 5 months of age about normal infant crying patterns and behaviors to help prevent abuse and warn of the dangers of shaken baby syndrome

- Duration: Three 3- to 10-minute contacts over 3 months or longer
- Delivery setting: Birth-family home, hospital, or primary care settings serving children
- Website: <http://purplecrying.info/>

Interventions Designed for Child Welfare

Parent education programs specifically designed for child welfare-involved families include the following (NASEM, 2016):

- **Attachment and Biobehavioral Catchup (ABC)**, a 10-week home visiting intervention that uses videotaped feedback to teach parents how to interpret a child’s behavioral cues to enhance caregiver nurturing and responsiveness, help a child self-regulate, and reduce a caregiver’s negative behaviors (<http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/detailed>)
- **SafeCare**, designed to help parents or caregivers reported for child neglect improve their home safety and access to needed medical or behavioral interventions (<https://safecare.publichealth.gsu.edu/>)
- **Multisystemic Therapy for Child Abuse and Neglect**, an evidence-based program for child welfare-involved families of children ages 6–17 (<http://www.mstcan.com/>)
- **Trauma-Adapted Family Connections**, an intervention for caregivers and/or children who have experienced complex trauma (<http://www.family.umaryland.edu/fc-trauma/>)

State and Local Examples

States and local CBCAP-funded parent education initiatives are helping to keep children and families safe. Below are some examples of diverse trends in parent education programming as cornerstones of community prevention work.

Nebraska's Community Prevention Collaboratives

Bring Up Nebraska is a statewide prevention initiative that provides a framework for local community organizations to come together to help keep Nebraska families safe and together. The initiative's community impact model entrusts communities to identify local needs and solutions and connects families with early intervention services to head off crises or potential entry into the child welfare system. Nebraska's collaborative community prevention systems use CBCAP funding, title IV-E waiver monies, private donations, and nonprofit funding to support children and families with a wide variety of services and evidence-based and evidence-informed parent education programs, including Circle of Security and parent-child interaction therapy. Nebraska has developed a Community Engagement Toolkit for prevention work at <https://www.nebraskachildren.org/our-approach/community-toolkit/community-toolkit.html>. For more information, see <http://www.bringupnebraska.org/>.

New Mexico's Emphasis on Early Attachment

Las Cumbres Community Services in New Mexico emphasizes an attachment-based curriculum paired with skills-based programming. Staff implement the Circle of Security parent education program to support and strengthen the parent-child relationship as a primary focus of treatment. The focus is on building emotional connectedness between parent and child rather than a skills-based approach, as parenting skills often develop naturally as emotional connectedness grows. Establishing this connection is foundational to building the trust, security, and social and emotional well-being that lead to

healthy child development and positive behaviors. Parents are encouraged to explore and understand the relationship between their childhood experience and their approach to parenting. As safety and trust develop, staff also address how the parents' attachment needs may not have been met and how certain miscues or actions might serve as triggers for negative and even harmful reactions toward their child. New Mexico has invested considerably in this reflective approach to parenting over the last 10 years and is seeing consistently positive outcomes, including a significant improvement in the quality of the parent-child relationship and lower rates of referral/re-referral to child protective services (CPS). One of Las Cumbres' CBCAP programs found that after successfully completing services during fiscal years 2016 and 2017, between 93 and 96 percent of 163 participating families in Rio Arriba and Taos counties had no substantiated CPS reports for a year or more (S. Frymier, personal communication, June 15, 2018).

For more information, see <https://www.lascumbres-nm.org/family-support-services>.

Oregon's Public-Private Partnership: Parent Education Hubs

The Oregon Department of Human Services (DHS) is developing a partnership with the Oregon Parenting Education Collaborative (OPEC) to expand access to parenting education for parents and caregivers of children who are older than age 6. Since its inception in 2010, OPEC has served families with children from the prenatal period through age 6. The DHS initiative seeks to address the service gap for families with older children that often results in family and community disruption. This effort includes developing infrastructure and training providers to implement evidenced-based parenting education curricula specifically designed for families on the verge of child welfare interventions (L. Piper, personal communication, June 4, 2018).

OPEC links parents and caregivers to 1 of 15 regional parent education “hubs” that serve over 30 counties (including Siskiyou County, CA) with free resources and parenting classes (<https://orparenting.org/parents/opec-parenting-hubs/>). Classes and workshops are designed to help children and families thrive, promote positive discipline techniques, and teach caregivers how to communicate with their children and enjoy parenting.

The OPEC 7-Year Cumulative Summary: 2010–2017 (<https://orparenting.org/wp-content/uploads/2018/01/opec-cumulative-summary-years-1-7-12-17-17.pdf>) reported the following developments since the initiative’s start (OPEC, 2018):

- Increased access to quality programming and improved parent and child skills
- Creation of regional infrastructures and increased organizational capacity
- Increased community collaboration

OPEC hubs are required to administer a “Parent Skills Ladder” (PSL) for families completing a series of parent education classes or home visits funded by the program. Aggregate PSL data from 18,208 parents participating in programs from 2010 to 2017 demonstrate improvements in the following areas (in descending order) (OPEC, 2018):

- Recognizing normal behavior for child(ren)’s age level
- Talking with other parents to share experiences
- Finding positive ways to guide and discipline child(ren)
- Dealing with the day-to-day stresses of parenting
- Setting and sticking to reasonable limits and rules
- Understanding goals and values as a parent
- Listening to child(ren) to understand their feelings
- Knowing fun activities to help children learn
- Playing with children frequently
- Showing children love and affection frequently
- Protecting children from unsafe conditions

The PSL also includes a section for parents to rate their child(ren)’s behavior before and after participation in the classes. While there was improvement across all areas,

“willingness to follow limits and rules” registered the largest increase.

Some of the lessons learned from OPEC grantees include the following (OPEC, 2018):

- Normalizing parent education and recruiting families takes creativity.
- Building relationships with partners is the cornerstone of supporting children and families and essential to achieving sustainability.
- Providing professional development results in higher quality programming.

OPEC is an initiative of the Oregon Community Foundation, The Ford Family Foundation, the Meyer Memorial Trust, and the Collins Foundation in partnership with Oregon State University. For more information, see (<https://orparenting.org/grantees/>).

South Carolina Looks to Build Protective Factors, Reduce Risk Factors

The Healthy Families Initiative (HFI) is a 5-year parent education project launched in 2017 that offers the multilevel Triple P program to families in Spartanburg County, SC. HFI is designed to give parents simple and practical strategies for overcoming behavioral and emotional issues to build strong relationships with their children. Funded by the Mary Black Foundation, in partnership with the Children’s Trust of South Carolina (Children’s Trust), the Hope Center for Children, and Triple P America, HFI helps organizations and agencies provide Triple P to local families. For more information, see <http://www.maryblackfoundation.org/community-initiatives/healthyfamiliesinitiative/>.

In addition to Triple P, Children’s Trust uses CBCAP monies to fund several evidence-based practices with a focus on community prevention, such as home visits for expectant and new mothers and the Strengthening Families Program (SFP), a program designed to improve parenting skills, reduce family conflict, develop positive discipline practices, and assist children with social skills and school performance.

According to Maternal, Infant, and Early Childhood Home Visiting program data for South Carolina in 2015–2016, 99 percent of participating parents received guidance about child safety, 84 percent of participating parents improved positive parenting skills, and less than 2 percent of children in participating families were first-time victims of child abuse and neglect (Children’s Trust of South Carolina [Children’s Trust], 2017a). Separately, South Carolina parents who participated in SFP between July 2015 and June 2016 reported increases in protective factors and decreases in environmental risk factors for their families, themselves, and their children (Children’s Trust, 2017b). Additionally, there were statistically significant positive outcomes for all 15 different family, parenting, and child outcomes studied, including family communication, parental involvement, positive parenting, child concentration, and child aggression. For more information about South Carolina’s SFP, see <https://scchildren.org/local-partners/strengthening-families-program/>.

Washington Public Awareness Campaign Targets New and Expectant Mothers

The Children’s Trust of Washington has several public awareness/parent education campaigns focused on new and expectant mothers to help keep children and families safe and healthy. These include “Stand Up When You’re Down: Postpartum Depression” to address postpartum mood disorders, “Have a Plan: Shaken Baby Syndrome” to prevent caregiver stress over infant crying, and “Infant Safe Sleep” to inform caregivers about how to reduce the risk of infant sleep-related deaths. These materials are widely distributed through Washington’s public health registry system, Child Profile, which helps ensure children receive the preventative support they need from birth through age 6. Washington is also exploring an initiative to address perinatal mood and anxiety disorders through a network of community partners. For more information, see <https://del.wa.gov/helpful-resources/strengthening-families-washington/speak-when-youre-down-0>.

Conclusion

Ongoing research supports the importance of high-quality parent education programming for children, families, and communities as well as the value and relevance of specific interventions. Whether universal or targeted in focus, parent education is at the cornerstone of family strengthening and child abuse prevention efforts. When Federal, State, and community organizations collaborate to build and implement local parent education initiatives, they help to ensure both the quality and sustainability of programming and the safety and well-being of children and families.

Resources

Center for Parent Information and Resources (<http://www.parentcenterhub.org/parenting-matters/>) is a central hub of information and products for the network of Parent Centers that serves families of children with disabilities.

Compendium of Parenting Interventions (<https://www.acf.hhs.gov/ecd/resource/compendium-of-parenting-interventions>) describes a wide variety of parenting interventions for parents and caregivers of children from birth through third grade and was developed by the National Center for Parent, Family and Community Engagement of the U.S. Department of Health and Human Services’ Administration for Children and Families Office of Head Start.

Cooperative Extension System provides free parenting education classes, etc., through the local county cooperative extension office. Cooperative Extensions provide residents with access to research-based knowledge to improve their lives through State-designated universities. The National Extension Parent Education Model of Critical Parenting Practices is available at <http://www.k-state.edu/wwparent/nepem/nepem.pdf>.

Fatherhood Research and Practice Network (<http://www.frpn.org/>) is a project of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation to promote research on fatherhood programs that serve low-income fathers and encourage effective practice.

Just in Time Parenting (www.jitp.info) is a free parenting newsletter delivered by email and specific to a child's age and needs. The newsletter is available in both English and Spanish.

Mom's Empowerment Program (<http://www.cebc4cw.org/program/kids-club-moms-empowerment/detailed>) is a 10-session intervention to empower mothers to discuss the impact of violence on their children's development while building parenting and disciplinary skills and connecting with other mothers in a supportive group.

National Fatherhood Initiative (<https://www.fatherhood.org/>) provides training and resources for organizations to support fathers.

National Parenting Education Network (<http://npen.org/>) is a national umbrella organization that promotes resources, professional development, and networking opportunities for parent educators.

National Responsible Fatherhood Clearinghouse (<https://www.fatherhood.gov/>) provides resources for fathers and fatherhood programs provided by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance.

Parents Anonymous (<http://parentsanonymous.org>) is a parent mentoring and support network for protecting and strengthening children and families.

Parent Education Coalition Toolkit (<http://www.vdh.virginia.gov/content/uploads/sites/59/2016/11/Virginia-Parent-Education-Coalition-Tool-Kit.pdf>) was created by Virginia's Statewide Parent Education Coalition for judges, court staff, guardians ad litem, commonwealth attorneys, probation officers, social services, and all who refer families to parent education programs to help them understand the variety of programs available. The toolkit is designed to assist professionals in making appropriate referrals based on the best fit between a family's needs and the focus of the program.

Parent Education Programs (<https://www.childwelfare.gov/topics/preventing/prevention-programs/parented/>), a Child Welfare Information Gateway webpage, lists programs and resources that have been useful in supporting parents and caregivers and strengthening parenting skills.

Parent Education Resources (<https://www.childwelfare.gov/topics/preventing/prevention-programs/parented/education-resource/>), a Child Welfare Information Gateway webpage, includes resources on best practices in parent education.

Positive Parenting Infographic (<https://www.zerotothree.org/resources/2240-positive-parenting-infographic>) captures the key elements of positive parenting.

Quality Parenting Initiative (<http://www.qpi4kids.org/pages/whatIsQPI.html>), a project of the Youth Law Center, is designed to strengthen foster care by promoting and supporting parenting practices that meet children's emotional, developmental, cognitive, and social needs.

ZERO to THREE Parenting (<https://www.zerotothree.org/parenting>) is a webpage that provides information and tools to support parents and primary caregivers in promoting children's healthy development.

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