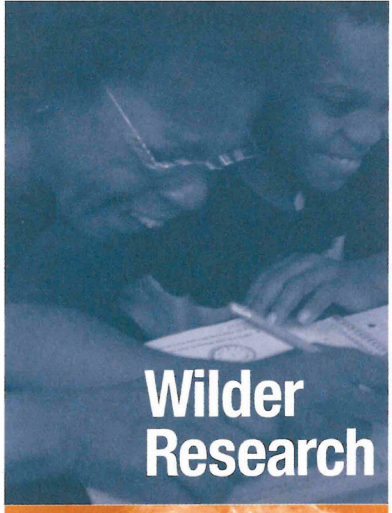

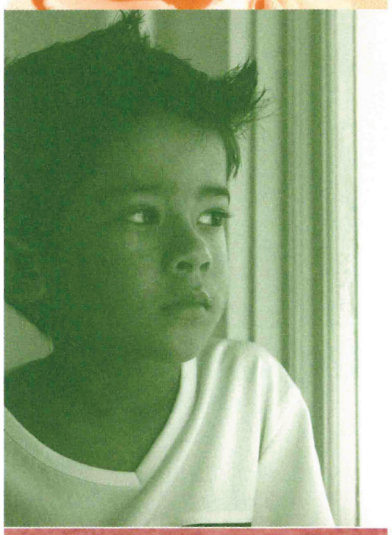

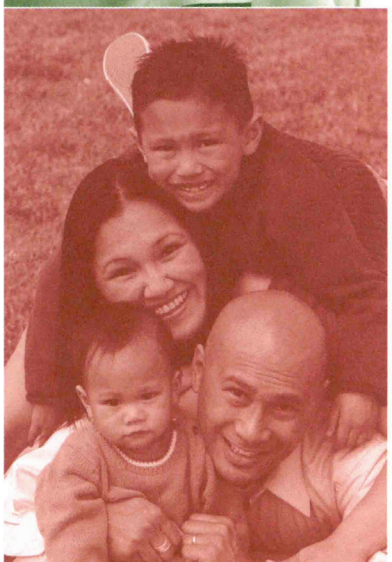

Greater Twin Cities United Way: Parenting Education Initiative

Evaluation of program implementation and early learning outcomes for parents and children in 14 parenting education programs over three years

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United Way

Greater Twin Cities United Way

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February 2012

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- 360 Communities
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- The Storefront Group
- Way to Grow

Summary and implications for discussion

Starting in 2009, the Greater Twin Cities United Way funded 14 parenting education programs to serve low-income and/or culturally diverse parents and their families in order to increase the number of children who are ready to enter kindergarten.[1] This report documents program implementation and participation, and provides participant-level outcomes for the three years of the Parenting Education Initiative. It also outlines lessons learned and implications to consider.

Highlights from Year 3

The 12 participating programs enrolled an additional 323 families in the third year and provided an additional 3,000 referrals to an additional 360 families. Programs were challenged by staff turnover, often tied to reduced funding, and increased basic needs and mental health issues of families. Nevertheless, a few programs continued to improve their services, such as through an increased focus on using standardized curricula with families, adding group activities, strengthening or adding referral partners, and investing more time in helping parents seek out referrals.

In the third year, cumulative parenting scores were slightly higher than in the second year, based on both parent and staff reports. Child development scores in Year 3 were similar to those in Year 2.

Recruitment and retention

The 14 programs served from 37 to 205 families for a total of 1,346 families. Altogether, 1,502 parents and 1,616 children participated. Programs served several different target populations, including adolescent parents; Latino, Lao, African-American, and African parents; parents in school, and parents in recovery.

According to the programs, being part of this Initiative enabled them to expand to serve more families, new populations, or re-start programs that had been unfunded in recent years.

Successful recruitment strategies included formal and informal collaboration with other agencies, positive word-of-mouth from satisfied clients, and recruitment from within their own larger organizations or networks of organizations.

[1] Twelve programs were funded all three years; 13 were funded for the first two years; and one was funded in 2009 only.

However, programs also encountered numerous challenges in meeting their recruitment targets, including families dealing with multiple issues (such as mobility, unemployment, family violence, substance abuse, or mental health issues) that interfered with parents' ability to fully engage in the parenting program or led to parents preferring early education for their children over parenting education. In the third and final year, several programs noted challenges with staff retention, often tied to reduced funding.

Overall, the programs had fairly good participant retention. Two-thirds of the families either successfully completed or are still enrolled in their programs. The most significant challenge to retaining families was family crisis, including mobility, divorce, job changes, custody changes, new children in the family, child protection cases opening, deportation, loss of basic needs, and homelessness. Programs addressed these challenges by increasing referrals, collaborating with other service providers to create a comprehensive system of care for participants, and being flexible with clients. Staff turnover was also a concern for some programs, especially during the second and third year of the grant. During the third year, staff turnover and challenges with family retention were often tied to reduced funding.

Profile of participants

About half of the households were two-parent households (48%); slightly over half (55%) spoke English as their primary language. Others spoke Spanish (25%), Somali (11%), or other languages (8%) at home. Three out of four (78%) of the participating households were below poverty, and another 19 percent were between 100 and 200 percent of poverty.

Participating parents were mostly women (88%), ranging from teens to grandparents. Most (66%) were between the ages of 20 and 34. Latinos (26%) were the largest racial/ethnic group served, followed by white (22%) and African American (20%).

The largest proportion of the children served (39%) were the 3- or 4-year-olds group, and altogether half were under age 3.

Program participation and activities

Across all 14 programs, families participated in their respective programs for up to 81 months (six and half years), with some families having started before the funding began. The average length of participation was 13 months. In total, families were engaged in program activities for up to 496 hours, similar to last year, though the maximum number of hours provided on individual support increased from 104 per family at the end of last year to 160 hours per family at the end of this year.

All 14 programs provided individual education and support. Parents worked with staff to establish solution-oriented goals. Parenting education typically occurred through modeling, where staff modeled positive interactions between parents and children.

Ten programs held group classes and social events, where parents learned from each other.

Home visiting services were provided by 13 programs to 1,084 families, or 81 percent of those served. Families received up to 95 home visits, up from 88 last year. Home visiting enabled staff to have regular interaction with families, and allowed families without transportation to receive services. The common curricula used to guide home visits were Growing Great Kids, HIPPY, Parent-Child Home Program, and Nurturing Parent Program.

The 14 programs made over 10,000 service referrals for 1,215 families (89% of those served), up from 7,000 referrals to 847 families last year, who identified additional needs. Half of the referrals (49%) were for health, basic needs, and early care and education. Most commonly, families who were not referred to supportive services exited their program early, were new to the program, or were not regularly participating.

Early learning outcomes

The outcome evaluation documented the extent to which:

1. Parents demonstrated and improved their parenting skills and behaviors, as reported by staff and the parents themselves;

2. Parents connected with recommended community resources, and

3. Children demonstrated and improved age-appropriate social/emotional, cognitive, language/literacy, and physical skills and behaviors.

Parenting skills and behaviors

Two-thirds of parents consistently demonstrated positive parenting skills and behaviors at the outset of program participation, based on retrospective ratings by staff on this 4-point scale: clear concern, inconsistent, adequate, or clear strength:

- 68% demonstrated adequate or higher **knowledge of developmental milestones and age-appropriate behaviors**, such as ensuring children have a regular sleep schedule, consoling or comforting an upset child, setting limits on activities and behaviors, and adapting to meet the child's needs, including 24% showing clear signs of strength.

- 65% demonstrated adequate or higher **positive, effective parent/child communication techniques**, such as talking to the child and encouraging a response, accurately responding to the child's cues for help, and showing delight and interest in the child, including 26% showing clear signs of strength.

- 65% demonstrated adequate or higher **confidence and self-control** when responding to the child's needs, such as having realistic expectations of the child's capabilities, making positive statements about parenting abilities, and seeking help to meet the child's needs, including 23% showing clear signs of strength.

- 68% demonstrated adequate or higher **positive parenting techniques that enhance school readiness skills** prior to entering kindergarten, such as reading or telling stories, taking the child to the doctor, and getting the child together with other children to play, including 28% showing clear signs of strength.

After at least three months of program participation, about 85 percent of parents consistently demonstrated positive parenting skills and behaviors, based on staff ratings:[2]

- 85% demonstrated adequate or higher **knowledge of developmental milestones and age-appropriate behaviors**, such as ensuring children have a regular sleep schedule, consoling or comforting an upset child, setting limits on activities and behaviors, and adapting to meet the child's needs, including 42% showing clear signs of strength.

- 85% demonstrated adequate or higher **positive, effective parent/child communication techniques**, such as talking to the child and encouraging a response, accurately responding to the child's cues for help, and showing delight and interest in the child, including 45% showing clear signs of strength.

- 86% demonstrated adequate or higher **confidence and self-control** when responding to the child's needs, such as having realistic expectations of the child's capabilities, making positive statements about parenting abilities, and seeking help to meet the child's needs, including 45% showing clear signs of strength.

- 86% demonstrated adequate or higher **positive parenting techniques that enhance school readiness skills** prior to entering kindergarten, such as reading or telling stories, taking children to the doctor, and getting the child together with other children to play, including 50% showing clear signs of strength.

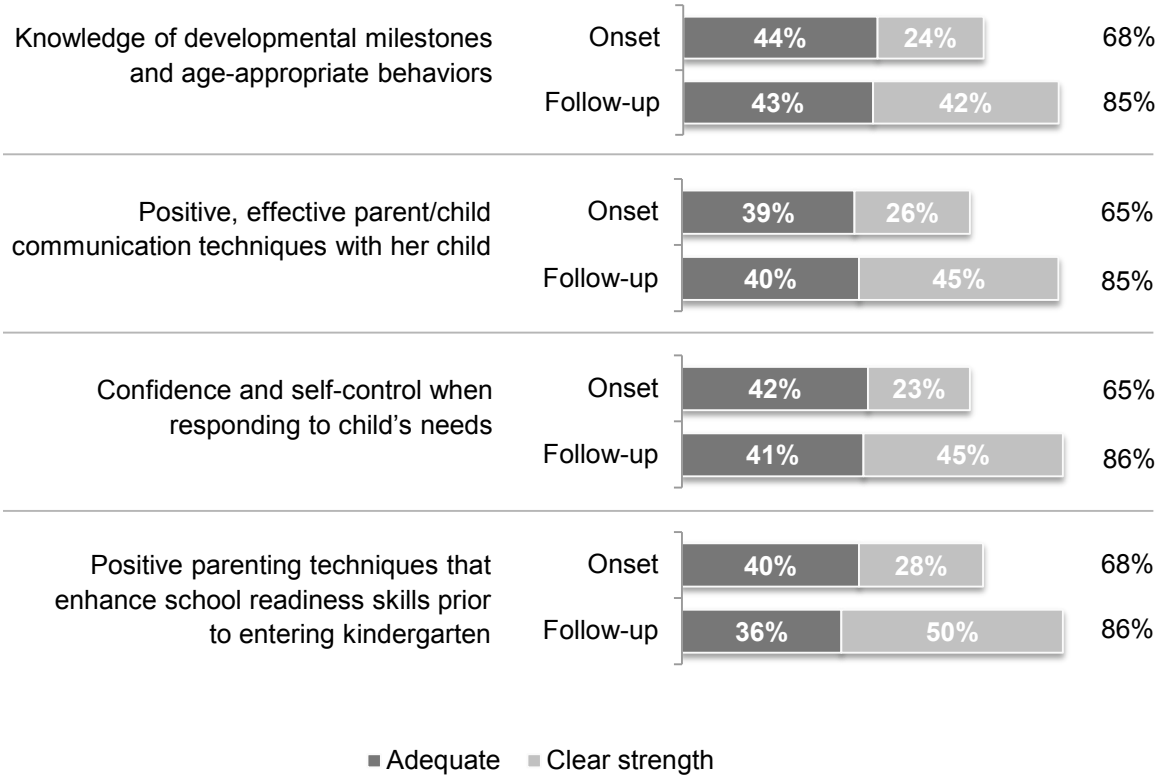
[2] Using an average score at or above "sometimes" or "inconsistently" demonstrating the skills and behaviors for each indicator, the cut-off for meeting the performance on the indicators specified by United Way, raises the percentage demonstrating positive parenting skills and behaviors at least sometimes or inconsistently to 93-95 percent.

About 40 percent of the parents increased their skills and behaviors in each indicator of positive parenting, based on staff reports.

Parents consistently rated themselves higher and indicated more improvement in their skills and behaviors than the staff ratings.

In the third year of the grant, cumulative parenting scores were slightly higher than in the second year of the grant, based on both parent and staff reports.

A. Staff report of parenting skills at program onset and follow-up



Connecting with recommended community resources

As a way to provide critical family support in areas not available in parenting programs, such as basic needs, mental and physical health, and social/emotional support, programs assisted parents and families to connect with community resources. Altogether, 1,215 families received referrals, with the largest number of families referred to early care and education (54%), health (50%), and basic needs (49%).

In general, families followed up on most of the referrals staff provided, with 93 percent overall accessing referred resources. Families were most likely to follow up on referrals

related to health, housing, and parents' mental health (100% follow-up on each). Families were least likely to access chemical health referrals (24% of referred families).

Program staff identified several barriers that prevented families from following up on referrals, including lack of transportation, difficulty in navigating the service system, lengthy wait times before securing an appointment, and pride and fear of stigma.

Age-appropriate child developmental skills and behaviors

United Way's performance indicator for age-appropriate child development required demonstration of skills and behaviors in all domains of child development – social/ emotional, cognitive, language/literacy, and physical. At their most recent developmental screening using the ASQ and ASQ:SE after at least three months in the program, the percentage demonstrating age-appropriate skills and behaviors in each domain are:

- 81% social-emotional
- 93% personal-social
- 91% problem solving (cognitive)
- 89% communication (language and literacy)
- 95% gross motor and 87% fine motor (physical)

The percentage of children demonstrating age appropriate skills and behavior *across all the domains* is 68 percent.

Cumulative child development scores were similar in the third year of the grant to what they were in the second year of the grant.

Factors associated with achieving early learning outcomes

Based on program reports and our own examination of statistical associations with positive early learning outcome scores, these factors emerged as associated with achieving parenting education and child development outcomes:

- Having multiple points of contact with families – either multiple times a week or in multiple settings – to establish relationships and build trust
- Addressing each family's individualized needs and tailoring services and referrals to those needs

- Implementing an evidence-based parenting education and/or early childhood education curricula

These perceived and statistical associations are not *causal* relationships and should be considered exploratory and used with caution. In addition, programs implementing evidence-based curricula may have other features contributing to their positive results, such as more structured environments, better staff training and supervision, or participants with fewer barriers and needs.

Other perceived outcomes for families, parents, and children

Program staff report that families overall improved. Families created routines and schedules that make their households run more smoothly and obtained new housing with help from home visitors.

Program staff observed numerous changes for the better in parents with whom they worked. Parents were excited when their children learned new skills, asked for help, asked more thoughtful questions, and emulated what staff or other parents do well. Parents went back to school, got new jobs, and started making plans for the future. They engaged with their community and participated in cultural activities. They gained greater social support and built relationships with other parents, and gained greater self-confidence.

Parents also demonstrated realistic, age-appropriate expectations for children, showed increased attachment, began reading to their children, enrolled their children in preschool, and obtained services for their children with special needs.

Program sustainability

Most programs reported the grant's end would bring significant changes to their program, including losing staff and, as a result, losing their capacity to serve as many families.

However, many programs will still maintain some evaluation as part of their programming and will continue to track data about families and referrals after the grant ends. These programs noted their appreciation for and understanding of data and outcomes has increased.

Implications for discussion

The Greater Twin Cities United Way's Parenting Education Initiative has successfully engaged a diverse group of programs that serve varying populations and offer parent education and family support services in a variety of ways.

Several lessons emerged during the first two years and were reinforced in the third year from program reports and discussions and evaluation findings with regard to hallmarks of successful programs and challenges to achieving expected outcomes:

- **Families unable to meet basic needs and experiencing multiple family crises challenge program recruitment and participation.** Families immersed in meeting their basic needs and addressing their crises cannot fully engage in parent education. For programs, staff must spend more time building and maintaining their referral networks and making referrals.

- **To be effective, programs need time to establish trust with participants.** Potential clients have to trust program staff in order to enroll. They must trust staff to accept them into their homes and to heed their parent education messages. They must also trust staff in order to be open about their needs so staff can provide appropriate referrals. Staff turnover challenges programs to rebuild trust with participants.

- **Families benefit from a mix of group activities and sufficient one-on-one time with staff.** For parenting programs that primarily work with families in group settings, having sufficient one-on-one time outside of groups is important to develop a relationship, build trust, and tailor services and referrals to meet each family's individualized needs. Home visits are one way to serve this purpose. On the other hand, for programs that primarily work with families one-on-one during home visits, ensuring those families have access to group activities is important to reduce isolation, build social support, and provide children opportunities to interact with peers.

- **To be effective, programs must continually build a strong and dense network of supportive services.** Programs must have contacts with a range of service providers to meet the wide variety of needs they encounter in families. Referring a parent to a specific person at an agency, rather than to a general number, increases parent follow through.

- **Extreme barriers and needs of families that interfere with their ability to parent require equally strong interventions**. While implementing evidence-based parenting education curricula are associated with positive results, even that may not be enough for high-need families, particularly those with children with special needs. Other barriers and needs encountered include substance abuse, low English literacy skills, families experiencing extreme stress, and parents who have developmental problems themselves. These barriers and needs probably require longer-term interventions with both the parent and the child to achieve desired child development outcomes. Programs may want to be more aware of the specific needs of their service populations before serving a new population, implementing a new program, or setting performance

targets. In the end, even intensive and well-delivered parenting programs may not work well for all families.

- **This evaluation provided grantees the opportunity to gain evaluation skills and improved their capacity to collect and use data.** While the evaluation added to the grantees' workload, it provided grantees data useful for reporting progress on their performance targets. Beyond that, it provided data for identifying additional needs of parents, areas for program outreach and service delivery improvement, and gaps in needed services in their communities. This evaluation also enhanced the programs' ongoing ability to track data about families and referrals; screen children for age-appropriate social-emotional, cognitive, language/literacy, and physical development; and reliably assess parenting skills and behaviors.

Introduction

The Greater Twin Cities United Way began its Parenting Education Initiative in 2009, investing $1 million in 14 parent education programs for low-income and/or culturally diverse parents and their families (13 were refunded for 2010 and 12 continued in 2011). The goal of the initiative is to increase the number of children who are ready to enter kindergarten. Wilder Research was contracted to provide evaluation training and technical assistance to the Parenting Education Initiative grantees and assess the effectiveness of the various types of parenting education and the Initiative as a whole.

This report documents start-up, implementation, program outcomes, and overall lessons learned from the 14 grantees that were part of the Initiative from 2009 through 2011.[3]

Overview of the evaluation

The evaluation measures the progress of the 14 Parenting Education Initiative programs towards meeting the Greater Twin Cities United Way's required set of process and outcome indicators.

Process evaluation

Through intake and exit records and client tracking forms developed by Wilder Research, programs gathered information about the families served, services provided, and referrals that families received for community resources to meet critical family needs. This information provides a profile of the participating families, the type and extent of their participation, and the number and percentage of participating parents who were provided:

1. Information on community resources that address identified family needs.
2. Home visiting services to address acknowledged needs.

Outcome evaluation

Expected outcomes

The Greater Twin Cities United Way expects the Parenting Education Initiative programs to achieve these outcomes:

3 In 2009, 14 grantees received funding, 13 of which received continuation funding in 2010. In 2011, 12 of the 13 were refunded.

1. Parents of children age 5 and younger demonstrate knowledge and application of positive parenting techniques that foster optimal early childhood development and enhance school readiness.

2. Parents and families connect with community resources that provide critical family support in areas such as basic needs, mental and physical health, and social/emotional support.

3. Children demonstrate age-appropriate social/emotional, cognitive, language/literacy, and physical development.

Assessing parenting skills and behaviors

Outcome data for parents were collected from both staff and parents using tools customized by Wilder Research for this evaluation with input from Parenting Education Initiative Grantees. The tools are in the Appendix.

Staff completed two 30-item assessments that measured the parenting skills and behaviors that parents were expected to demonstrate through participating in parenting education after a minimum of three months. Each item was rated on this 4-point scale: clear concern, inconsistent, adequate, or clear strength. One version of the staff assessment was completed retrospectively, with staff rating parents based on when they began working with a family. The second version was completed at the end of each 12-month reporting period in order to measure changes in parenting techniques. Staff's retrospective ratings and most recent ratings were statistically matched to assess changes.

Parents completed a retrospective 38-item self-assessment of their parenting skills and behaviors in which they assessed their current parenting on a 4-point scale for the first 19 questions (almost never, sometimes, most of the time, almost always) and then indicated if their parenting had improved on each item since they began the program. Parent self-assessments were completed on the same schedule as the staff assessments by all parents who participated in the program for a minimum of three months.

An average score at or above "sometimes" or "inconsistently" demonstrating the skills and behaviors for each indicator was the cut-off for meeting the performance targets on United Way's indicators.

Staff used the referral tracking forms to document the extent to which families followed through on referrals to community resources to meet their critical family needs.

This outcome information assesses the extent to which programs achieve the expected parenting outcomes by describing the number and percentage of parents who demonstrate:

1. Positive parenting techniques that convey knowledge and understanding of early childhood developmental milestones, such as age-appropriate behavioral expectations.

2. Positive, effective parent/child communication techniques with their child.

3. Increased confidence and self-control when responding to their child's needs.

4. Positive parenting techniques that enhance school readiness skills prior to entering kindergarten.

5. Follow through on one or more of the recommended community resources.

Assessing child development

Thirteen of the 14 programs assessed age-appropriate child development with the Ages and Stages Questionnaires™ (ASQ) and the Ages and Stages Questionnaire: Social Emotional (ASQ:SE). The ASQ screens children ages 1 to 66 months for possible developmental delays in the following domains: communication, gross motor, fine motor, problem solving, and personal-social. The ASQ:SE screens children ages 6 to 60 months for social-emotional problems.

Parents who had been in the program for at least three months completed the child development screenings with staff assistance. One program used Work Sampling completed by staff; another used a combination of the ASQ and ASQ:SE with the Hawthorne and Child Observation Record (COR).

The ASQ and ASQ:SE provide data to document the number and percentage of participating children who show evidence of age-appropriate social/emotional, cognitive, language/ literacy, and physical skills and behaviors.

Evaluation implementation

Wilder Research provided training and one-on-one technical assistance to each program on use of the evaluation tools and how to document evidence of achieving each indicator.

Programs submitted annual narrative reports to Wilder Research in February 2010 and January 2011. For 2011 data, programs were given the option of completing an annual report or submitting data via the Excel spreadsheets designed for each data collection instrument. In addition, Wilder Research held a program sharing meeting in February 2010 to gather additional data on start-up and implementation, and a meeting in November 2011 to hear about each program's impacts on families, parents, and children.

Recruitment and retention of parents

Recruitment and outreach

The 14 programs in the Parenting Education Initiative reached a total of 1,346 families, including 1,616 children ages 6 and younger and 1,502 parents. The size of the programs varied, with programs serving from 37 to 205 families. Slightly more than half (56%) of the families were first enrolled in 2009, the first year of the initiative. Fewer new families enrolled in subsequent years; programs continued to serve enrolled families across years.

1. Participants enrolled and served: January 2009 through December 2011

	New families enrolled each year			Total served		
	2009	2010	2011	Total	Median per program	Range
Children	932	361	323	1,616	112	39-209
Parents	877	338	287	1,502	105	44-205
Families	758	325	263	1,346	82	37-205

Successful strategies

During the first year of the United Way Parenting Education Initiative, programs emphasized recruitment and outreach. In addition to continuing to focus on recruitment and outreach in the second year, several programs focused on strategies to encourage client retention and fostered connections between current clients and other agency programs as clients' children aged out of home visiting programs.

The strategies the programs found particularly successful for recruitment and retention fall into three main categories: collaboration with other agencies, word-of-mouth, and internal recruitment.

In the third year, programs noted their recruitment strategies had remained consistent from previous years; several reported they had identified effective strategies throughout the three years of the grant. At least two programs reported they had wait lists with families waiting to get into the program.

Collaboration with other agencies

Throughout the Initiative, successful programs built relationships with other social service agencies or institutions that serve targeted families, such as schools, medical and WIC

clinics, ECFE programs, child protection services, and county agencies. Collaborations with these agencies or institutions increased outreach, targeted services, and built a bi-directional system for referrals. In some instances, the collaborations were informal, such as allowing flyers to be posted or sharing written materials about services. Other arrangements were formal, such as providing referrals to services. During the third year, programs reported that existing relationships continued to strengthen.

In addition to assisting with recruitment, collaborations provided higher quality, wrap-around services for families over time. Based on previously established strong relationships, program staff worked closely with collaborating agency staff to transition families into the parenting programs, including attending the first home visits with families in some cases.

Word-of-mouth

Positive word-of-mouth, where satisfied clients share their experiences with family, friends, and neighbors, also contributed to successful outreach efforts. In order to build these positive relationships with clients, programs provided high quality, culturally competent services; built partnerships with families to help them succeed; and created a trusting, respectful environment. A general reputation of high quality services within the community also contributed to word-of-mouth recruitment. For example, one program remarked that everyone in the neighborhood knows who they are, which resulted in steady enrollment of families over time.

During the second year, a few programs reported that the expansion of their programs through participation in the United Way Initiative has increased their visibility among partner agencies.

Internal recruitment

Some of the programs were part of larger organizations or networks, such as the Metro Alliance for Healthy Families. For these programs, a great deal of the recruitment was done from within. In some cases, all of the eligible families engaged in the broader organization were automatically recruited for the parenting education program. In other cases, eligible families served in the organization were identified and targeted with recruitment information about the parenting education program. For programs associated with the Metro Alliance for Healthy Families, a screening mechanism was already set up to identify eligible families, often through prenatal or neonatal medical services. These identified families were automatically referred to the parenting education programs, if desired. Internal recruitment has two advantages. Families already trust the organization, and the organizations can focus their recruitment efforts on families they know will benefit.

In addition, some programs are exploring opportunities to connect existing clients with continued services, either within their agency or with partner agencies, to continue services as children and families age out of the existing programs.

Challenges and solutions

The variation among programs influences not only the strategies used for recruitment, but also the challenges faced in recruitment and retention. Some programs were using this grant to expand their existing services, while others were striving to provide new services or serve new populations. Most programs reported some challenges with recruitment, including families with multiple issues, unrealistic client expectations, competing programs, and changing community needs. In the third year, four programs noted challenges with changing staffing levels and difficulties in being able to adequately recruit and serve families.

Families dealing with multiple issues

Because most of the programs targeted high-need families, families were commonly dealing with multiple crises at the time of recruitment. Some of these issues were temporary, such as moving or changing jobs; however, many were serious, longer-term issues, such as family violence, substance abuse, or mental health issues. In any event, these issues made recruitment difficult.

Programs attempted to build rapport with families in order to identify issues as quickly as possible, and some specifically screened for these issues to determine whether the program was an appropriate fit for the family. Once parents enrolled, some programs provided or required accompanying chemical health or mental health services concurrently with parenting education services. Other programs worked with their collaborative network of organizations to provide referrals for more comprehensive services in these problem areas.

Unrealistic client expectations

Several programs indicated that potential clients often have difficulty understanding the parenting education and home visiting model. Some clients expected the programs to be more focused on child education than on parenting. Others expected home-based therapy, or broader-based services that would meet all of their needs. In other cases, some parents feared the programs would be punitive or shaming, or take away their children.

Programs emphasized that these unrealistic fears and expectations made it necessary to spend extra time helping potential clients fully understand the benefits and boundaries of the program. Staff found it important to show parents what to expect so they would be open to the services being provided. For example, one program did a mock home visit with

families prior to enrollment. By better educating families, program staff were able to enroll families that were genuinely interested in and comfortable with their services from the start.

Competing programs

Once prospective clients were informed of the home visiting or parent education model, some programs reported potential clients chose to enroll in other child-only education programs, like preschool or Head Start. Programs noted that parents preferred these early childhood education programs because they provided respite for parents, and had more availability. While not widespread, this was a particular challenge to programs serving children ages 3 to 5. Program staff worked hard to educate families about the benefits of the home visiting and parenting education model, but the programs were less successful at addressing this challenge than some of the other recruitment challenges.

Changing community needs

Changing community needs was another recruiting challenge, beyond the control of the programs. Program staff proposed targeted populations based on previously identified needs; however, once recruitment began, several programs found their proposed targets no longer matched their communities' needs. Two programs that initially recruited primarily through their larger organizations reported their organizations were serving far fewer children birth to age 5 than they had in previous years. Both broadened their recruitment strategies to recruit from other programs within the organizations or outside of the organizations. Two additional programs found it difficult to serve as many children ages 3 to 5, as fewer families with children in that age range were seeking long-term home visiting services. Both programs shifted their focus to infants and toddlers. In addition, some programs found it difficult to reach the cultural or ethnic groups they proposed to serve.

Retention

Of the 1,382 families[4] participating in the United Way Parenting Education Initiative, 68 percent exited, and 32 percent were still involved with the program at the end of the three-year grant period.

Of the 944 families that exited, 42 percent of those exiting, or 29 percent of all families participating in the Initiative, successfully completed the program. Thirteen of the 14 programs had families successfully complete the program.

[4] This is 1,382 families in Figure 2, not 1,346 as in Figure 1, because one program tracked enrollment by child, not family, and therefore duplicated the number of families with more than one child for that program and thus for the total count of enrollments and exits.

In total, 61 percent of families either successfully completed or were still enrolled in their programs at the end of the year, indicating high levels of retention.

As shown in Figure 3, beyond successful program completion, families exited because they no longer wished to participate (13%), relocated (10%), or were no longer eligible (9%).

2. Participation status at end of the three-year grant period

	Total	Percent	Range	Median
Number of families ever enrolled	1,382	100%	37-205	82
Number of families who have exited	944	68%	21-156	55
Number of families still involved in a program	437	32%	0-107	26
Number of families re-enrolling in a program	135	10%	0-47	4

3. Reasons for exit from programs

	Counts of parents		Number of programs
	Number	Percent	
Successful completion of program	396	42%	13
Family no longer wants to participate	119	13%	13
Family moved	97	10%	11
No longer eligible for program	83	9%	7
Unable to locate family	70	7%	11
Referred to another program that better meets family's needs	31	3%	8
Other reasons	149	16%	8
Total	944	100%	14

Retention challenges and solutions

The high participant retention can be attributed to each program's ability to address participation challenges as they arose. In fact, a few programs reported increased efforts to ensure client retention, and as a result, they experienced greater client retention during the second year of the grant. During the third year of the grant, programs noted that challenges with retention were mostly tied to reduced funding and staffing levels.

The most significant challenge to retaining families was family transitions and stressors, usually resulting from a crisis, such as divorce, job changes, custody changes, new

children in the family, child protection cases opening, family member deportation, inability to meet basic needs, homelessness, and, most commonly, mobility. The current economic climate increased the number and severity of the transitions and crises, particularly related to housing and basic needs. These changes created barriers to participation, such as scheduling difficulties and a lack of participant transportation. During the third year, a couple of programs reported an increased need for basic needs services for clients.

To address these challenges, programs increased the number of referrals they provided to families and collaborated with other service providers to create a comprehensive system of care for participants. Programs also emphasized the need for consistency and flexibility in working with families in crisis. By consistently being available and creating reliable relationships, they were able to provide a source of stability in families' lives. They were also flexible to meet families' needs, particularly in terms of scheduling and relaxing requirements as appropriate, in order to accommodate crisis situations without sacrificing the progress made. Finally, programs used various approaches throughout the three-year grant period to maintain contact with families during transitions, such as providing transportation and reaching out to families by calling, texting, emailing, dropping by, sending letters, and/or sending small gifts.

Other challenges programs faced in retaining families included internal issues with staff turnover or program delays, outside time restrictions imposed by Hennepin County, and changes in other external funding. Staff turnover at a few of the programs, especially during the second and third years of the project, created a challenge to retaining clients, as clients had developed relationships with staff who were no longer with the program. In addition to time invested in training new staff, programs reported challenges with building trust between existing clients and new staff.

Programs made efforts to address these internal and external challenges. Internally, programs worked to place clients with new staff when existing staff left. Some programs reported these transitions did not always result in retention of the clients. External challenges were more difficult to address. Programs made efforts to better accommodate these restrictions by shifting their target populations to preschool-age children, creating more short-term milestones for success, and further focusing the efforts of their programs to deliver more intensive services to a smaller number of clients.

Profile of program participants

Parent characteristics[5]

Most (88%) of the parents served are women. All the programs served mothers or female caregivers; one program (Jeremiah) served only female caregivers (Figure 4).

4. Gender of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Female	1,269	88%	14
Male	173	12%	13
Total	1,442	100%	14

Two-thirds of parents (66%) served were ages 20 to 34 at the time of enrollment. One-fifth (21%) were ages 35 to 54, and 11 percent under age 20 (Figure 5).

5. Age of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
10 to 14 years	1	<1%	1
15 to 19 years	164	11%	13
20 to 34 years	960	66%	14
35 to 54 years	298	21%	13
55 to 64 years	18	1%	4
65 years or more	4	<1%	1
Total	1,445	100%	14

[5] Total numbers vary from figure to figure due to missing or incomplete data.

The most common racial and ethnic populations represented among participating parents are: Chicano/Hispanic/Latino (26%), White (22%), African American/Black (20%), and African-born (13%). Fewer parents are Native American (6%) and Asian (7%). Each population was served by 9 or more of the programs (see Figure 6).

6. Race/ethnicity of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Chicano/Hispanic/Latino	381	26%	12
White/European-American	323	22%	13
African American/Black	293	20%	12
African-born	190	13%	9
Asian/Southeast Asian/Pacific Islander	94	7%	10
American Indian/Native American	80	6%	9
Multi-racial	41	3%	8
Other	43	3%	6
Total	1,445	100%	14

Note: *Other includes don't know and not reported.*

About a quarter of the parents served were attending school at program entry. All but one program served parents both attending and not attending school. One program, a high-school-based program for teen mothers, served only parents in school (Figure 7).

7. School status of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
In school	347	24%	14
Not in school	1,118	76%	13
Total	1,465	100%	14

Parents' level of education varied, but overall, was relatively low at program enrollment, with almost half (48%) having less than a high school diploma. One-quarter (27%) were high school graduates only, and another quarter had college experience (some college or a two- or four-year degree). Educational attainment varied across programs. One program served parents who all had at least some college experience, whereas another served only

parents with a high school degree or equivalent. The others served parents with a range of educational attainment levels (Figure 8).

8. Highest year of schooling of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Eighth grade or lower	279	19%	9
Some high school	425	29%	12
High school graduate or GED	389	27%	12
Some college	278	19%	12
Two-year degree or technical college	56	4%	13
College graduate (BA, BS)	34	2%	12
Post-graduate work or professional school	3	<1%	2
Total	1,464	100%	14

Many parents (40%) were unemployed at the time of enrollment. Seventeen percent were working full-time, and 21 percent were working part-time. All 14 programs served both working and unemployed parents. A fifth were stay-at-home parents; 11 of the programs served this type of parent (Figure 9).

9. Employment status of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Unemployed	588	40%	14
Employed part-time	310	21%	13
Stay-at-home parent/guardian	301	20%	11
Employed full-time	243	17%	13
Not working due to disability	23	2%	7
Retired	4	<1%	1
Total	1,469	100%	14

Child characteristics

A few more boys than girls were among the children served by the 14 programs. The largest proportion of the children served (39%) were the 3- or 4-year-olds group, and altogether half were under age 3. Twelve of the 14 programs served children birth to 18 months, and 13 programs served children 19 to 35 months. Eleven programs served 3- and 4-year-olds, and eight programs served 5-year-olds. Half of the 14 programs served pregnant women (Figures 10-11).

10. Gender of children

	Number	Percent
Female	765	48%
Male	822	52%
Total	1,587	100%

11. Age of children

	Counts of parents		Number of programs
	Number	Percent	
Prenatal (mother is pregnant)	53	3%	7
Birth to 18 months	361	23%	12
19 to 35 months	368	24%	13
3 to 4 years	602	39%	11
5 years	163	11%	8
Total	1,547	100%	14

Household characteristics

Programs served from 37 to 205 households. On average, each household had three adults (age 18 or older), two children under age 6, and one school-age child (Figure 12). In total, the programs served more than 3,000 individuals directly and may have affected an additional 2,400 indirectly.

12. Household composition of participants

	Range	Overall Mean	Total
Adults (18 or older)	1-8	3.3	2,486
Children under age 6*	0-6	1.7	2,211
Children age 6 to 17	0-8	1.0	1,314
Total number of people in household	1-14	4.4	5,563

**Some programs enrolled pregnant women; thus, they had no children at the time of enrollment.*

Households served were about evenly split between two-parent (48%) and single-parent households (45%). Seven percent included extended family members. All 14 of the programs served single-parent households (one exclusively), and 11 programs served households with extended family members (Figure 13).

13. Household status of participants

	Counts of parents		Number of programs
	Number	Percent	
Single-parent/guardian	582	45%	14
Two-parents/guardians	626	48%	13
Extended family	84	7%	11
Total	1,292	100%	14

While English is the primary language for 55 percent of the families served, a large portion (45%) of the parents primarily speak languages other than English. For example, 25 percent are Spanish-speaking; 11 percent are Somali-speaking; 3 percent speak Lao, and 2 percent speak Hmong. Of the 14 programs, 13 served families that primarily speak English; 10 programs served Spanish-speaking families; 6 served Somali-speaking families; and 2 programs each served Lao and Hmong-speaking families (Figure 14).

14. Primary language of participants

	Counts of parents		Number of programs
	Number	Percent	
English	732	55%	13
Spanish	330	25%	10
Somali	145	11%	6
Lao	40	3%	2
Other	42	3%	5
Hmong	22	2%	2
Total	1,311	100%	14

Note: *"Other" languages include French, Hindu, Sudanese, Arabic, Oromo, English/Spanish bilingual households, and households that primarily speak other African dialects.*

Half (56%) of the program participants were renters, and 9 percent were homeowners. A large portion, though, did not have permanent housing when they started the program. For example, 16 percent lived in transitional or supportive housing, 13 percent were living with friends or relatives, and one percent lived in emergency shelters (Figure 15).

15. Housing situation of participants at enrollment

	Counts of parents		Number of programs
	Number	Percent	
Rents home or apartment	756	56%	13
Lives in transitional/supportive housing	220	16%	10
Lives/stays with friend or relative	178	13%	11
Owns home	120	9%	12
Lives in a shelter	9	1%	5
Other	13	1%	5
Total	1,296	100%	14

Note: *"Other" includes a family living in a friend's trailer, community residential living, and extended family households in which grandparents live with their children or grown children live with their parents.*

Three-quarters (78%) of the participating households were living below 100 percent of poverty, and all programs served these very low-income families. Another 19 percent of families were between 100 and 200 percent of poverty at the time of enrollment (Figure 16).

16. Poverty level of participants

	Counts of parents		Number of programs
	Number	Percent	
Below 100% of the poverty line	1,054	78%	14
Between 100% and 200% of the poverty line	257	19%	13
Above 200% of the poverty line	29	2%	8
Total	1,340	100%	14

Program participation and services

At the end of the three-year grant period, participants had been involved in their respective programs for up to 81 months, as some were enrolled prior to when funding started, and some were newly enrolled. On average, each family served was involved with the program for about 13 months, two months longer than the average at the end of the second year (Figure 17).

17. Length of participation in programs (N=1,184 families; 13 programs)

	Range (months)	Overall average (months)		
		End of year 3	End of year 2	End of year 1
Length of participation	<1 – 81	13	11	6

Note: *In some programs, families participate as a unit. In others, each parent is a participant.*

Program activities

Figure 18 shows the number of programs delivering each type of service and the maximum number of hours per participant for each activity. In total, families were engaged in program activities for up to 496 hours, similar to last year, though the maximum number of hours provided on individual support increased.

18. Program participation by activity (N=14)

	Number of programs	Maximum hours each family was involved[6]		
		End of year 3	End of year 2	End of year 1
Individual support	14	160	104	59
Groups	10	496	496	238
Other	10	40	34	40
Total hours	14	496	496	241
Home visits	13	95 visits	88 visits	74 visits

Individual support

The most common type of activity, offered by all the programs, was individual, one-on-one support. Families participating in this type of activity received up to 160 hours of individual support.

[6] This is based on 10 programs, as 3 programs did not report dosage.

Programs provided different types of individual support, either on-site or at participants' homes. Much of the individual support was based on a case or family plan developed as part of a family assessment. Developing a plan involved having parents set personal goals. Programs found that solution-focused goal setting worked best. Staff encouraged parents to think of small steps they could take to improve, instead of focusing on when they failed. For example, the goal might be "to be on time" one day a week, rather than focusing on why the parent was late.

Staff showed interest in and engaged with the children right away, which quickly engaged parents. Several programs also have child development centers or preschools. As part of these programs, staff worked with parents to complete development screenings for their children, and held parent-teacher conferences to address their child's individual needs.

Much of the parenting education occurred through modeling. Rather than "lecturing" parents, staff provided indirect teaching by modeling behavior or held two-way conversations. Staff modeled and facilitated positive interactions between parents and children, often using small toys, books, or age-appropriate household items. As staff continued to work with families, they moved from leading the activity to the parent taking the lead role. The challenge was that parents often view the home visitor as the expert, but over time parents gained confidence to lead the activities with their child. A few programs videotaped parent-child interactions. These videos are a great family keepsake, as well as a learning tool for parents.

Group activities

Ten of the programs did group activities, two of which added group activities in the last year. Families in these programs participated in group activities for up to 496 hours.

Several programs conducted family education through classes, typically held weekly. These classes focused on everything from children's developmental needs to life skills. The benefit of the classroom model was that parents learned from each other. Guest speakers were sometimes invited. Parents often were more engaged with guest speakers, as the guests provided a new perspective from that of program staff.

Several programs also held social or family events from once a week to twice a year. These activities typically involved a meal, and an opportunity for families to do a fun activity together. Through these sessions, parents were able to meet others and build a support system. They also modeled good parenting behaviors for each other.

The lack of transportation, which resulted in lower participation, was a challenge to providing group events. Some programs addressed this by providing transportation,

though it was costly to do so, or holding activities where families live, if multiple families lived in the same complex. These group events also challenged staff when parents engaged only with each other and not with their children and when parents did activities for the child rather than with the child. Programs addressed these challenges by having both parent-only and parent-child time during the events and by providing supplies so parents could do the activities themselves.

Home visiting

Home visiting services were provided to 1,084 families, 81 percent of those served, who each received up to 95 home visits, up from 88 visits last year. Thirteen of the 14 programs provided home visits[7]; five programs provided home visiting exclusively. Nine programs visited all families in their programs, whereas five visited select families with additional need/interest in home visiting services.

Programs provided home visits from three times a month to twice a week, with each visit ranging from half an hour to several hours. Those who visited families less frequently often saw families more regularly at group classes or activities. This regular interaction helped staff build trust with families. Home visiting also allowed families without transportation to receive parent support and other services. In the third year, two programs noted changes in the location for visits, encouraging families to come to their offices for visits due to unsafe or uncomfortable home conditions.

Several programs used structured curricula to guide the home visits, such as Growing Great Kids, Home Instruction for Parents of Preschool Youngsters (HIPPY), Parent-Child Home Program, and Nurturing Parent Program. These models have tested materials and are adapted through national organizations. Staff noted that many of these curricula have evolved to be more culturally appropriate over time. Despite that, sometimes the curricula were too structured or not appropriate for the populations served. Staff struggled to balance the rigidity of the programs while being flexible to parents' needs. Some used supplemental materials or created their own to enhance the cultural appropriateness.

Other programs conducted visits on a more ad hoc basis, and did not use a national curriculum. Instead, these families were typically involved in other programming, and the home visits supported or reinforced what children or parents were learning in classes.

In the third year, a few programs reported an increased focus on using standardized curricula with families. Another program reported increasing staff education around

[7] The program that did not provide home visiting is a residential program and services were provided at the complex were participants live.

different parenting styles and different types of families, and was more deliberate in incorporating that education into their home visits.

Programs employed staff of varying education levels to conduct home visits. Some hired public health nurses, while others hired former program participants and parents to work with families. Having staff who are representative of the community being served helped establish trust.

Additional challenges of home visiting were: family isolation, staff morale, scheduling, the multiple crises families face, and staff turnover. Programs that exclusively provided services through home visits faced the challenge of family isolation. Staff morale was also difficult for these programs, as staff work alone with families facing difficult circumstances. This was further exacerbated when families were not home at scheduled times. Furthermore, home visitors often arrived to find families in the midst of a crisis. It could be difficult to address parent education when the crisis becomes the focus of the visit. Finally, several programs experienced staff turnover in year two of the grant and, as a result, lost some participants who did not want to establish a relationship with a new home visitor. Staff dealt with these challenges by sharing strategies other families use to solve problems (either anonymously or with their consent), building staff retreats into their program, and trying to embed parent education while addressing immediate crises.

Other activities

Ten of the programs also offered other types of activities, two of which added other activities in the last year. These activities included talking to clients on the phone, attending social events (e.g., potlucks), joining parent-teacher conferences, facilitating medical appointments, and providing transportation. Each family participated in these activities for up to 40 hours.

Referrals

Programs made over 10,000 referrals to participating families, up from 7,000 referrals at the end of last year. Half (49%) of the referrals were for three types of services: health, basic needs, and early care and education (Figure 19). All of the programs made referrals for basic needs, health, education or employment, legal assistance, and other types of resources; and 13 of the 14 programs made referrals for early care and education, housing, recreation/cultural activities, and transportation resources.

Families' needs remained fairly stable across the grant period, although almost all programs (10 of 12) reported that the need for basic, concrete supports either increased in year three or remained a high need.

19. Types of referrals, cumulative over three years

Type of referral	Counts of referrals Number	Percent	Number of programs
Early care and education	1,934	18%	13
Basic needs	1,794	17%	14
Health	1,537	14%	14
Other	1,051	10%	14
Recreation/cultural	1,031	10%	13
Education/employment	875	8%	14
Housing	760	7%	13
Parent's mental health	618	6%	12
Children's mental health	267	3%	11
Legal assistance	312	3%	14
Transportation	324	3%	13
Chemical health	187	2%	11
Total	**10,655**	**100%**	**14**

Referral resources

Programs reported that basic resources in their communities were generally available for families, especially concrete supports such as food and clothing shelves. Sometimes, however, these resources were not free, and those that rely heavily on donations have been less available recently.

Several programs identified specific gaps in services, including child care, preschool (especially for children with special needs), mental health (especially infant mental health and services for Spanish speakers), and housing. In particular, long waiting lists for affordable housing were an issue for families in several programs.

Programs generally thought families were getting what they needed through these referrals, although some pointed out that, at times, families were getting less of a resource than previously (i.e., imposed limits on the provision of certain resources). In particular, during year three of the grant, four programs felt that referral agencies had even *less* available funding, meaning there were fewer resources available for families overall. Two programs noted that the state government shutdown had a direct impact on families when some services (e.g., fuel assistance) and referral agencies were closed.

Referral networks and community partnerships

All funded programs have developed a network of community resources for their families. Some developed this network as an ongoing process, where they regularly seek out new resources or partners, especially to replace agencies or programs that close. This development continued through the last year of the grant, during which a few programs added new referral partners to their network. Programs shared a variety of strategies for identifying new referral sources and expanding their network of community partners:

- Search community and school district websites for "fun and free" activities.
- Capitalize on the connections and knowledge agency and program staff, volunteers, and board members have with other community agencies – for example, home visitors, public health nurses, and early childhood coalitions.
- Invite individuals from other organizations to speak to parents, which enables the community organization, the program, and the parents to learn about one another and partner. The speaker becomes a "familiar face" to the parent, which increases the parent's comfort level when it comes time to seek out the referral.
- Leverage relationships on existing committees, collaboratives, and other networks (e.g., Metro Alliance for Healthy Families) and strengthen the partnerships.
- Network with individuals at meetings and conferences.
- Market the program through informal presentations and distribution of flyers.
- Provide incentives to staff at potential partner agencies.
- Gather ideas from clients who identify specific programs and agencies.
- Attend agencies' open houses, or host an open house.

Program implementation

This section summarizes comments from the programs participating in the Parenting Education Initiative about program start-up, implementation, and evaluation based on group discussions at a program sharing meeting in February 2010. Programs discussed challenges with program implementation and offered suggestions for improving the current initiative. These comments were reiterated in a subsequent group discussion with programs in December 2011.

Participating in the Initiative

Each program indicated that the Initiative funds allowed them to expand capacity in one of three ways: 1) to serve a larger number of families; 2) to serve new populations of clients, primarily new cultural groups or families with children of different ages; or 3) to bring back previously successful programs which had been unfunded in recent years.

In order to expand programming, programs hired new staff, increased hours of existing staff, provided job skills and training for new and existing staff, and changed roles of current staff. Several programs reported that existing staff moved into supervisory positions as programs expanded.

A few programs reported they revised their intake and screening processes to gather information from parents, or recruit families with younger children or families from different cultural groups.

Additional program needs

Programs identified a number of resources and supports they needed in order to optimize their program delivery. Several were interested in sharing referral sources with other programs involved in the Initiative. This would help program staff learn about available resources in the area, learn from one another, and develop longer-term relationships.

Another need program staff identified was additional training and support for program staff as they work with families with children of different ages or from other cultural communities. Program staff from the different programs in the Initiative could support each other in working with similar populations of clients.

Several programs expressed concerns about the limited time allowed under the current grant for start-up activities, including hiring and training new staff.

One program identified an emerging need – the mental health maintenance of new mothers diagnosed with bi-polar and other serious psychiatric conditions.

Evaluation support needs and concerns

Several programs were satisfied with the one-on-one evaluation consultation, and appreciated having a single point of contact for evaluation-related questions. However, the different reporting requirements for the United Way reports (all served within a grant year) and the Wilder reports (a cumulative report of all assessed or eligible to be assessed) was challenging. Program staff suggested that future evaluation requirements be clear in advance of the grant awards. Programs noted the evaluation required extensive staff time they had not accounted for in their proposal, which impacted time staff had to spend with clients.

Programs would have liked to collect data for a longer time prior to the first report; they felt the short timeline meant the first report did not accurately reflect the clients' progress. Additionally, programs would like to use grant funds to offer incentives to families who participate in the evaluation.

The indicators established by the United Way required quantitative measures of child development and parenting behaviors. Programs expressed interest in a more qualitative approach. Even though the Wilder report template includes a section on success stories, several programs expressed concerns that the current evaluation was not capturing their clients' stories, important anecdotal evidence of program success. Another concern included the difficulty in documenting for all families served whether they had successfully followed up on their referrals.

A few programs expressed concerns over the reading level and cultural appropriateness of the parent self-assessment. A few programs also requested additional support with data management, and simpler systems for entering and reporting evaluation data.

Uses of evaluation tools and findings

Several programs expressed satisfaction with the evaluation tools and noted that the interaction between parents and staff while administering the tool was mostly positive. Staff used the parenting tools to identify areas in which families may be struggling and in their own reflective practice. Staff reported parents appreciated having a sense of their own progress. Program staff also reported the parent tool was used to encourage self-reflection with parents and helped reinforce the positive changes they are making related to their parenting. The referral tracking form was also helpful in coordinating with other agencies and for program planning.

Programs varied in how they used their evaluation findings. A few programs reported sharing evaluation findings with stakeholders beyond the United Way, including agency stakeholders. Others reported the evaluation led to larger, organizational conversations about what success means for clients served by their programs.

Program staff generally agreed they appreciated consistency across the 14 programs. While the evaluation is not a perfect fit with any one program, it is comforting for them to know that all the programs are being measured using the same tools and reporting on the same measures toward the same outcomes.

Finally, through using the evaluation tools, staff and parents were able to identify potential developmental issues and special needs of children early on, including issues with weight gain and speech.

Lessons for future Parenting Education program proposals

Grantees offered several lessons learned that could improve future proposals:

- **Set realistic performance targets based on populations served.** Several programs reported that program staff were not involved in writing the proposal; due to this disconnect, grant writers had unrealistic expectations of program services and identified unrealistic performance targets. There was also confusion on which families would be counted towards their performance targets; i.e., the number served versus the number eligible for assessment based on time in the program and age of the child versus the number of families assessed.

- **Propose serving fewer families due to unexpected, deep end needs of target population.** Especially true among programs that expanded current programming to serve new populations, staff expressed challenges in identifying the number of families they would reach as they were unaware of the needs of different client populations. Staff would like the opportunity to revise target performance measures based on their experience delivering services for one year.

- **Clarify timeframe of performance targets.** Some programs believed the estimate was for two years of the program rather than one; or conversely, for one full year of programming beginning when the program started serving clients, rather than on the date the grant was awarded.

- **Gather information about evaluation expectations at the onset of the grant, including proposed tools.** While some grantees were quite satisfied with the evaluation component of the initiative, many noted it would have been helpful to

have additional information about the evaluation expectations during the proposal stage. Several programs expressed frustration that the qualitative and other evaluation methods they proposed were not acceptable methods to evaluate their programs.

Early learning outcomes

The outcome evaluation documented the extent to which:

1. Parents demonstrated and improved their parenting skills and behaviors, as reported by staff and the parents themselves
2. Parents connected with recommended community resources
3. Children demonstrated and improved age-appropriate social/emotional, cognitive, language/literacy, and physical skills and behaviors

This section also includes comments from participating programs about impacts they have observed in parents and children, challenges to making impacts, and lessons learned. These comments come from a program sharing meeting in November 2010, information reported in the grantees' annual reports to Wilder, and telephone interviews with grantees done in January 2012.

Parenting skills and behaviors

Parenting skills and behaviors at the outset of program participation

According to staff's retrospective ratings, when parents started their program participation, 30 to 40 percent of the parents demonstrated clear concerns or inconsistent parenting skills and behaviors on each of the indicators, about 40 percent demonstrated adequate parenting skills and behaviors, and about one-quarter showed signs of clear parenting strengths.

20. Parenting skills and behaviors at the outset (aggregated summary of staff retrospective rating of positive parenting indicators for 932 parents)

	Percentage of parents with an average score of…			
Positive parenting indicator	**Clear concern**	**Inconsistent**	**Adequate**	**Clear strength**
Knowledge of developmental milestones and age-appropriate behaviors	4%	28%	44%	24%
Positive, effective parent/child communication techniques with her child	5%	30%	39%	26%
Confidence and self-control when responding to child's needs	6%	30%	42%	23%
Positive parenting techniques that enhance school readiness skills prior to entering kindergarten	6%	26%	40%	28%

Parenting skills and behaviors after program participation

Figures 21-24 show staff and parent ratings of parenting skills and behaviors and any changes in the ratings at the most recent assessments after at least three months of program participation.[8]

Indicator 1: Knowledge of developmental milestones and age-appropriate behaviors

Questions on the parent and staff tools that pertain to this indicator include: ensuring children have a regular sleep schedule, consoling or comforting an upset the child, setting limits on activities and behaviors, and adapting to meet the child's needs.

Of the parents assessed,[9] 98 percent were at least inconsistently demonstrating this indicator on their most recent staff assessment, including 43 percent demonstrating adequate parenting skills and behaviors and 42 percent showing signs of clear strengths.

Based on staff reports from retrospective assessment to post-assessment, 36 percent of parents increased their skills and behaviors in this area, and 60 percent stayed the same.

According to parents' own most recent self-assessments, 99 percent were at least "sometimes" meeting this indicator, including 42 percent demonstrating positive parenting skills and behaviors most of the time and 45 percent demonstrating them almost always. In addition, 42 percent of parents reported they were doing the behaviors in this area "a little more than before," while 26 percent of parents said they were doing them "much more than before."

Indicator 2: Positive, effective parent/child communication techniques with child

Questions on the parent and staff tools that pertain to this indicator include: talking to the child and encouraging a response, accurately responding to the child's cues for help, and showing delight and interest in the child.

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8 An average score at or above "sometimes" or "inconsistently" demonstrating the skills and behaviors for each indicator was the cut-off for meeting the performance on the indicators specified by the United Way.

9 About 445 parents were unable to be assessed by staff, and approximately 668 parents were unable to complete self-assessments. Reasons for missing information include: parents had not yet given birth or were newly enrolled; staff turnover limited staff ability to accurately assess parenting skills and behaviors; parents had limited literacy or language barriers preventing them from completing self-assessment; and some programs misunderstood the requirements for completing assessments.

Of the parents assessed, 99 percent were at least inconsistently demonstrating this indicator on their most recent staff assessment, including 40 percent demonstrating adequate parenting skills and behaviors and 45 percent showing signs of clear strengths.

Based on staff reports from retrospective assessment to post-assessment, 36 percent of parents increased their skills and behaviors in this area and 59 percent stayed the same.

According to parents' own most recent self-assessments, 100 percent were at least "sometimes" meeting this indicator, including 20 percent demonstrating positive parenting skills and behaviors most of the time and 77 percent demonstrating them almost always. In addition, 33 percent of parents reported they were doing the behaviors in this area "a little more than before," while 41 percent of parents said they were doing them "much more than before."

Indicator 3: Confidence and self-control when responding to child's needs

Questions on the parent and staff tools that pertain to this indicator include: having realistic expectations of the child's capabilities, making positive statements about parenting abilities, and seeking help to meet the child's needs.

Of the parents assessed, 98 percent were at least inconsistently demonstrating this indicator on their most recent staff assessment, including 41 percent demonstrating adequate parenting skills and behaviors and 45 percent showing signs of clear strengths.

Based on staff reports from retrospective assessment to post-assessment, 40 percent of parents have increased their skills and behaviors in this area and 57 percent stayed the same.

According to parents' own most recent self-assessments, 100 percent were at least "sometimes" meeting this indicator, including 20 percent demonstrating positive parenting skills and behaviors most of the time and 77 percent demonstrating them almost always. In addition, 34 percent of parents reported they were doing the behaviors in this area "a little more than before," while 38 percent of parents said they were doing them "much more than before."

Indicator 4: Positive parenting techniques that enhance school readiness skills prior to entering kindergarten

Questions on the parent and staff tools that pertain to this indicator include: reading or telling stories, taking the child to the doctor, and getting the child together with other children to play.

Of the parents assessed, 97 percent served were at least inconsistently demonstrating this indicator on their most recent staff assessment, including 36 percent demonstrating adequate parenting skills and behaviors and 50 percent showing signs of clear strengths.

Based on staff reports from retrospective assessment to post-assessment, 39 percent of parents have increased their skills and behaviors in this area and 56 percent stayed the same.

According to parents' own most recent self-assessments, 98 percent were at least "sometimes" meeting this indicator, including 57 percent demonstrating positive parenting skills and behaviors most of the time and 21 percent demonstrating them almost always. In addition, 41 percent of parents reported they were doing the behaviors in this area "a little more than before," while 33 percent of parents said they were doing them "much more than before."

21. Staff ratings of parenting skills and behaviors after program participation (aggregated summary of positive parenting indicators for 1057 parents)

	Percentage of parents with an average score of…			
Positive parenting indicator	**Clear concern**	**Inconsistent**	**Adequate**	**Clear strength**
Knowledge of developmental milestones and age-appropriate behaviors	2%	13%	43%	42%
Positive, effective parent/child communication techniques with her child	1%	14%	40%	45%
Confidence and self-control when responding to child's needs	2%	12%	41%	45%
Positive parenting techniques that enhance school readiness skills prior to entering kindergarten	3%	11%	36%	50%

22. Staff ratings of parenting skills and behaviors after program participation (aggregated summary of changes in indicator scores for 907 parents)

Positive parenting indicator	**Decreased**	**Stayed the same**	**Increased**
Knowledge of developmental milestones and age-appropriate behaviors	4%	60%	36%
Positive, effective parent/child communication techniques with child	5%	59%	36%
Confidence and self-control when responding to child's needs	4%	57%	40%
Positive parenting techniques that enhance school readiness skills prior to entering kindergarten	5%	56%	39%

23. Parent self-ratings of parenting skills and behaviors after program participation (aggregated summary of positive parenting indicators for 834 parents)

	Percentage of parents with an average score of…			
Positive parenting indicator	**Almost never**	**Sometimes**	**Most of the time**	**Almost always**
Knowledge of developmental milestones and age-appropriate behaviors	1%	13%	42%	45%
Positive, effective parent/child communication techniques with her child	0%	4%	20%	77%
Confidence and self-control when responding to child's needs	0%	3%	20%	77%
Positive parenting techniques that enhance school readiness skills prior to entering kindergarten	2%	20%	57%	21%

24. Self ratings of parenting skills and behaviors after program participation (aggregated summary of changes in indicator scores for 782 parents)

Positive parenting indicator	**Less than before**	**The same as before**	**A little more than before**	**Much more than before**
Knowledge of developmental milestones and age-appropriate behaviors	0%	32%	42%	26%
Positive, effective parent/child communication techniques with child	0%	25%	33%	41%
Confidence and self-control when responding to child's needs	0%	28%	34%	38%
Positive parenting techniques that enhance school readiness skills prior to entering kindergarten	0%	26%	41%	33%

Parenting skills and behaviors relative to length of program enrollment

Based on staff assessments, parents enrolled for over one year were more likely to demonstrate "clear strength" in parent/child communication (49% versus 41%), supporting school readiness (55% versus 47%), and confidence when responding to children's needs (47% versus 43%).

In the third year of the grant, cumulative parenting scores were slightly higher than in the second year of the grant, based on both parent and staff reports.

Discussion of parenting results

Programs addressed discrepancies between parent and staff ratings of parents' skills and behaviors in their narrative reports. In one program, parents rated themselves lower than staff on some indicators, perhaps due to parents either having unrealistically high expectations or not understanding the questions. Programs offered several possible explanations for the higher parent self-report scores. Some sites felt parents had difficulty understanding the concepts or how they were lacking in specific areas, while other sites thought parents misinterpreted their growth in some areas. A few sites attributed the gap to social desirability, and one of the 13 sites felt its target population, adolescents, tended to believe they already know much of what adults are trying to teach them. Finally, a couple of sites felt that parent perceptions may be more accurate than staff perceptions because staff have limited interactions with parents and only in the specific context of their service delivery.

Programs reported that decreases in parenting skills as rated by staff may be due to parental lifestyle changes, such as employment or education changes, which lessened time for parent-child interactions or greater parental trust leading to increased understanding of parenting gaps.

Challenges to achieving outcomes

In the third year, four programs noted that factors such as having few basic needs met and the presence of mental health issues made it difficult for some parents to focus on parenting. Two programs noted that internal programming issues, such as losing staff or having to close a site, affected their ability to achieve desired outcomes for some parents. Three sites mentioned data-related issues, such as the challenge in collecting data about clients who are in crisis and/or participate inconsistently, as well as challenges related to the staff time involved in collecting and entering data.

While several programs did not note any challenges related to achieving outcomes for children, others mentioned issues such as being short staffed, children with medical conditions and/or Individualized Education Plans (which make the ASQ and ASQ:SE inappropriate), and family instability.

Connecting with recommended community resources

As a way to provide critical family support in areas not available in parenting programs such as basic needs, mental and physical health, and social/emotional support, programs were to assist parents and families to connect with community resources.

Altogether, 1,210 families received referrals (89% of those served), up from 847 families through the end of the second year, with each family receiving an average of nine referrals. Half of families received referrals for housing, basic needs, and children's mental health resources (Figure 25).

25. Families receiving and following up on referrals – cumulative over three years

Type of referral	Families receiving referrals[10] Number	Families receiving referrals[10] Percent	Percent following up
Early care and education	730	54%	54%
Health	685	50%	100%
Basic needs	662	49%	87%
Education/employment	542	40%	68%
Other	540	40%	45%
Housing	431	32%	100%
Recreation/cultural	292	22%	35%
Parent's mental health	269	20%	100%
Transportation	183	13%	57%
Chemical health	174	13%	24%
Legal assistance	160	12%	55%
Children's mental health	152	11%	99%
Total	**1,215**	**89%**	**93%**

Referral follow-up

In general, families followed up on most of the referrals staff provided, with 93 percent overall accessing referred resources (Figure 25). All families that received referrals for health, housing, and parent's mental health resources connected with those resources. Despite the overall high rate of follow up, some programs reported that lack of client follow through on referrals remained a challenge in year three. Staff reported various reasons for this:

- **Lack of transportation** is an obstacle. Even when public transportation is available, using it is difficult for families with young children, especially in the winter. In

[10] One program counted referrals to parents, rather than families.

addition, using public transportation can be expensive and requires a lot of coordination and planning.

- **The difficulty in navigating systems** hinders families directly. In addition, helping families navigate complicated systems requires intensive time on the part of staff related to filling out forms, making phone calls, etc., and staff did not always have adequate time to devote to providing this type of assistance.

- **Families' pride** and the stigma associated with asking for help or welfare keep families from accessing some services.

- **Appointments set too far in the future** kept some families from following through on a referral.

Several programs indicated that families were more likely to follow through on referrals for certain types of services (i.e., basic needs and housing), and less likely to follow through on referrals related to "enrichment" activities. Staff report that families were also more likely to follow through on a referral if they knew other families had good experiences at that agency.

According to program staff, referring a parent to a specific person at an agency (rather than a general number) also increased follow through. Also, some programs mentioned encouraging the "right" resources first – that is, those that are a priority to that particular family. This increased a family's engagement in the program overall and made them more receptive to future referrals. In addition, if program staff provided the appropriate type and level of support to parents, they were more likely to follow through. Some programs also described role modeling for families on how to ask for help, as well as coaching other staff about how to be vigilant with their clients about follow through.

Ongoing challenges around follow through prompted some agencies in Year 3 to become more diligent about tracking clients' follow through. These programs reported they increased their focus on client referrals and invested more time in order to help parents seek out referrals.

Age-appropriate child developmental skills and behaviors

The United Way's performance indicator for age-appropriate child development required demonstration of skills and behaviors in all the domains of child development -- social/emotional, cognitive, language/literacy, and physical. At their most recent developmental screening using the ASQ and ASQ:SE after at least three months in the

program, the percentage of children demonstrating age-appropriate skills and behaviors in each domain are.[11]

- 81% social-emotional
- 93% personal-social
- 91% problem solving (cognitive)
- 89% communication (language and literacy)
- 95% gross motor and 87% fine motor (physical)

While the percentage of children demonstrating age-appropriate skills and behavior is 81 percent or above *in each domain*, the percentage of children demonstrating age appropriate skills and behavior *across all the domains* is 68 percent.

26. Age-appropriate child development: Proportion of children demonstrating age-appropriate development/competence by domain at most recent screening

Child development indicator	Number	Percentage age-appropriate
Communication [a]	639	89%
Gross motor [a]	681	95%
Fine motor [a]	625	87%
Problem solving [a]	652	91%
Personal-social [a]	670	93%
Social-emotional (ASQ:SE) [b]	539	81%
Total (child at developmental age in all domains) [c]	489	68%

[a] Scores for the Ages & Stages Questionnaires (ASQ) above the cut-off suggest the child exhibits healthy development in that area of functioning, while scores at or below the cut-off suggest potential problems in need of further assessment.

[b] Scores below the cut-off for the Ages & Stages Questionnaires: Social-Emotional (ASQ:SE) suggest social-emotional competence, while scores at or above the cut-off suggest potential social-emotional problems in need of further assessment.

[c] One program used Work Sampling rather than ASQ/ASQ-SE to assess child development. That site's results are excluded from this table.

[11] Work Sampling results for children in one program are similar, with these percentages rated proficient: physical development (90%), personal and social development (81%), the arts (80%), language and literacy (76%), and mathematical thinking (77%).

Discussion of results

Based on their interactions with families, program staff noted in their program stories that participating children were more alert, talkative, and better behaved. A success in and of itself was the fact that many programs were able to successfully screen all of their children using the ASQ and ASQ:SE tools. Staff from several programs reported that using the tools resulted in increased ability by staff to make appropriate referrals, and increased awareness among parents about issues with their children.

The programs serving children who scored below the threshold for age-appropriate development attributed these scores to several factors, including working with children with known disabilities or Individualized Education Plans; families experiencing extreme stress and other risk factors; and parents who have limited English proficiency or developmental delays themselves.

Finally, child development data were missing for nearly half (43%) of participating children. While some of these children were likely ineligible for assessment due to age or disability status, the findings presented here may not be representative of the changes seen in all participating children.

Factors associated with achieving early learning outcomes

Based on program reports and our own examination of various program characteristics and service populations for statistical associations with positive early learning outcome scores,[12] these factors emerged as associated with achieving parenting education and child development outcomes:

[12] We examined various program characteristics and service populations for any statistical associations with positive parenting outcome scores. These included types of potentially high-risk populations served, such as teen parents, prenatal parents, families for whom English is not their primary language, and families below 200 percent of poverty. A program was considered to be "serving" one of these special populations if the population comprised at least 10 percent of their total service population. We also grouped programs by service strategies such as whether or not it:

- Provided home visiting services exclusively, primarily while supplemented with other services, supplementary to other services, or not at all.
- Provided child-specific services, such as at child care or preschool.
- Implemented an evidence-based parenting education curriculum or an evidence-based early childhood education curriculum.

We calculated an average score for each parenting domain within each program by assigning each individual parent a numerical score that is associated with their level of positive parenting skills and behaviors for each domain: a score of 1 for parents who self-reported themselves in the "not at all" group and were rated by staff in the "clear concern" group; a 2 for parents in the "inconsistent" or "sometimes" group; a 3 for those in the "adequate" or "most of the time" group; and a 4 for parents in the "clear strength" or "almost always" group.

- Multiple points of contact with families -- either multiple times a week or in multiple settings – to establish relationships and build trust
- Addressing each family's individualized needs and tailoring services and referrals to those needs
- Implementing an evidence-based parenting education and/or early childhood education curricula

These factors are perceived and statistical associations, not causal relationships, and should be considered exploratory and used with caution. In addition, programs implementing evidence-based curricula may have other features contributing to their positive results. For instance, these programs may be more structured or prescriptive based on curricula requirements. Also, because fidelity to evidence-based curricula is important, staff training and supervision in these programs may be more rigorous. Finally, it may be that the programs not using evidence-based curricula have additional barriers influencing their parenting scores such as serving a particularly high-need population without an appropriate evidence-based parenting education curriculum available.

Other perceived outcomes for families, parents, and children

Changes for the better for families

Program staff report that families overall are improved. The TV is on less often in many homes, safety measures are put in place, and both children and parents are better groomed. Moreover, families create routines and schedules that make their households run more smoothly.

> The home visitor gave the family a calendar and a filing system so paid and unpaid bills would be in the same filing system and all appointments would be on the calendar in an accessible location. They also marked down the dates the bills were supposed to be paid so they wouldn't forget. The family worked hard and eventually became much more organized, keeping appointments and paying bills on time.
>
> With the help of her parent worker, this family developed a list of "house-rules" and a consistent policy for enforcing the rules without having to resort to anger or violence.

> After starting weekly home visits, house cleanliness became a major focus and goal for the family. The home visitor worked with the parents to set small, weekly goals which included maintaining what had been done and one additional task to complete by the following home visit. The home visitor has noted that there has been significant improvement in the environment that they are living in and having a greater focus on the development of the children is now possible.

Families also obtain housing with help from home visitors:

> With the home visitor's help and guidance, the family was able to apply for and obtain public assistance from the county. The grandfather signed the lease on an apartment for the family to live in. Once the mother was living in her own place with the father, her anxiety lessened substantially.
>
> One mother has found stable housing for the first time in a long while; she has been living in the same apartment now for over six months (which is longer than any other address).
>
> The home visitor facilitated one family's move to more stable housing and linked the family to resources to furnish the apartment.

Changes for the better in parents

Programs report numerous observed changes for the better in the parents with whom they worked. Program staff note that parents report successes they are having with their children, are excited when their children learn new skills, share struggles and ask for help, ask more thoughtful questions, and emulate what staff or other parents do well. Specifically, programs gave the following examples of how parents had changed.

Parents continue with the program or come back to the program with other children:

> One mother participated in the HIPPY program with her daughter who completed the program last year and now with her 4-year-old son.
>
> Two years ago, a family began participating in the Parent-Child Home Program. After the first two visits, they encouraged their siblings to join the program with their toddlers that same year. A year later, two more siblings entered into the program, one of them being an 18-year-old teen mom.

Parents go back to school, get new jobs, and start making plans for the future:

> The home visitor worked with a family using the Growing Great Kids Prenatal Curriculum. One of the modules was called Mapping the Future. The mother and father learned that they can make their dreams come true and mapped out a way to obtain their goals/dreams. The father received his GED January 2010. The mother finished high school and received her diploma in May of 2010. They were very proud of themselves and made a plan to go to college.
>
> After being enrolled in the program, the dad is now working and wants to continue his education and the mom is attending the University of Minnesota.

Parents engage with their community and/or participate in cultural activities:

> We consider the mixture of grandparents and young parents, and Hmong and Lao parents sitting together in the same classroom sharing their wisdoms and learning about ways to get young children ready for school, a real success. It is rare to have the opportunity to get young parents to be sitting with grandparents learning about how grandparents raised their children in Laos compared to America.
>
> Parents and children started going to the library on their own and picked out books together.
>
> One family now has time to do activities together such as listening to books, walking to the park, and watching movies.

Parents gain greater social support and build relationships with other parents:

> One mother enjoys the adult interaction and conversation at the parent group meetings. CIC gives her family the opportunity to meet families from diverse backgrounds. Her *advice* for other parents: "Keep an open mind because sometimes the activities might not feel natural. Also, have fun while your children are learning!"
>
> Assisting a mother with social anxieties in gaining the courage to attend our socialization experience. This mother has since formed close relationships with two other mothers who attend the socialization.

Parents gain greater confidence in themselves, including confidence in their parenting:

> The home visitor watched as the mother's confidence grew.
>
> Before this mother was weak and had low self-esteem. She has started preparing to move herself and the girls away and start a new life without alcohol in the home.

> With the help of teachers, child care staff, parent educators, social workers, health & county services, here at New Beginnings, I am becoming a proud, competent woman. I am near graduation.

Changes for the better for children

Parents demonstrate realistic, age-appropriate expectations for children, show increased attachment and interest in interacting with their children, and began reading to their children:

> In one family, the mother learned how to care for her baby comfortably and her anxiety diminished greatly. The family developed a strong attachment and bond to each other, and the mother and father were able to share routine care.
>
> At the beginning of the program, the parents of several families displayed very limited ability in engaging their child in creative play or interaction. They rarely set limits with their child, or when they did, neglected to provide a verbal rationale. By the end of the program, assessments showed that the verbal engagement between the parents and their child increased considerably. The parents were much more encouraging, affectionate and verbally engaged with their children.
>
> We had a family enrolled in our program, in which the two parents were teens who had both come from homes that had no support and tough family situations. After being enrolled in the program, both parents have shown growth in their parent involvement and their child is blossoming.
>
> The home visitor taught the mother how to interact with her child using intentional literacy toys, as well as how to meaningfully engage the child's learning in day-to-day activities.
>
> During my visits, I would read donated books and model for Mom what it looks like to be more interactive and to include the child in the reading process. Mom took cues from me and asked her child to help turn pages and point out objects on the page. Mom started to understand that she doesn't always have to read the book word for word, and she can make a learning experience out of books just by turning the pages and looking at pictures.

Connecting children with preschool and services for special needs are other ways children benefit from the Parenting Education Initiative:

> After participating in the program, the baby is now a healthy 2½-year-old boy who is enrolled in a quality child care center while his dad works.

One mother's goal was to get her child into a preschool. The school district in her area has a preschool with tuition assistance that is within walking distance from their home so they won't have to worry about driving or putting the child on a bus. The home visitor held the mother's hand through the many steps to get the child enrolled, including making phone calls, filling out paperwork and turning in applications. The mother told the home visitor the first day of school was a success! The child loves school, and they only have to pay $20 a month for her to go.

With the help of their home visitor, the children are attending preschool programs.

One mother is very happy because her children go to school knowing so much. This fall he began High-5 and was the first in his class to complete his homework.

After some time in the program, one mother asked what more she could do to help her daughter; the home visitor encouraged her to enroll her child in Way to Grow's *Preschool Pals* class at Little Earth.

With the help of their home visitor, one child is participating in a special education program due to hearing problems identified during the home visits.

Within the first year of life, the child had some mildly dysmorphic features, frequent illnesses, and mild delays in her development. The home visitor accompanied the mother to doctors' appointments for evaluations and supported her through multiple assessments. When the mother had a negative experience with a medical provider, the home visitor assisted her in identifying a physician more skilled in caring for children with special needs.

Program sustainability

In the third and final year of the United Way Parent Education Initiative funding, programs were asked to report on the impact of the end of the grant funding on their program and what changes they made to their programs as a result of the grant funding that they plan to continue.

Three programs feel the grant ending will not have a significant impact on their program. These agencies feel they are generally stable and would continue their current level of programming. Half of the programs, however, note that the grant's end would bring significant changes to their program, such as increased "juggling" internally in order to provide services, the inability to grow, and the need to seek out additional funding. Furthermore, without this funding, two programs say they would lose staff and as a result, have less capacity to serve as many families as in past years.

Seven of the 12 programs note how, as a result of the grant, their appreciation for and understanding of data and outcomes have grown. Finally, 10 of the programs say they will maintain some evaluation as part of their programming and continue to track data about families and referrals, using at least some of the evaluation tools introduced during the grant period, such as the ASQ and ASQ:SE, Wilder's referral tracking form, and Wilder's parent assessment.

Appendix

Parenting survey

Indicators of Positive Parenting – Retrospective Staff Report survey

Indicators of Positive Parenting – Current Staff Report survey

Parent Education Referral Tracking Form

Parent ID #_____ Enrollment date:_____

Success By 6™ Parenting Education
Parenting Survey

Today's Date: _____

Circle the number that best describes how often you do each of the following now.
Please answer the following questions about your oldest child (age 0 to 5) that is in the program with you. Write the name and age of that child here:

Child's first name: _____ Child's age: _____

	How often do you do each of these now?			
	Almost never	**Sometimes**	**Most of the time**	**Almost always**
1. I let my child try to solve problems or settle down before I help.	1	2	3	4
2. I comfort my child when he or she is upset.	1	2	3	4
3. I make sure my child takes daily naps or has a set bedtime.	1	2	3	4
4. I play with my child every day.	1	2	3	4
5. I read or tells stories to my child everyday.	1	2	3	4
6. I tell my child when he/she does something well or does a good job.	1	2	3	4
7. I talk with my child every day.	1	2	3	4
8. I show affection and love toward my child.	1	2	3	4
9. I stay calm when my child is acting up or is fussy.	1	2	3	4
10. I am a good parent to my child.	1	2	3	4
11. I give up things that I want to make sure my child has what he/she needs.	1	2	3	4
12. I know how to help my child when he/she is sick.	1	2	3	4
13. I take my child for regular doctor appointments and check-ups.	1	2	3	4
14. When I need help or advice about my child, I talk to my family, friends, or other people in the community.	1	2	3	4
Answer the questions below only if the child's name you wrote down above is age 2 or older				
15. I help my child learn letters, words, or numbers by saying ABCs, playing counting games, or doing puzzles.	1	2	3	4
16. I get my child together with other children to play.	1	2	3	4
17. I teach my child basic manners (please, thank you, I'm sorry)	1	2	3	4
18. I take my child to places outside of the home (parks, libraries, playgrounds, community or faith-based centers).	1	2	3	4
19. I control how much and what my child watches on television.	1	2	3	4

Parent ID #_____ Enrollment date:_____

Now think back to what it was like to be a parent before you started the program. Circle the number that best describes how you parent now compared with how you parented before you started the program

	How often do you do each of these now compared to before you started the program?			
	I do this less than before	**I do this the same as before**	**I do this a little more than before**	**I do this much more than before**
20. I let my child try to solve problems or settle down before I help.	1	2	3	4
21. I comfort my child when he or she is upset.	1	2	3	4
22. I make sure my child takes daily naps or has a set bedtime.	1	2	3	4
23. I play with my child every day.	1	2	3	4
24. I read or tells stories to my child.	1	2	3	4
25. I tell my child when he/she does something well or does a good job.	1	2	3	4
26. I talk with my child every day.	1	2	3	4
27. I show affection and love toward my child.	1	2	3	4
28. I stay calm when my child is acting up or is fussy.	1	2	3	4
29. I am a good parent to my child.	1	2	3	4
30. I give up things that I want to make sure my child has what he/she needs.	1	2	3	4
31. I know how to help my child when he/she is sick.	1	2	3	4
32. I take my child for regular doctor appointments and check-ups.	1	2	3	4
33. When I need help or advice about my child, I talk to my family, friends, or other people in the community.	1	2	3	4
Answer the questions below only if the child's name you wrote down above is age 2 or older				
34. I help my child learn letters, words, or numbers by saying ABCs, playing counting games, or doing puzzles.	1	2	3	4
35. I get my child together with other children to play.	1	2	3	4
36. I teach my child basic manners (please, thank you, I'm sorry)	1	2	3	4
37. I take my child to places outside of the home (parks, libraries, playgrounds, community or faith-based centers).	1	2	3	4
38. I control how much and what my child watches on television.	1	2	3	4

Parent ID #_____ Enrollment date:_____

Success By 6™ Parenting Education
Indicators of Positive Parenting – Retrospective Staff Report

Parent ID#: _____ Enrollment Date: _____ Today's Date: _____

Name of oldest child (age 0 to 5) in program with parent: _____ Age of child: _____

Think back to when this parent first entered your program. For each of the following statements, based on case notes, observation and/or discussion with the parent, describe how well or how often he or she demonstrated the behavior below in ways that were appropriate to the age of the child identified above (this should be the same child identified in the parent's self-report). ***This form only needs to be filled out once per family.***

Please check only one response for each statement.

Indicator: Positive parenting techniques that convey knowledge and understanding of early childhood developmental milestones, such as age-appropriate behavioral expectations.

When parent first entered the program…	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
1. Parent adapted lifestyle to meet child's needs.	❒0	❒1	❒2	❒3
2. Parent kept the home safe and free of hazards.	❒0	❒1	❒2	❒3
3. Parent tolerated child's mistakes and let child solve problems or self-regulate before intervening.	❒0	❒1	❒2	❒3
4. Parent consoled or comforted child when child was upset.	❒0	❒1	❒2	❒3
5. Parent used positive reinforcement and praised child's good behavior.	❒0	❒1	❒2	❒3
6. Parent ensured child got enough sleep through naps, nighttime sleep, and/or a set bedtime.	❒0	❒1	❒2	❒3
7. Parent limited activities and child's behavior to what was developmentally appropriate.	❒0	❒1	❒2	❒3
8. Parent noticed and affirmed ordinary behavior and effort as well as more extraordinary feats or performance of child.	❒0	❒1	❒2	❒3
9. Parent made time for recreation, play, or doing at least one enjoyable activity with his/her child everyday.	❒0	❒1	❒2	❒3

Indicator: Positive, effective parent/child communication techniques with their child

When parent first entered the program…	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
10. Parent talked with child and encouraged responses.	❒0	❒1	❒2	❒3
11. Parent remained calm when dealing with child's difficult behavior.	❒0	❒1	❒2	❒3
12. Parent disciplined or instructed child without using shame, blame or threats.	❒0	❒1	❒2	❒3
13. Parent accurately responded to child's signals and cues for help.	❒0	❒1	❒2	❒3
14. Parent showed delight and interest when interacting with child.	❒0	❒1	❒2	❒3

Parent ID #_____ Enrollment date:_____

Indicator: Confidence and self-control when responding to their child's needs

When parent first entered the program…	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
15. Parent knew what to do when responding to child's needs.	❒0	❒1	❒2	❒3
16. Parent had realistic expectations of child's capabilities.	❒0	❒1	❒2	❒3
17. Parent understood the child's activities or play interests and followed the child's lead, enhancing what the child was doing.	❒0	❒1	❒2	❒3
18. Parent was able to change her/his behavior in response to child's needs and feelings.	❒0	❒1	❒2	❒3
19. Parent found new ways to use toys or objects or actions to play with child.	❒0	❒1	❒2	❒3
20. Parent understood signs and symptoms of illness and what to do.	❒0	❒1	❒2	❒3
21. Parent sought help when needed to meet the needs of his/her child (e.g., from family, friends, community elders, or professionals).	❒0	❒1	❒2	❒3

Indicator: Positive parenting techniques that enhance school readiness skills prior to entering kindergarten

When parent first entered the program…	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
22. Parent, in a typical week, read or told stories to child everyday.	❒0	❒1	❒2	❒3
23. Parent took child for regular doctor appointments and check-ups.	❒0	❒1	❒2	❒3

Respond to items below only if child identified above was age 2 and older at entry into program

When parent first entered the program…	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
24. Parent encouraged child to learn letters, words, or numbers by saying ABCs, playing counting games, or doing puzzles.	❒0	❒1	❒2	❒3
25. Parent taught child simple verbal manners (please, thank you, I'm sorry).	❒0	❒1	❒2	❒3
26. Parent provided opportunities for child to safely explore at home.	❒0	❒1	❒2	❒3
27. Parent provided a variety of learning experiences outside of the home (e.g., parks, libraries, playgrounds, or community/faith-based centers).	❒0	❒1	❒2	❒3
28. Parent got child together with other children to play.	❒0	❒1	❒2	❒3
29. Parent monitored and controlled the amount and content of child's television watching.	❒0	❒1	❒2	❒3

Parent ID #_____ Enrollment date:_____

Success By 6™ Parenting Education
Indicators of Positive Parenting – Current Staff Report

Parent ID#: _____ Enrollment Date: _____ Today's Date: _____

Name of oldest child (age 0 to 5) in program with parent: _____ Age of child: _____

For each of the following statements, based on case notes, observation and/or discussion with the parent, describe how well or how often parent demonstrates the behavior right now in ways that are appropriateto the age of the child identified above (this should be the same child identified by the parent on his/her self-report).

Please check only one response for each statement.

Indicator: Positive parenting techniques that convey knowledge and understanding of early childhood developmental milestones, such as age-appropriate behavioral expectations.

	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
1. Parent has adapted lifestyle to meet child's needs.	❒0	❒1	❒2	❒3
2. Parent keeps the home safe and free of hazards.	❒0	❒1	❒2	❒3
3. Parent tolerates child's mistakes and lets child solve problems or self-regulate before intervening.	❒0	❒1	❒2	❒3
4. Parent consoles or comforts child when child is upset.	❒0	❒1	❒2	❒3
5. Parent uses positive reinforcement and praises child's good behavior.	❒0	❒1	❒2	❒3
6. Parent ensures child gets enough sleep through naps, nighttime sleep and/or a set bedtime.	❒0	❒1	❒2	❒3
7. Parent limits activities and child's behavior to what is developmentally appropriate.	❒0	❒1	❒2	❒3
8. Parent notices and affirms ordinary behavior and effort as well as more extraordinary feats or performance of child.	❒0	❒1	❒2	❒3
9. Parent makes time for recreation, play, or doing at least one enjoyable activity with his/her child everyday.	❒0	❒1	❒2	❒3

Indicator: Positive, effective parent/child communication techniques with their child

	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
10. Parent talks with child and encourages responses.	❒0	❒1	❒2	❒3
11. Parent remains calm when dealing with child's difficult behavior.	❒0	❒1	❒2	❒3
12. Parent disciplines or instructs child without using shame, blame or threats.	❒0	❒1	❒2	❒3
13. Parent accurately responds to child's signals and cues for help.	❒0	❒1	❒2	❒3
14. Parent shows delight and interest when interacting with child.	❒0	❒1	❒2	❒3

Parent ID #_____ Enrollment date:_____

Indicator: Confidence and self-control when responding to their child's needs

	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
15. Parent knows what to do when responding to child's needs.	❒0	❒1	❒2	❒3
16. Parent has realistic expectations of child's capabilities.	❒0	❒1	❒2	❒3
17. Parent understands the child's activities or play interests and follows the child's lead, enhancing what the child is doing.	❒0	❒1	❒2	❒3
18. Parent is able to change her/his behavior in response to child's needs and feelings.	❒0	❒1	❒2	❒3
19. Parent finds new ways to use toys or objects or actions to play with child.	❒0	❒1	❒2	❒3
20. Parent understands signs and symptoms of illness and what to do.	❒0	❒1	❒2	❒3
21. Parent seeks help when needed to meet the needs of his/her child (e.g. from family, friends, community elders, or professionals).	❒0	❒1	❒2	❒3

Indicator: Positive parenting techniques that enhance school readiness skills prior to entering kindergarten

	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
22. Parent, in a typical week, reads or tells stories to child everyday.	❒0	❒1	❒2	❒3
23. Parent takes child for regular doctor appointments and check-ups.	❒0	❒1	❒2	❒3

Respond to items below only if child identified above is age 2 and older

	Clear Concern (rarely)	Inconsistent (sometimes)	Adequate (most of the time)	Clear Strength (almost always)
24. Parent encourages child to learn letters, words, or numbers by saying ABCs, playing counting games, or doing puzzles.	❒0	❒1	❒2	❒3
25. Parent teaches child simple verbal manners (please, thank you, I'm sorry)	❒0	❒1	❒2	❒3
26. Parent provides opportunities for child to safely explore at home.	❒0	❒1	❒2	❒3
27. Parent provides a variety of learning experiences outside of the home (e.g. parks, libraries, playgrounds, or community/faith-based centers).	❒0	❒1	❒2	❒3
28. Parent gets child together with other children to play.	❒0	❒1	❒2	❒3
29. Parent monitors and controls the amount and content of child's television watching.	❒0	❒1	❒2	❒3

30. Did this family have a stressful life event during this reporting period? ❒ Yes ❒ No

31. If yes, please describe: _____

_____

_____

Success by 6™ Parenting Education
Parent Education Referral Tracking Form

Family ID#: ____________________________

Please document each referral made for anyone within the family during this reporting period. Please write the date of each referral, even if there are multiple referrals on the same day, the place the referral was to, and mark which category the referral falls under. As you work with the family, indicate whether the parent followed up on the referral by entering the date of follow-up after each referral.

Date of referral	Organization or service referral was to	Type of referral												Date family followed-up on the referral
		Housing	Health	Children's mental health	Parent's mental health	Chemical health	Legal assistance	Early care and education	Transportation	Basic needs	Education/ Employment	Recreation/ cultural	Other	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	
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		❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	❐	