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PROMOTING POSITIVE PARENTING PRACTICES THROUGH PARENTING EDUCATION

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This series of reports is designed to support the planning and implementation of the Maternal and Child Health Bureau (MCHB) State Early Childhood Comprehensive Services (SECCS) Initiative. The reports are written by a team of experts to provide guidance on state policy development within this initiative. The policy reports on cross cutting themes include strategic planning, communications strategies, financing, results-based accountability, cultural competency and proficiency, and data analysis and use. The policy reports on programmatic topics include medical home, parenting education, family support, infant mental health, and dental health.

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Background

In 2003, the Maternal and Child Health Bureau (MCHB) released a “Strategic Plan for Early Childhood Health.”¹ This plan builds on the insights and the converging set of integrated child/family health and development principles reflected in the mission and philosophy of Title V of the Social Security Act as well as in the many national reports such as *Starting Points*² and *From Neurons to Neighborhoods*.³

MCHB, in recognition of the critical role states play in the development of early childhood initiatives and of the unique contributions that state Title V programs can make to these initiatives, operationalized their strategic plan through an all state grant program entitled *State Early Childhood Comprehensive Systems (SECCS)*.⁴ Under the SECCS Initiative, state Maternal and Child Health agencies are being asked to apply their experience and expertise to:

- Strengthen or create partnerships with key early childhood stakeholders to address and improve key early childhood outcomes;
- Collaborate with those stakeholders to develop and implement a state early childhood strategic plan; and
- Support the development of integrated community-based platforms for promoting optimal early childhood development.

The planning process is to include a variety of stakeholders⁵ who influence and have an impact on the lives of young children and their families. The result should be either the development of a new statewide plan for early childhood systems-building, or the enhancement of an existing plan.

Operational Strategies for the State Early Childhood Strategic Plan:

Based on national reports and recommendations, MCHB has mapped out five critical components that support families and communities in the development of children that are healthy and ready to succeed in school. These components become operational strategies for state early childhood strategic planning efforts:

Access to medical homes which provide comprehensive physical and child development services for all children including those with special health care needs and are linked to community resources including those in the other critical components;

Services and supports to promote the positive socioemotional development and mental health of young children and their families. This service component should be integrated into medical homes, early care and education services, and other parent and family support components;

Early care and education services that support children’s early learning, health and the development of social competence; these services also serve as access points to reach medical homes, socioemotional health services, parent and family support services.

Parenting education services that assist parents or primary caregivers to strengthen their knowledge and skills thereby enhancing positive parenting practices and promoting the health and optimal development of young children;

Family support services that work with families to strengthen their resiliency and to address the stressors that impair their ability to nurture and support the healthy development of their children.

These five components are inter-related and build upon each other to form the foundation for the state early childhood systems development efforts. Understanding each component is of critical importance to enable the development of effective state collaborative systems that address early childhood as a whole.

While parenting education can be provided outside of other service sectors, parenting education is also often integrated into other services. Examples are:

- Pediatricians provide anticipatory guidance to parents
- Child care professionals provide information to parents about child development
- Parenting education promoting positive parent-child relationship is integrated into programs and services designed to address a child's socioemotional health and development
- Material and instrumental support for families is often bundled with parenting education in home visiting programs.

While specific state agencies can claim responsibility for overseeing health care, publicly funded early care and education, socioemotional health, and family support services, usually, no single agency has authority or responsibility for overseeing, coordinating, or ensuring the quality of parenting education services and workforce training.

The partnerships created to assess the prevalence and interaction between parenting education programs in a state will need to include a large and broad array of partners to reflect the different roles agencies play. For instance, state universities, community colleges, and local school district adult education programs often provide parenting education classes and could be involved in setting standards for curricula and training. Medical providers, family support programs, and hospitals also provide parenting education and can make valuable contributions to a collaborative effort.

The diffusion of ownership for parenting education programs is both an opportunity and a challenge. SECCS Initiative grantees may find it easier to communicate across sectors as diffuse ownership may mean that each sector will more readily see the need to collaborate. However, conducting a thorough inventory of programs, assessment of needs, and developing a collaborative planning process to coordinate and fill gaps could prove difficult. Setting or even aligning multiple parenting education standards will be challenging. The reports in this series were designed to address these various issues in systems development and provide ideas and strategies for overcoming these challenges.

The purpose of this report is to:

- Provide SECCS Initiative grantees and their partners with information about the current status of parenting education programs in the United States,
- Present some approaches to the provision of parenting education,
- Identify the role of the SECCS Initiative in relation to the development of affordable, high-quality parenting education programs and systems, and
- Present some promising practices and parenting education resources.

What Do Parents Need to Be Successful?

Parenting is one of the most important tasks of the family, and one of the most challenging roles in our society.⁶ Parents are key to the provision of safe, nurturing and positive learning environments for children as they grow and mature.⁷ Parents acquire the knowledge and skills to perform this important role through their ethnic and cultural heritage, their kinship network, their friendships, their community, and the resources that are available to them.

Given the changes in our society – with many individuals becoming parents at an older age, with greater family mobility, with both parents working outside the home, an increasing number of single parent households and other demands interfering with the time available to do the job of parenting – the acquisition and application of parenting know-how has changed. In many communities, parents are on their own—learning by doing, making adjustments as they go—without the benefit of older, wiser, and more experienced caregivers in their midst. Added to these “external” forces in the preparation of future parents are the “internal” desires and aspirations of many parents to raise their children in a way that is different from how they were raised.

Parents have expressed a strong need to learn more about parenting. The Commonwealth Fund’s Survey of Parents with Young Children provides an overview of the health and social conditions of families with young children in the United States. It is the first nationally representative survey of parents with children zero to three to focus on factors shown by research to be important in determining child health and developmental outcomes. The survey (1996) identified several issues and findings related to families’ need for more information about parenting:^{6,8}

- Parents are eager for information on child-rearing:
 - Most parents (79%) feel they could use more information in at least one of six areas of parenting (newborn care, sleep patterns, how to respond to a crying baby, toilet training, discipline, and encouraging their child to learn). More than half (53%) want more information or help in at least three of the areas.
 - More than half of all parents (54%) say they could use more information about how to encourage their young child to learn.
 - Four out of ten parents report that they could use more information about how to discipline their child (42%) and how to toilet train their child (41%).
- Parents are missing out on opportunities to stimulate their infant’s brain development.
 - Only 39 percent of parents read or looked at a picture book with their child at least once a day within the week before the interview. One out of six parents

- (16%) did not read or look at a picture book with their child at any time during the week before the interview.
- Although book-sharing activities are higher for toddlers, rates remain low. Less than half of parents with children age one to three years (48%) read to or show a picture book to their child at least once a day.
 - Many parents do not access classes to prepare them for parenting:
 - About two-thirds of parents (65%) do not attend a class or discussion about parenting.
 - Attendance is related to education and income. Nearly three-quarters of parents (73%) who did not attend college and 69 percent who have an annual income of less than \$40,000 do not attend classes.
 - Parents want more information from their primary care provider:
 - Parents are less satisfied with the extent to which their child's regular doctor or nurse helps them understand their child's care and development. Only slightly more than half say their doctor or nurse gives them excellent guidance about how to care for their child (56%) and helps them understand their child's growth and development (58%).

This national survey, representative of the economic spectrum of families, suggest that *all* parents desire to learn more about parenthood but the receipt of information varies by socio-economic status. Many moderate and high-income families avail themselves of parenting education information through formal classes, videos and other resources while parents from lower SES are less likely to report having an opportunity to participate in educational activities that assist them in understanding issues affecting their child's growth and development and the parenting practices that optimize health and school readiness.

While all parents need information to care for their young children, certain groups of parents can be identified as having a need for enhanced support and education:

Teen Parents: Teen parents are at a particular disadvantage when it comes to providing optimal parenting to their children. The daily hassles of parenthood common to all families are exacerbated for teen parents. In the age of welfare reform, teen parents struggle to stay in school, they struggle to work -- often at very low wages -- and they struggle to raise their children -- often with little support. Teens need extra support and education to be able to provide a positive environment in which their infants and children can thrive and develop.

Parents of Children with Special Health Care Needs: While parents of special needs children face many of the same stressors as other parents, they also face many unique challenges. The demands of caring for a developmentally disabled infant or child can tax the resources of any parent. A sense of isolation can be particularly acute for these families. Many parents of special needs children with a wide variety of chronic conditions say they have difficulty understanding their children's diseases or disabilities and want more information, such as the nature of the condition, daily management and child development.⁹

Foster Parents: Foster parents may not always have the parenting resources sufficient to meet the complex needs of foster children. The early experiences of young children that enter the

foster care system include unsafe, impoverished, and chaotic family situations; these situations can put them at higher risk for poor physical and mental health.^{10,11,12,13} Foster children typically access public services and suffer from the deficits of that system—including barriers to accessing and navigating the system.¹⁴ Furthermore, the health of foster children can deteriorate if the child is placed in a family situation that does not meet the child's complex needs.^{11,13}

The Adoption and Safe Families Act (ASFA) now holds child welfare agencies accountable for the well-being of children. State and local organizations are now required by federal law to report on the well-being of foster children using measures determined by the United States Department of Health and Human Services. In addition, states must develop and implement standards to ensure the receipt of quality services designed to protect the health and safety of foster children.

Parenting education for foster parents may need to be tailored to address the specific issues and needs of the foster children in their care. Foster parents need access to professionals who can provide them with knowledge, skills and information about how to care for their foster children.

Grandparents Raising Children: Currently 4.5 million children live in grandparent-headed households—a 30 percent increase from 1990 to 2000. 2.4 million grandparents are responsible for most of the basic needs of grandchildren who live with them. Compared to Caucasian groups (5%), higher percentages of African American (13.2%) and Hispanic (7.8%) children live in grandparent-headed homes. Hispanics are the fastest growing segment of children living in grandparent-headed homes. Many grandparent caregivers do not know about services or programs available in their communities to assist them to parent their grandchildren. Grandparent caregivers need accurate, accessible, timely information and assistance about legal, financial, support (such as counseling, respite care, mentoring, tutoring, activities for grandchildren, etc.), health, housing, education and child-rearing issues.¹⁵

Fathers: There are an increasing number of fathers playing the primary caregiver role to children. In 1996, almost one in five children ages birth to five (18%) had their fathers as primary caregivers while their mothers were working, attending school or looking for work.¹⁶ Programs frequently target women as caregivers and fail to include or reach out to fathers. There is an increasing number of parent support and education efforts that are acknowledging the critical role of fathers like the National Latino Fatherhood Institute.¹⁷ The purpose of this initiative is to encourage Latino males to become actively involved in nurturing, guiding and educating their children and others in the community. There are emerging fatherhood initiatives for African American fathers as well. The Baltimore Healthy Start Men's Services Program was developed in June 1993 as part of the Baltimore City Healthy Start Infant Mortality Reduction Program to provide support services to fathers of babies born to high-risk pregnant women, as well as other men who can play supportive roles.¹⁸

The premise of the Men's Services Program is that these men are extremely influential to the outcome of the pregnancies and the ongoing health and well-being of the children. Men participate in classes on prenatal and pediatric health, maternal nutrition, substance abuse, infant feeding, and family planning. They pledge to attend at least two prenatal and pediatric appointments and participate in discussions on how they can foster a better relationship with

their children than they had with their own fathers. Many of the men make dramatic positive changes in their lives as they realize that they are crucial to their children's futures.

The program provides extensive services to help men prepare to become fathers. Employment services help them provide support for their children, and support groups allow them to discuss and get input on other areas of their lives so that they can act in their children's best interests.

What is Parenting Education?

A Definition of Parenting Education:

Parenting education is the provision of specific knowledge and child-rearing skills to parents and other caregivers¹⁹ with the objective of enhancing a child's health and development.²⁰ Parenting education efforts can focus on specific child-rearing skills to enhance parent-child interaction, such as appropriate and recommended discipline practices, or on more general subjects, such as understanding child growth and development at a particular stage of a child's development or how to promote a child's physical and emotional health. The goals and objectives of parenting education programs may encompass a variety of parent and child outcomes. Parenting education is also delivered in a variety of places and by a range of professionals and paraprofessionals with differing levels of preparation.

While the term "parenting education" is not universally accepted (e.g., it is sometimes called *parent training*²¹ or *parent education*), various national reports and groups have recommended the term *parenting education* to be inclusive of those individuals who are not biological or legal parents but who nonetheless carry the primary responsibility of raising a child.^{22,23} In this paper, we will use the term *parenting education* throughout to acknowledge the demographic shift in how young children are being raised.

How Parenting Education Differs from Parent/Parenting Support:

As the field of parenting education has evolved, its definition has changed as well. Today, although the purpose of programs for parents may be clear, the terminology used to define them is not. Because of the confusion in terminology, it is important to distinguish between parenting education and parent support. Parenting support is the provision of services to assist parents or primary caregivers to develop and utilize available psychological and material resources to promote family self-sufficiency. Parent support approaches often focus on the social context of parenthood, and on techniques to enhance a family's social network, social support and community linkages as buffers against stress and isolation.^{24,25}

Parenting education differs from parent support in that it is more commonly a *learning activity* designed to promote positive parenting practices.²² Parenting education can be viewed as a subset of parent support in that it is often embedded and central to comprehensive, family-focused parent support programs.

Both parenting education and parent support approaches provide opportunities for parents to enhance their competency and confidence. However, this paper focuses on the role of parenting education as a distinct set of services and how it might be integrated by the SECCS Initiative

grantees and their partners into the different service delivery platforms for young children and their families.

The Role of Parenting Education in Improving the Health and Development of Young Children

Many experts agree that in order for parents to be effective caregivers for their children, they should possess certain knowledge, skills, attitudes and interpersonal abilities that promote parental effectiveness. There is a strong consensus that parent-child interaction is enhanced when parents display qualities of sensitivity, responsiveness, reciprocity and support.^{26,27} These basic parenting practices are believed to be universally applicable and cut across ethnic and economic classes. However, it must be recognized that how parents of diverse backgrounds learn and practice parenting is highly individualized and associated with social-cultural and economic factors.²⁸

Responsive care-giving is important for a variety of child outcomes, including the development of healthy brain functioning in infancy.³ Because the child’s developing brain is greatly influenced by the quality of experiences, the ability of parents to provide positive experiences through social interaction is central to an infant and young child’s healthy development.²⁹ Parenting education can assist parents to learn important parenting practices associated with optimizing the developmental trajectory of young children. Table 1 highlights examples of some parenting practices that can be promoted through parenting education.

The knowledge, skills, tools and relationships that can assist parents in their efforts to support their child’s optimal development change over time. For instance, the parents of a newborn will need to understand that the child is assessing whether the world is or is not a hospitable place and establish a bond with her/his caregiver. Parents will need skills related to establishing a strong, initial parent-child bond. A nursing mother may need to consult with a lactation specialist. As the child grows, her/his developmental tasks change, and the knowledge, skills, tools, and relationships needed by parents also change

Table 1: Developmental Tasks, Parenting Characteristics and the Practices that Can Support Them³⁰

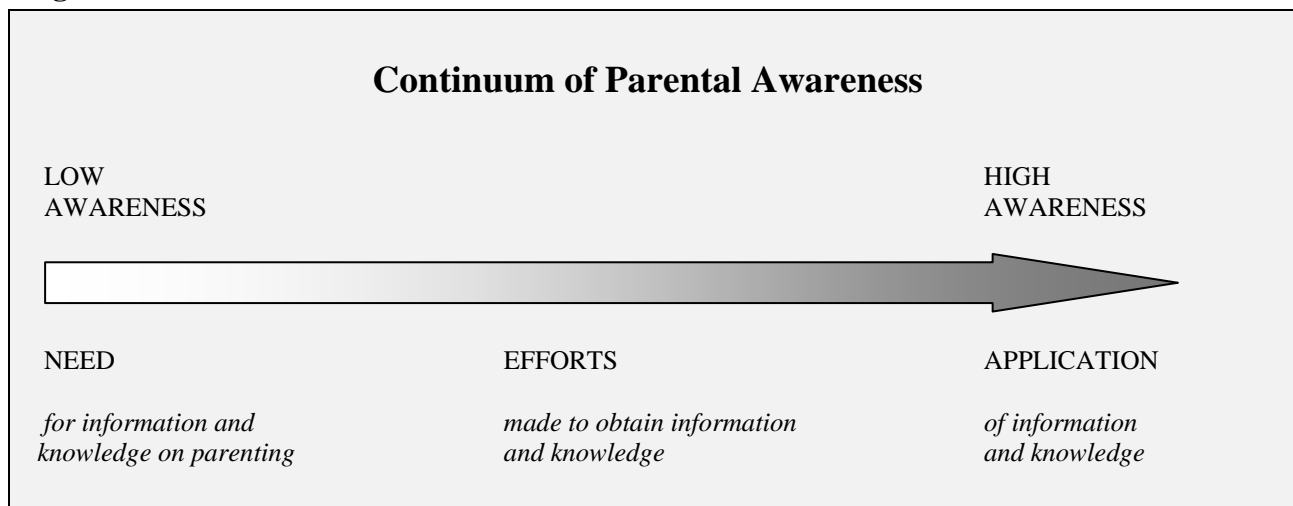
Child’s Developmental Task	Parenting Characteristics	Examples of Positive Parenting Practices
Attachment to Caregiver	Warm, sensitive and responsive care-giving	<ul style="list-style-type: none"> ▪Positive feeding practices: <ul style="list-style-type: none"> -Breastfeeding -Holding the infant while feeding ▪Hugging, holding
Language Development	Use language to communicate, respond to and elaborate on child’s vocalizations	<ul style="list-style-type: none"> ▪Daily story telling, talking, singing to infant and child

Differentiation of Self from the Environment	Supporting the child's natural instinct to explore in a developmentally appropriate manner	<ul style="list-style-type: none"> ▪ Provides age appropriate objects for child to explore; ▪ Removes inappropriate objects from child's environment to ensure safety
Self-Regulation	Assisting child with emotional regulation, setting appropriate limits and understanding developmentally appropriate behavior	<ul style="list-style-type: none"> ▪ Use of praise and encouragement to promote positive behaviors
Child Safety	Awareness of safety hazards in child's environment and removing them or making adjustments	<ul style="list-style-type: none"> ▪ Placing child on back to sleep ▪ Consistent use of infant and child car restraints

Factors Influencing Utilization of Parenting Education Opportunities:

Parent/Caregiver Factors: Motivation for obtaining parenting education can be viewed along a continuum that begins with a caregiver's awareness of a need for additional information, followed by efforts to obtain information and transform it into personal knowledge and, finally, utilizing information and knowledge to change behavior.

Figure 1. A Continuum of Parental Awareness



Along each phase of the continuum there may be a range of barriers to "education" about parenting. For most new parents, parenting practices are a natural outgrowth of their own individual family histories. Thus, more formal education about something that is assumed to come naturally may not be viewed as necessary. Additional barriers that can exist, even if a parent or future parent realizes the need to address an information gap, include time constraints, busy work schedules, living in a rural area or lack of financial and material resources (e.g., fee-based programs, transportation). Finally, if a parent does identify the need for more information

and can obtain the relevant services, there still remains the question of whether education will lead to behavioral change. The relationship of education to behavioral change in parenting practice is still an open question.^{31,32} The assumption that parental attitude change leads to modified parental behavior which subsequently affects child outcome has not been well established by research.³³

Programmatic Factors: Although a consensus exists about the significant role that parents play in a child's development, parenting education is characterized by diverse program designs and a variety of service delivery platforms--including medical provider's offices or community health centers, preschool programs, child care centers, Head Start and Early Head Start programs, elementary and middle schools, family resource centers, hospitals, parks and recreation programs, and community colleges and cooperative extension agencies. The following barriers may limit parents' ability to access or utilize parenting education programs:

- 1) **Failure to Identify Parent's Need for Information:** Medical providers, community programs, such as community health centers, hospitals, early care and education programs all can play a critical role in identifying a parent/caregiver's concerns and need for education. As the Commonwealth Survey of Parents with Young Children demonstrates, the opportunity to provide parents with information about how to care for their child is missed by many providers. SECCS can address this barrier by building a system where individuals with regular contact with parents and children have the skills and resources to assess the need for parenting information, either provide that information or refer to parenting education services. Medical practitioners can use guidelines and tools such as "Bright Future's Health Supervision Guidelines"³⁴ to assess parents' need for information and to provide anticipatory guidance about parent-infant relationship, child behavior, growth and development, and other issues. Practitioners may be reluctant to assess needs if they feel there is no community-based system or services where they can refer families. Increasing community connectivity between individual providers and community resources is a critical step to ensuring a community of support for parents. Similar guidelines for child care providers or other service providers could be developed.
- 2) **Lack of Cultural Proficiency in Parenting Education Programs:** The different cultural values and beliefs manifested by ethnic and minority parents have been viewed by some practitioners as a source of vulnerability and risk as opposed to an asset and source of strength. Ethnic and minority parents may avoid parenting programs that reflect this type of cultural bias or they may be resistant to changes these programs propose as they do not make sense to them. Programs need to be developed and tailored to take into consideration the cultural beliefs and practices of the target population.³⁵
- 3) **Failure to Market Parenting Education Programs:** This is a significant problem, especially for small stand-alone programs. Marketing is needed to both promote the idea that parenting education is an acceptable method for learning about parenting and to provide information about the availability of these programs for parents/caregivers. The integration of services supported by the SECCS Initiative is an opportunity to raise the

awareness of service providers in all sectors about the role they can play in parenting education—providing and/or referring to services.

- 4) **Social Stigma of Parenting Education:** Initiatives focused on improving parenting practices have many times only focused on low-income, at-risk families, thus stigmatizing the activity in the minds of some and deterring broad-based participation. Given that a vast majority of parents express a need for information about parenting, parenting education programs need to take a comprehensive approach that avoids a social stigma. Basic parenting education needs to be universally available through a variety of platforms to all parents as well as targeted and more intensive for families with greater need.
- 5) **Lack of Coordination Among Categorical Parenting Education Offerings:** Parenting education is provided in so many venues on so many different topics that families can become confused about where to turn for information. Often specific content and classes on nutrition, health and safety, child development, discipline, parent-child bonding and marital relationships are compartmentalized by funding streams. The WIC program is a highly successful program at engaging parents from birth through five, but is only funded to provide nutritional education. The community-based child abuse prevention program may only provide information on discipline. A treatment program may only provide information on child development and parent-child bonding. Families may be unable to identify a trusted provider where they can return time and again to meet their need for comprehensive parenting information and for support during their child's first five years of life. The SECCS Initiative can identify and work to integrate the various categorical parenting education sources available to develop comprehensive and user-friendly parenting education offerings that caregivers and families can easily use.
- 6) **Program Access Barriers:** Accessibility to and utilization of parenting education programs is governed by the hours they are offered, the location and the availability of reliable and efficient transportation to the parenting education site as well as the cost of the services. To engage parents, programs must utilize multiple strategies, hold classes or meetings in nearby locations and at convenient times to respond to the limited time and busy schedules of overburdened parents and caregivers.

The SECCS Initiative, with its focus on parenting education as one of the five critical components offers the opportunity to partner with key stakeholders to assess the current status of parenting education programs in the state and to identify the extent to which barriers influence the ability of parents to access and utilize parenting education. A state's SECCS Initiative partnership can develop new and more aligned approaches and strategies to address these barriers and to promoting positive parenting practices through parenting education.

Effectiveness of Parenting Education Programs: A Review of the Evidence

There is a vast array of parenting education programs and approaches in the United States. These vary in goals and objectives, target populations (e.g., teens, single parents, high-risk parents), settings (e.g., homes, schools, churches, mental health clinics), formats (e.g., individual

sessions, family sessions, group meetings) and duration.³⁶ The limited evidence about the effectiveness of parenting education is primarily due to the difficulties in evaluating parenting education programs—some of which are listed below. While studies of the effects of short-term parenting education programs have yielded mixed results,³⁶ studies do indicate that higher-intensity, and programs that are nested within a broad package of services may yield positive results.

Challenges to Evaluating the Impact of Parenting Education Programs:

Some of the main challenges to evaluating parenting education include the following:

1. Parenting education programs and curricula typically have a narrow focus, target a specific population, are of relatively short duration and center almost exclusively on change in parental beliefs, attitudes and/or behaviors. They vary in their specific goals and objectives and there is no one standard mode of delivery, thus limiting the comparison of results across different programs.³⁷
2. Although a parenting education approach may have a standardized curriculum, its implementation will vary by the expertise of the instructor, program intensity and duration and the participants' predisposition to change.³⁸ Conclusive findings regarding the effects of short-term parenting education programs have yielded mixed results.^{36,39}
3. Powell⁴⁰ points out that the evaluation of parenting education suffers from sampling and selection bias: to assess whether a broad cross-section of parents would benefit from parenting education programs is difficult since most evaluations focus on voluntary programs; parents who are resistant or whose needs are not being met by the program are likely to drop out or demonstrate low attendance. A number of parent support initiatives and parenting education approaches^{37,40} have noted difficulty in maintaining participants. Parent trainers have observed that participating parents are already predisposed to change and are likely to demonstrate more positive results. A central issue for parenting education is whether programs are reaching those parents who may need it the most.
4. Parenting education programs have different foci and different delivery methods. Some programs may be more child-focused, while others are more parent-focused;³⁶ some may provide behaviorally oriented information, and others use an open discussion format. These variations make it difficult to draw meaningful conclusions about what type of parenting education program is most effective and with what population.

The Effectiveness of Parenting Education Programs

However, given these caveats, there are research findings that provide some information related to the effectiveness of parenting education programs and curricula. These research findings provide the following insights:

- *Parenting education programs have short-term positive effects for parents. Families in the greatest need may derive the greatest benefit.*

In an analysis of 24 studies examining the effectiveness of parenting education, Medway⁴¹ found that “both parents and children evidenced gains in a positive direction

that were approximately 62 percent greater than control populations.”⁴¹ Although a few studies demonstrate sustained positive results, the majority have not measured results over time. While not specific to parenting education, there appears to be a consensus that early childhood interventions may be more effective when the participants are considered at-risk or high-risk,^{42,43} but less effective for middle-class participants.⁴⁴ This distinction may be because measurable change is more easily detected in those families for whom parenting is a greater challenge and who have fewer knowledge or skills about parenting. These parents tend to demonstrate greater behavioral change after exposure to program intervention.⁴⁵

- *Parenting education when embedded in comprehensive family support programs may be more effective than stand-alone programs.*

There are a number of examples of parenting education efforts embedded in comprehensive programs to assist parents and children (See Section V for a discussion of various parenting education efforts). When parenting education is part of a larger package of services to families, it is difficult to know the direct and indirect contribution of parenting education to a desired outcome. In an evaluation of six family support programs that included a parenting education component, Comer and Fraser⁴⁶ found that the overall effect of program components is cumulative. Although the processes by which positive change takes place are not clear, “data indicate that family-support programs may alter the knowledge and skills that parents bring to bear in solving child management and other family problems.”⁴⁶ Evaluation research also suggests that more comprehensive family support programs may yield more sustainable outcomes.

- *Parents who receive a more intensive intervention demonstrate greater benefit.*

Research evaluating intervention strategies in which parenting education is embedded in a broader set of services suggests that more intensive interventions (e.g., those last longer and involve more exposure to the program) enhance long term outcomes. For example, the Brookline Early Education Project⁴⁷ and the Infant Health and Development Program both demonstrated that the higher intensity interventions produced more positive results. The Brookline Project found that when high and low levels of program intensity were compared, only the most intensive intervention produced positive cognitive and social outcomes for at-risk children. Similarly, the Infant Health and Development Program linked the amount of program intensity, as measured by rates of participation, to how well children did on an IQ test. In follow-up work,⁴⁸ maintenance of child outcomes continued to be related to differences in participation rates. But in both of these cases, parenting education was part of a more comprehensive multi-faceted intervention program for both parents and children.

- *The relationship between trainer expertise and program outcome has not been well established.*

Both professionals and paraprofessionals can staff parenting education programs. One important reason for the increasing use of paraprofessionals is the desire to strengthen the

program's capacity to engage and be responsive to ethnically, linguistically and racially diverse populations. Parent educators come from a variety of disciplines and possess different levels of training in basic child growth and development, adult education and group dynamics.

Research on the relationship between expertise of the parent educator and program outcome is sparse.³⁸ One older study investigated the effects of the expertise of the parent trainer and found no difference between Ph.D. trained versus master's-trained individuals.⁴⁹ More recent studies focusing on such child behavior as attention deficit disorder and conduct-disordered behavior in young children do not relate the characteristics of the parent educator to the results produced.^{50,51,52,53} However, in more intensive and comprehensive family-focused interventions such as home visitation, it appears that professionals produce better outcomes than paraprofessionals.⁵⁴

There are currently efforts underway to develop standardized approaches, training and certification of parenting educators. Parent educators who are part of the United States Department of Agriculture's Cooperative Extension System (CES) have outlined critical skills and practices of parenting educators (called the National Extension Parenting Education Framework or NEPEF). This framework has created a consensus structure for setting standards for parenting educators.⁵⁵ Other efforts include the University of North Texas which is attempting to establish a core list of competencies for parent educators. There have been attempts at certification by such non-profit agencies as the Center for the Improvement of Child Caring, and there is a growing interest in establishing guidelines for court-ordered parenting education interventions for divorcing parents.⁵⁶ Establishing such certification guidelines creates a standard for comparison and evaluation purposes, and a guide for training and professional development.

Implications of Research on Parenting Education

The research findings summarized above can provide some insight and direction for the SECCS Initiative as states work to strengthen parenting education for the parents of young children.

Developing a consistent approach to the priority parenting practices to be promoted by parenting education within the SECCS Initiative is important. Such consistency can be achieved by developing parenting education resources and materials with standardized messages, developing standardized curricula and resources for providers to deliver parenting education in a consistent way and providing training to all those who work with parents with young children to increase their capacity to provide parenting education. The "Back to Sleep Campaign" (**See Parenting Education Program Examples Section**) is an excellent example of how consistent messages can be developed to influence a critical parenting practice.

The research demonstrates that parenting education is most effective when integrated as part of the services provided within the multiple settings that touch the lives of families with young children such as within the medical home, community-based mental health organizations, early care and education programs and family support centers. Because of the comprehensive nature of the SECCS Initiative, there is a real opportunity to develop a plan to integrate parenting

education into the various early childhood service delivery platforms with consistent parenting education methods and messages.

Parenting practices can be profoundly impacted with intensive exposure to parenting education interventions that endure over time and are provided utilizing multiple strategies. For example, a parenting practice, such as reading to a young child every day, can be reinforced using social marketing strategies, by engaging different sectors in the community to promote parent reading - - such as restaurants, churches, public transportation, media -- by weaving this message into every medical home visit, by promoting this message in early care and education settings, etc. With repeated exposure to the same message and information provided everywhere in the community and in the state, the norm is created for parents that daily reading is important and should be integrated into daily family routines. The SECCS Initiative, based on priority outcomes can identify the most critical parenting practices to be promoted and, using a cross-system approach, can begin to integrate parenting education interventions into the state early childhood system.

The SECCS Initiative can develop a comprehensive approach to delivering parenting education that provides parenting education interventions and services in levels according to need. At the population level, there is parenting education that needs to be provided to all parents. More intensive parenting education should be targeted to those families with the greatest need. The SECCS Initiative can work to integrate assessment of need for parenting education into early childhood services and the provision of parenting education based on identified need and at different levels. The Triple P Parenting Program developed in Australia provides an example of this approach, and is discussed in detail in the section **Parenting Education Program Examples**.

Because the empirical evidence that informs parenting education is limited, a strong research and evaluation component should be built into any state parenting education initiative, so that outcomes can be documented and used to guide targeted quality improvement efforts as well as evaluation of impact.

A Framework for Strengthening Statewide Parenting Education Through SECCS

The State Early Childhood Comprehensive Systems Initiative offers the opportunity to both strengthen the system of parenting education in the states as well as to make a national contribution to the science of parenting education by developing evidence-based and evaluated approaches.

The many challenges to better parenting education include the fact that responsibility for parenting education does not reside within one agency, program or entity. In most states and communities, parenting education programs and initiatives are developed to meet the specific needs of diverse communities and populations they wish to serve. While responsiveness to local needs and cultural concerns is critical, there is a considerable amount of inefficiency and “reinventing the wheel” that occurs with this approach. Parenting education programs tend to be fragmented, with different philosophical orientations, methods of delivery, goals and

objectives.⁵⁷ There are multiple organizations offering different types of programs with little to no coordination among providers. Furthermore, there may be no standards or certification for parenting educators to assure they meet a certain level of competency before they engage parents in parenting education. Many states lack a master plan or coordinating body for parenting education.

The SECCS Initiative can partner with critical groups to develop a statewide framework for parenting education that can provide greater support for the important work of parent educators and to increase the effectiveness of parenting education interventions.

Using an Integrated Planning Approach to Link Outcomes, Parenting Practices and Education Strategies in SECCS:

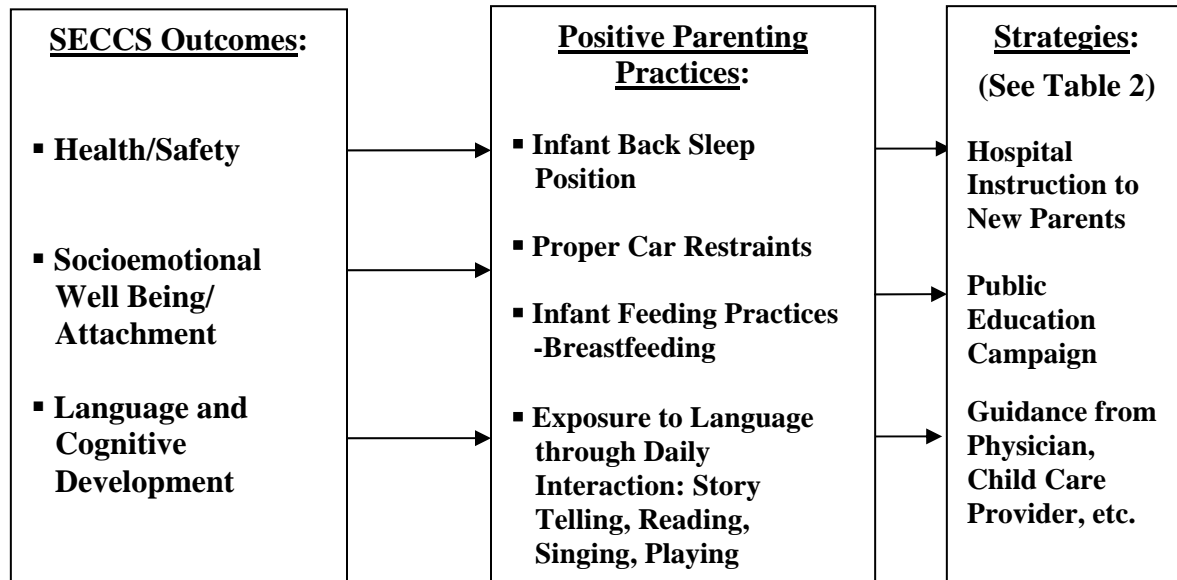
Efforts to strengthen the system of parenting education within the state need to take place within the broader SECCS strategic planning process and the SECCS critical components. This is because parenting education programs are nested within all of the other components: multiple service sectors conduct parenting education, multiple funding streams are involved, and some services involving parenting education are already integrated with other services.

Partnerships involved in assessing the programs, training and resources for parenting education in the state will be extensive and varied. Grantees can expect to partner with their Department of Education as state and local colleges and universities may offer child development and targeted parenting education curricula. Adult education programs housed in school districts may already include parenting education material in their programs. For instance, a school district may offer classes on discipline for parents of young children. In addition, adult education programs may include parenting education topics in the general course offerings. For instance, an ESL class may couch language acquisition in terms of culturally appropriate parenting practices. Women, Infants and Children (WIC) programs are also excellent potential partners as their programs already deal with parenting practices and have regular contact with children. **Appendix A** highlights the variety of venues and potential partners.

Ideally, the SECCS planning process will identify the outcomes and indicators of greatest importance to the state and upon which the early childhood system implementation plan will be built. State partnerships can identify the critical parenting practices that are linked to priority outcomes. Once priority outcomes and parenting practices are identified, the SECCS partnership can begin a systematic review that links critical parenting practices with currently available parenting education programs, initiatives and approaches. Furthermore, where gaps are identified the partnership can work to address them. **Figure 2** illustrates the connection between outcomes, parenting practices and parenting education strategies. **Table 2** provides a partial list of strategies.

Statewide SECCS initiatives need to assess what is working in parenting education within the state and at the community level that can be built upon. The resulting analysis will identify strengths and gaps in parenting education programs and provide direction to states as they work to strengthen and better align parenting education program content with the outcomes they are meant to address.

Figure 2: Linking Outcomes, Practices and Supporting Strategies



The next step in the SECCS process is to develop a system-wide model or framework for parenting education, achieved through partnership and consensus, that provides parent educators and others coming into daily contact with families with young children a common set of terms, strategies and materials related to the parenting practices to be promoted. Such a system could be built upon multiple strategies and delivery platforms such as those outlined in **Table 2**.

Strategies devoted to strengthening critical parenting practices should not only be aligned with the outcomes related to the SECCS components, but also should be directed to strengthening parenting education especially within the medical home, settings promoting socioemotional development and family support as well as into early care and education programs. These are the places with the greatest connections to families in the child’s first years of life and which provide the greatest opportunity to enhance the knowledge and skills of parents.

Developing common strategies and approaches within and across these settings will reinforce important parenting practices and assure consistency in the provision of evidence-based information to parents. An approach in which the messages, resources, learning activities and strategies are aligned to provide consistent information to parents and caregivers using a variety of mechanisms can have a powerful influence on promoting positive parenting practices. The SECCS Initiative is a unique opportunity to stimulate this system-wide alignment of parenting education approaches.

Table 2: Program Delivery Strategies for Promoting Positive Parenting Practices⁵⁸

Marketing Strategies:

- **Newsletters:** Newsletters can be effective when audience is clearly identified (e.g., new parents). Newsletters that are age-paced or just-in-time are showing promise in assisting parents to understand child development trajectories.
- **Media Strategies:** Using radio, TV to deliver messages and information using social marketing techniques as well as in-depth programming to address critical issues of parenting.
- **Newspaper Article and Table Top Messages:** Brief informational items in newspapers or set out on tables in restaurants can be another effective way to reach parents with brief messages about positive parenting practices.

Service Delivery Strategies:

- **Parenting Education Groups:** Group meetings in which parents support and teach each other and build parents knowledge, skills and abilities and provide support.
- **Parenting Education Resource Centers:** Well-known places where parents can go to gather, talk, listen and learn about how to be more effective parents as well as providing resources such as videos, books and other tools to promote effective parenting practices.
- **Home Visits:** The person to person relationship inherent in home visiting can be a powerful teaching strategy, especially with parents who are isolated and feel dis-enfranchised. Observing parents in their own environment permits parent educators to address specific needs and concerns.
- **Mentor Mother/God-Parent Programs:** Programs that match parents who are at-risk with more experienced, volunteer parents. Mentor Mother's serve as role models who teach parents how to provide support to their own children.
- **Hospital/Medical Provider Programs:** Using the window of opportunity usually present after the birth of a newborn to provide parenting information. Parents of newborns are usually more motivated to learn about parenting and hospitals provide a convenient location to reach new parents.
- **Community-Based Providers/Settings:** Early care and education settings, W.I.C. clinics, public health settings, community mental health providers, churches, and schools are all important platforms from which to launch aligned and more comprehensive parenting education efforts.
- **Support Groups:** Bringing together parents who have overcome adversity with those parents struggling with similar challenges. These can be effective for parenting teens or parents of children with special health care needs.
- **Learn At Home Programs:** Can be done by parents at home at a convenient time. Usually provided through correspondence or learn at home packages.
- **Social Change Groups: Liberation Pedagogy:** Strategies to promote parent leadership and empowerment for those parents who feel marginalized, disenfranchised and powerless to address critical life issues.

Community Collaborations:

- **Community Forums:** Public meetings can be effective when the topic is of widespread concern and there is a need for parents to voice their concerns and provide support to each other.
- **Agency Support/Collaborations:** Linking the resources of multiple agencies to develop a unified approach to promotion and parenting education program delivery.

Guiding Values for Parenting Education Programs

The development of high quality parenting education programs needs to be guided by values and assumptions that will shape decisions about parenting education program design, implementation and evaluation. **Table 3** highlights some values that are adapted from those of the National Extension Parenting Education Model of Critical Parenting Practices.

Table 3: Parenting Education Values and Assumptions⁵⁸

- Parents are the primary socializers of their children;
- Parenting attitudes, knowledge, skills and behaviors can be positively influenced by parenting education efforts;
- Parenting is a learned skill that can be strengthened through study and experience;
- Parenting education is more effective when parents are active participants in and contributors to their parenting education programs;
- The parent-child relationship is nested in and influenced by multiple social and cultural systems;
- Individual parenting education programs are only as strong as the social context in which they are embedded. The community context and norms around parenting practices need to be addressed through community involvement and engagement of key stakeholders;
- Programs need to be responsive to diversity among parents;
- Promoting positive parenting practices is best accomplished with a variety of methods;
- Parenting education programs should meet the needs of the parents and the child;
- Parenting education programs should build on the strengths of the parents and promote parental empowerment and self-confidence.

Parenting Education Program Examples

The matrix in **Appendix B** lists parenting education programs that have been developed over the years to address the parenting needs of families with young children. This list relates mainly to parenting education curricula that are available to programs or professionals. The following section provides examples of the various approaches that are being implemented to promote

positive parenting practices during the early childhood years at the international, national, state and local levels and are broken into population-based and program-based efforts.

Population Based Approaches to Promoting Positive Parenting Practices:

Population-based parenting education initiatives are those approaches that attempt to influence specific parenting practices for all the members of a target population (e.g., parents of newborns, parents of toddlers, etc.). These initiatives tend to be comprehensive in that they employ a variety of strategies/mechanisms and delivery platforms to ensure that all parents are reached with the same information. The development of consistent and aligned messages to influence the parenting practice in question and the involvement and the development of coalitions and partnerships to extend the initiative's reach are important characteristics.

A National Parenting Education Campaign to Reduce Infant Mortality: The Back to Sleep Campaign : Sudden Infant Death Syndrome (SIDS) is a major contributor to the post-neonatal infant mortality rate in the United States. Two critical parenting practices have been shown to reduce the risk of SIDS: sleep position and tobacco use in the home.

In 1994, a national parenting education initiative called the “Back to Sleep” Campaign was developed to promote the practice of placing infants on their back or side when sleeping. In 1996, The American Academy of Pediatrics issued a policy statement recommending that infants be placed on their back while sleeping because of the lower risk of SIDS associated with this position.

Major federal agencies such as the National Institutes of Health, the Maternal and Child Health Bureau, and national organizations such as the American Academy of Pediatrics, National Association for the Education of Young Children, and the National SIDS Organization established a national coalition and campaign with aligned messages for parents. A key strategy at the national level was to stimulate statewide efforts to address this critical issue.

In North Carolina, the Back to Sleep Campaign, used data from the Pregnancy Risk Assessment and Monitoring System (PRAMS) to target media messages and track trends in sleep position-related parenting practices and SIDS rates. The Campaign focused on women and their families as well as the health care communities. The campaign also dispensed educational messages to over 9,000 child care providers. More than 300,000 posters, information sheets, light switch covers and “foto-novellas” (e.g., a small book with pictures and simple text commonly used in Latin-America) were distributed with news releases. A large community outreach and training component was included.

The 38 percent decline in SIDS during 1992-1996 in the United States is associated with the increase of infant caregivers who place infants to sleep on their backs.⁵⁹ This example demonstrates the power of an aligned and systematic approach to promoting an important parenting practice.

While this constitutes a great, aggregate success, evidence for disparate acceptance of this message across cultural groups exists⁵⁹. Data from the Pregnancy Risk Assessment Monitoring System indicates a higher rate of stomach sleeping among blacks than whites and is consistent with the two fold higher rate reported in the National Infant Sleep Position Study⁶⁰, and provides

an excellent reminder that parenting education information, programs, and campaigns must be attuned to the cultural perspective of the target population

The National Cooperative Extension Parenting Education Initiative: Since 1992, extension teams comprised of state family and human development specialists who are part of the United States Department of Agriculture Cooperative Extension System (CES) have been engaged in a multi-state, national collaboration to develop a parenting education model and framework that would provide the CES parenting education system across the country with a consensus set of terms, approaches and materials to guide their parenting education practice. The National Extension Parenting Education Model of Critical Parenting Practices⁵⁸ as well as the National Extension Parenting Educator's Framework⁵⁵ can serve as useful starting points for SECCS Initiative grantees and their partners as they begin to consider how to strengthen parenting education in their states. Associated with this initiative are state efforts spearheaded by Cooperative Extension Agencies to strengthen the practice of parent educators. The National Parenting Education Network has a website that lists different parenting education initiatives and networks within states that the SECCS planning committees can consult.⁶¹

State of Minnesota Early Childhood Family Education Program (ECFE):⁶² The Early Childhood Family Education (ECFE) is a voluntary public school program open to all families in the state of Minnesota with children from birth to kindergarten. ECFE's goal is to strengthen families by enhancing parental skills in the provision of healthy environments. Started in 1974, it is the largest and oldest program in the country and has been cited as a national model for parenting education and family support. The program provides different types and intensities of service to meet unique family needs—families *choose* appropriate services. Each of the public school programs is overseen by local parents.

Participating parents typically attend once a week for two hours. Programs typically include: (1) parent discussion groups, (2) guided play and learning time for children, and (3) planned activities for the home. Home visits, health and developmental screenings, information on community resources, special events and libraries of books and toys are also used.

Through state legislation, the Office of Community Education oversees a statewide funding formula that provides guaranteed equalized revenue based on a school district's under age five population. In 1997 the legislature increased the base funding to \$111.25 per zero to four population for 1997-98 and \$113.50 for 1998-99. Any Minnesota school district that provides a community education program may levy for aid for Early Childhood Family Education. Individual school districts also provide in-kind services and supplement funding through private dollars. Approximately 44 percent of Minnesota's children, or 305,000 children and parents, participated in ECFE. Employed parents constitute over 60 percent of all participants. More recently, ECFE funding has been targeting specialized programming for parents with infants. A 1996 evaluation⁶³ suggests that parents demonstrate greater knowledge of child development and parenting skills.

The Triple P-Positive Parenting Program:⁶⁴ is a multi-level, parenting and family support strategy that aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The program was

developed by Professor Matt Sanders and colleagues from the Parenting and Family Support Center in the School of Psychology at The University of Queensland. Triple P incorporates five levels of intervention for parents of children from birth to age 12—each level representing increasing intensity. Recently the program has been extended to address the concerns of parents of young people aged 12-16.

- Level 1 is a universal parent information strategy and provides parents with access to information about parenting through a coordinated media and promotional campaign using print and electronic media. This level of intervention aims to increase community awareness of parenting resources, to encourage parents to participate in programs, and to create a sense of optimism by depicting solutions to common behavioral and developmental concerns.
- Level 2 is a brief, one or two-session, primary health care intervention providing anticipatory developmental guidance to parents of children with mild behavior difficulties, and employs user-friendly parenting tip sheets and videotapes that demonstrate specific parenting strategies.
- Level 3 is a four-session primary care intervention that targets children with mild to moderate behavior difficulties and includes active skills training for parents.
- Level 4 is an intensive 8 to 10-session individual, group or self-help parenting program for parents of children with more severe behavior difficulties.
- Level 5 is an enhanced behavioral family intervention program for families where parenting difficulties are complicated by other sources of family distress (e.g., relationship conflict, parental depression or high levels of stress).

This multi-level strategy recognizes that the type, intensity and mode of assistance parents may require differ. The Triple P system is designed to maximize efficiency, contain costs and ensure the program has wide reach in the community.

The program targets five different developmental periods from infancy to adolescence. Within each developmental period the reach of the intervention can vary from being very broad (targeting an entire population) or quite narrow (targeting only high-risk children).

Triple P has been developed through more than 20 years of clinical research trials. The program is based on contemporary knowledge, has been well tested through research and has been found useful by many parents.

Programmatic Parenting Education Approaches:

NuParent,⁶⁵ developed in 1997 by the Children's Bureau of Southern California, NuParent is based on the premise that all parents can benefit from parenting education—not just families considered at-risk for future problems. The Children's Bureau has developed a network of self-sustaining parenting education sites in Los Angeles and Orange Counties. By developing partnerships with other providers, NuParent's goal is to have 75 program sites by 2002 and national program sites by 2003. Currently, NuParent is taking place in a variety of settings including hospitals, health clinics, WIC programs, child care centers, YMCAs and adult education settings.

- The curriculum was built on gaps in existing parenting education program models by stressing program comprehensiveness—addressing the diverse skills needed by parents rather than single issues such as discipline or communication—and curriculum adaptations for specific age groups (e.g., infants, toddlers and preschoolers)-using a standardized curriculum to enable systematic evaluation and a multi-faced model that includes various instructional methods.

The NuParent Program emphasizes parent development as a vehicle for personal growth in learning. The supporting philosophy is that parenting education classes stimulate parents' valuation of effective parent-child interaction across the lifespan.

The NuParent Program consists of six two-hour sessions geared for a specific age level. Each session contains a joint parent/child activity, child development information and is facilitated to provide parental support. The parent leader regularly shares a community resource to assist in the development of ongoing social support. Topics are identified for each age group and a certain amount of program adaptation is allowed to meet the needs of specific target audiences.

Healthy Steps:⁶⁶ The Healthy Steps for Young Children Program is a national initiative linking health care professionals to early childhood development concerns. Specifically, Healthy Steps uses pediatric health care practice as a platform for parenting education and support. Medical settings are viewed as initial entry points for services focused on the needs of new parents. Healthy Steps specialists, trained in child development, are attached to the pediatric practice to enhance development across the physical, emotional and intellectual domains of childhood.

Healthy Steps services include home visits, a child development telephone information line, child development and family health checkups, written information, parent groups and links to community resources. Meetings of parent groups are held at convenient times for busy parents at office sites or in collaboration with local parenting groups. The parent groups offer both social support and interactive learning sessions focused on specific topics such as infant massage or CPR. Topics are derived from parental suggestions. Healthy Steps recommends at least one parent group meeting per month.

Preliminary evaluation results for Healthy Steps^{67,68} indicate that Healthy Steps families demonstrate better safety practices (e.g., they are less likely to put their babies to sleep on their stomachs), are more likely to seek advice from their practitioner (e.g., rather than a friend) about their baby's speech development, are significantly more likely than control families to have received four or more developmental services and a home visit. In addition, Healthy Steps parents are less likely than control families to use physical discipline practices, especially severe physical discipline (e.g., slapping in the face, spanking with a belt). An evaluation of Healthy Steps families with children during their 30-33rd months found similar improvements in the effectiveness, parent-centeredness, timeliness and efficiency of care. Particularly, improvements involved parental satisfaction with the program, more timely preventive care (including immunizations), and receiving more developmentally-oriented services. Healthy Steps families reported an increase in the use of favorable discipline techniques, and mothers were more likely

to report their child's aggressive behavior and sleep problems, as well as their own depressive symptoms.⁶⁹

While Healthy Steps was designed to have a universal impact and to address all families (in contrast to a specific target group), it is not universally implemented throughout the nation. Healthy Steps families receive similar levels of services regardless of whether mothers are first-time or second-or-greater-time mothers and regardless of income level. Families are highly satisfied with Healthy Steps services and are willing to pay between \$100-125 to continue services once they have received them.²

Avance⁷⁰ is a center-based, nine month intensive parenting education program serving low income families with children under two. Parents attend weekly parenting classes divided into three one-hour segments. The first hour focuses on toy-making; the second hour focuses on parenting skills, and the third hour covers community awareness and includes information on available community resources. Monthly home visits are made to each participant to observe parent-child interactions.

Avance also conducts research on conditions and factors associated with poverty and other social/economic problems in high-risk communities. It also evaluates the effectiveness of service delivery and operates a national training center to share and disseminate information, material and curriculum to service providers and policy makers interested in supporting high-risk Latino families.

Recommendations for Strengthening the Parenting Education Infrastructure within the SECCS Initiative

As grantees and their partners assess and develop approaches to strengthening the state early childhood system, they need to assess the strength of the state infrastructure supporting parenting education. A statewide parenting education infrastructure can overcome the fragmentation and address the under-development and uneven effectiveness of current parenting education resources.

Such an infrastructure can utilize the SECCS Initiative framework (e.g., the five components) in creating a master plan showing the connection between desired outcomes, parenting practices and strategies to support them within the five critical components.

Creating a consensus around the outcomes to target, the parenting practices to encourage, and the strategies that will be effective in engaging parents creates an environment in which parents and caregivers are exposed to congruent messages about positive parenting practices in those venues that most frequently touch their lives.

The following recommendations are offered to the SECCS Initiative grantees and their partners as potential starting points for strengthening the statewide parenting education infrastructure:

Infrastructure Category:	Recommendation:
Leadership	<ul style="list-style-type: none"> • Establish a leadership committee responsible for conducting a needs assessment, mapping the current resources, identifying and responding to gaps. • Identify and involve leaders of agencies across the five components responsible for funding, providing, setting standards, or conducting training related to child development and parenting education. • Identify and involve leaders of agencies across the five components that could provide, fund, set standards, or conduct training related to child development and parenting education. • Support the development of leadership skills and abilities in these agencies. • Include parents and ensure representation from diverse groups.
Planning	<ul style="list-style-type: none"> • Develop a priority set of measurable outcomes for the entire SECCS process based on five critical SECCS components. • Develop and prioritize a list of critical parenting practices linked to the SECCS outcomes. • Conduct a scan of current parenting education programs using the SECCS outcomes and critical parenting practices as a lens to analyze strengths and gaps. • Develop statewide and consistent parenting education strategies and interventions at different levels (population, targeted and intensive). • Identify strategies to address the critical parenting practices within the medical home, early care and education, mental health and family support settings as well as other state and community venues. • Identify and develop common platforms upon which parenting education opportunities can be built. Some platforms to consider are schools, adult education and community college parenting programs, cooperative extension programs, medical providers, HMO's, WIC and early care and education programs and family resource centers.
Partnerships	<ul style="list-style-type: none"> • Develop partnerships between key groups providing parenting education, policy makers and other stakeholders to assure that the plan is firmly rooted in all parenting education assets in the state. Examples of stakeholders are: <ul style="list-style-type: none"> - Cooperative Extension Agencies - Adult Education Programs - Family Literacy Programs - Community Colleges, Land Grant and Four Year Universities - Human Development and Family Life Specialist Organizations and Practitioners - Social Service Agencies - WIC - Early Care and Education Programs - Child Care Referral Networks

Infrastructure Category:	Recommendation:
	<ul style="list-style-type: none"> - Early Intervention Programs - Faith Community Representatives - Media - Other programs that reach large numbers of families and who have a parenting education mandate.
Financing	<ul style="list-style-type: none"> • Identify existing state funding sources and develop a funding map of programs with a parenting education mandate/opportunity to identify opportunities to align and maximize funding to further expand the reach of parenting education. • Consider strategies to finance parenting education such as:⁷¹ <ul style="list-style-type: none"> -Optimizing the efficiency of existing resources -Maximize public revenues -Create more flexibility in existing categorical funding streams -Build public-private partnerships to leverage funds and maximize non-monetary resources • Use strategic financing to support the establishment of community platforms for comprehensive, integrated service delivery.
Platforms	<ul style="list-style-type: none"> • Support existing service providers with established relationships of trust, cultural proficiency, and family-centered service delivery to expand services to address the need for parenting education. • Support existing cross-sector service providers (e.g., Family Resource Centers) through sustained funding, professional development, assistance to deepen and expand the scope of community relationships. • Modify state procedural and funding requirements to support the establishment of additional cross-sector service providers.
Standards and Performance Measures	<ul style="list-style-type: none"> • Develop a set of state standards that include outcomes, parenting practices and strategies; use existing standards and criteria for parenting education programs such as the Cooperative Extension Parenting Education Model and Parenting Educator’s Framework; the NAEYC Accreditation Standards or Early Head Start Standards. • Develop performance measures for statewide parenting education programs that identify the following: How much did we do? How well did we do it? Is anyone better off?
Statewide Marketing	<ul style="list-style-type: none"> • Develop a statewide marketing strategy both to promote the importance of parenthood, increase public awareness of parenting education as a means to promote high priority parenting practices linked to critical SECCS outcomes. • Engage corporations who market products to young families as partners in the parenting education initiative. Such corporations could donate promotional messages related to critical parenting practices as well as the overall importance of parenting education. • Develop a telephone (using MCH or other similar hotlines) and Internet

Infrastructure Category:	Recommendation:
	directory of all parenting education programs, family support centers in the state. Classify these resources by zip code, age range, class topics and themes, locations, schedules and language spoken.
Strengthening Capacity and Competency of Parenting Education Workforce	<ul style="list-style-type: none"> • Develop statewide standards to enhance the competencies and capacity of the parenting education work force. Use the Cooperative Extensive Parenting Educator Framework or others as starting points. • Consider developing credential or license for parenting/adult educators. Use Minnesota Early Childhood Family Education Program as a model. • Develop a statewide list of parenting educators and their areas of expertise. • Develop a mechanism for connecting new parent educators with seasoned ones to create a system of mentoring and coaching.
Strengthening the Capacity of Community Parenting Education Programs	<ul style="list-style-type: none"> • Create a clearinghouse of high quality parenting education curricula that address different topics, outcomes, parenting practices for various target populations. Make this clearinghouse easily accessible to community based parenting education programs. • Develop a statewide system of training and technical assistance for community-based parenting education programs and staff to promote high quality parenting education.
Strengthening Community Parenting Education System	<ul style="list-style-type: none"> • Develop incentives for local communities to develop a community plan for aligning parenting education at the local level in a process mirroring the state level plan. • Promote involvement of medical and other community-based providers to come to consensus on common definitions, approaches and methods to reach parents based on the cultural needs and demographics of the target population in the community.

Parenting Education Resources

The following is a selected list of resources. Although a number of Internet sites exclusively focus on parents, these sites are for both professionals and parents.

National Organizations and Experts

American Academy of Pediatrics

Offers a series of public information brochures for parents on topics such as bed wetting, sleep problems and other key issues.

www.aap.org

Center for Effective Parenting

Multi-site effort to improve parenting skills in Arkansas

www.parenting-ed.org

Civitas

A national nonprofit communication group focused on developing media to help parents and caregivers of young children

www.civitas.org

Delaware's Parenting Education Partnership

www.ag.udel.edu

Family Resource Coalition of America

A national resource center about family support programs

20 North Wacker Drive

Chicago, IL 60606

(312) 338-0900

www.frca.org

Family Information Services

A center for resources and professional development information on parenting and family relationships

12565 Jefferson Street N.E., Suite 102

Minneapolis, MN 55434

800-852-8112

www.familyinfoserv.com

I Am Your Child

A national public awareness campaign focused on early childhood development

www.iamyourchild.org

National Association for the Education of Young Children

Site includes on-line catalogue of resources, news, conferences and workshops

www.naeyc.org

National Center for Early Development and Learning

Frank Porter Graham Child Development Center

University of North Carolina, Chapel Hill

Sponsors and disseminates information about early childhood interventions

www.ncedl.org

National Center for Infant and Early Childhood Health Policy

A joint project of the UCLA Center for Healthier Children, Families and Communities, the Johns Hopkins University Women's and Children's Health Policy Center, and the Association of Maternal and Child Health Programs.

Funded by the federal Maternal and Child Health Bureau.

www.healthychild.ucla.edu

National Network of Family Resiliency

Overseen by the University of North Texas

Partners for Parenting

www.unt.edu/cpe

National Parenting Information Network

A project of the ERIC system to provide access to research-based information about the process of parenting and about family involvement in education

www.npin.org

Parents as Teachers National Center, Inc.

10176 Corporate Square Drive, Suite 230

St. Louis, Missouri 63132

(314) 432-4330

www.patn.org

Ready to Learn

Public Broadcasting Initiative to assist parents and caregivers in support of early development

www.pbskids.org

Step by Step: Parenting Birth to Two

Lori Grant

804 N. Woodland Blvd.

Deland, FL 32720

(904) 734-7571

University of Minnesota Extension Services

Listing of parenting education resources

www.parenting.umn.edu

Zero to Three

National organization focused on infants and families and those that work with them

www.zerotothree.org

Appendix A: The Universe of Parent Education*

<p>HealthCare/Medical Home</p>	<p>Socioemotional/ Mental Health Needs</p>	<p>Early Care and Education</p>	<p>Family Support</p>
<p>Cross Cutting Community Venues</p> <p>Entertainment and Play Museums Recreation Restaurants Sports Educational Classes Referral Libraries Religious Education Product Evaluation Newsletters/Magazines/Radio/TV Electronic Media Safety Programs/Services</p>	<p>Advocacy</p> <p>Public Education Training and Empowerment Lobbying</p>	<p>Research</p> <p>Colleges and Universities Cooperative Extension Agencies Research Centers Authors and Individuals</p>	<p>Employee Assistance Programs Family Resource Centers and other Support Services Educational Programs Employee Training Programs Family Leave Child Care Flextime Welfare to Work Programs Job Training G.E.D.</p>

*“The Universe of Parent Education Table” adapted for the SECCS Initiative from Pew Trusts Report²²

Appendix B: Matrix of Stand-Alone Parent Education Programs for Parents of Children Birth to Five

TARGET GROUP	PROGRAM NAME	APPROACH/FOCUS	SITE	DURATION	OUTCOME
Parents of Infants to Preschoolers	The Nurturing Programs	Specifically designed for parents identified as at-risk for child abuse; focuses on the development of empathy; available in Spanish	Mental Health Clinics, Social Service Agencies Home-based	23 Two and a half-hour sessions (may vary)	No evaluation data available
Parents of Preschoolers	Systematic Training for Parent Effectiveness (STEP)	Utilizes the parent study group approach espoused by Rudolf Dreikurs; focus is on parental communication strategies to encourage positive child behavior and self-control; curriculum available in Spanish	Hospitals, Mental Health Clinics, Community Colleges, Social Service Agencies	8-12 Two-hour sessions (may vary)	Assessment of effectiveness shows mixed results (Alvy, 1994)
Parents of Preschoolers	Parent Effectiveness Training (PET)	Based on Carl Roger's client-centered approach; focuses on specific communication skills to enhance child's self-esteem	Hospitals, Mental Health Clinics, Community Colleges, Social Service Agencies	8-12 Two-hour sessions (may vary)	Assessment of effectiveness shows mixed results (Dembo et al., 1985)
Parents of Preschoolers	Confident Parenting	Instructs parents on behavioral techniques to improve parent-child communication; program adaptation included as part of the "Effective Black Parenting Program" and "Los Niños" Program for African-Americans and Latinos	Mental Health Settings, Child Care Centers, Elementary Schools, Social Service Agencies	8-12 Two-hour sessions (often modified for particular audiences)	No systematic evaluation data available

TARGET GROUP	PROGRAM NAME	APPROACH/FOCUS	SITE	DURATION	OUTCOME
Parents of Preschoolers	ADVANCE PARTNERS (adapted from ADVANCE for use with Head Start populations)	Uses videotape modeling and a therapist-led discussion group to improve communication and problem-solving skills to reduce behavioral problems in children	Mental Health Settings, Head Start Centers	12-13 Two-hour sessions for ADVANCE; 8-9 Two-hour sessions for PARTNERS	Short-term, positive effects; parents improve in communication, problem-solving skills; improved child knowledge of prosocial behavior (Webster-Stratton, 1994, 1998)
Parents of Preschoolers	Hugs n Kids Program	Uses videotape modeling and discussion groups led by parent educators to improve communication and problem-solving skills for improved parent-child relations; curriculum available in Spanish	Mental Health Settings, Child Care Centers, Elementary Schools, Social Service Agencies	9 Two-hour sessions (may vary)	No systematic evaluation data available
Parents of Preschoolers	Active Parenting	Uses videotape presentations to illustrate and encourage proper use of various techniques; parent handbook and action guide are utilized (Popkin, 1989)	Mental Health Settings, Child Care Centers, Elementary Schools, Social Service Agencies	6 Two-hour sessions	Self-report parent data indicates positive short-term results for parents and children (Popkin, 1989)
Parents of Preschoolers	Positive Parenting	Uses a discussion format that focuses on a variety of topics such as discipline, play, ages and stages, and self-esteem	Child Care Centers; Preschools	12 Two-hour sessions (may vary)	Relatively new program; no systematic evaluation data available

References and Endnotes

- ¹ US Department of Health and Human Services. *Strategic Plan For Early Childhood Health*. Maternal and Child Health Bureau. Health Resources and Services Administration. 2002-2007.
- ² Carnegie Task Force on Meeting the Needs of Young Children. *Starting Points: Meeting the Needs of Our Youngest Children*. New York: Carnegie Corporation; 1994.
- ³ Shonkoff JP, Phillips DA, eds. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press; 2000.
- ⁴ US Department of Health and Human Services. *State Maternal and Child Health Early Childhood Comprehensive Systems Grant Program*. Maternal and Child Health Bureau. HRSA 03-054 Health Resources and Services Administration; 2003.
- ⁵ Ruderman M, Grason H. Early Childhood System Building Tool. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health; and Los Angeles, CA: UCLA Center for Healthier Children, Families and Communities; 2004.
- ⁶ Gager CT, McLanahan SS, Gleib DA. Preparing for Parenthood: Who's Ready, Who's Not? In *Childrearing in America: Challenges Facing Parents With Young Children*, eds. Halfon N, Taffe McLearn K, Schuster M. New York: Cambridge University Press; 2002.
- ⁷ Collins WA, Maccoby EE, Steinberg L, Hetherington EM, Bornstein MH. Contemporary research on parenting: The case for nature and nurture. *American Psychologist*. 2000; 55(2): 218-232.
- ⁸ Taaffe Young K, Davis K, Schoen C. *The Commonwealth Fund Survey of Parents with Young Children*. New York City: Commonwealth Fund; 1996.
- ⁹ Hyomovich DP, Baker CD. The needs, concerns and coping of parents of children with cystic fibrosis. *Family Relations*. 1988; 34: 91-97.
- ¹⁰ Schor EL. Foster care. *The Pediatrics Clinics of North America*. 35, 1241-1252, 1988.
- ¹¹ Szilagyi M. The pediatrician and the child in foster care. *Pediatric Review*. 19, 39-50, 1998.
- ¹² Simms MD, Dubowitz H, Szilagyi MA. Health care needs of children in the foster care system. *Pediatrics*. 2000; 106(4): 909-18.
- ¹³ Halfon N, Mendonca A, Berkowitz G. Health Status of Children in Foster Care: The Experience of the Center for the Vulnerable Child. *Arch Pediatr Adolesc Med*. April 1995; 149: 386-392.
- ¹⁴ Halfon N, Inkelas M, Flint R, Shoaf K, Zepeda A, Franke T. Assessment of factors influencing the adequacy of health care services to children in foster care. UCLA Center for Healthier Children, Families, and Communities; 2002.
- ¹⁵ AARP. *Lean on Me: Support and Minority Outreach For Grandparents Raising Their Grandchildren*. Washington DC; 2003. Available at: http://www.research.aarp.org/general/gp_2003.html
- ¹⁶ Halle, T. *Charting Parenthood: A Statistical Portrait of Fathers and Mothers in America*. Washington, DC: Child Trends; 1996. Available at: <http://www.fatherhood.hhs.gov/charting02>

-
- ¹⁷ National Latino Fatherhood Institute website available at: <http://www.nlffi.org/>
- ¹⁸ Further information on National Fatherhood Organizations available at: <http://www.citymatch.org/ProdServe/E-MCH/MenInMCH/fatherhood2.pdf>
- ¹⁹ Mahoney G, Kaiser A, Girolametto L, MacDonald J, Robinson C, Safford P, Spiker, D. Parent Education in Early Intervention: A Call for a Renewed Focus. *Topics in Early Childhood Special Education*. 1999; 19: 131-140.
- ²⁰ Brown, MB. Recommended Practices: Parent Education and Support. 1999. Retrieved June 6, 2000 from the World Wide Web: <http://ag.udel.edu/extension/fam/best/crp-part100.html>
- ²¹ Gorman JC, Balter L. Culturally Sensitive Parent Education: A Critical Review of Quantitative Research. *Review of Educational Research*. 1997; 67: 339-369.
- ²² Carter N. *See How We Grow: A Report on the Status of Parenting Education in the U.S.* Pew-produced publications; 1996. Available at: http://www.pewtrusts.com/ideas/ideas_item.cfm?content_item_id=411&content_type_id=17
- ²³ Palm, G. *100 Years of Parenting Education*. National Council on Family Relations Report. March, 1999. pp 3-14.
- ²⁴ Powell, DR. Emerging Directions in Parent-Child Early Intervention. In *Parent Education as Early Childhood Intervention: Emerging Directions in Theory, Research and Practice*, ed. Powell, DR. pp. 1-22. New Jersey: Ablex; 1988.
- ²⁵ Weissbourd, B. The evolution of the family resource movement. In *Putting families first: America's family support movement and the challenge of change*, eds. Kagan SL, Weissbourd B. pp. 28-47. San Francisco: Jossey-Bass; 1994.
- ²⁶ Barnard KE, Martell LK. Mothering. In *Handbook of Parenting Vol. 3*, ed. Bornstein MH. New Jersey: LEA; 1995. pp.3-26.
- ²⁷ Thomas R. Reflective Dialogue Parent Education Design: Focus on Parent Development. *Family Relations*. 1996; 45: 189-201.
- ²⁸ Garcia Coll C, Meyer EC, Brillon L. Ethnic and Minority Parenting. In *Handbook on Parent Education*, ed. Fine MJ. New York: Academic Press; 1995. pp 189-209.
- ²⁹ Shore R. *Rethinking the Brain: New Insights into Early Development*. New York: Families and Work Institute; 1997.
- ³⁰ Masten AS, Coatsworth JD. The Development of Competence in Favorable and Unfavorable Environments: Lesson from Research on Successful Children. *American Psychologist*. 1998; 53: 205-220.
- ³¹ Chilman M. Programs for Disadvantaged Parents. In *Review of Child Development Research Vol. 3*, eds. Caldwell BM, Ricciuti HM. Chicago: University of Chicago Press; 1973. pp 403-465.
- ³² Hoff-Ginsberg E, Tardif T. Socioeconomic Status and Parenting. In *Handbook of Parenting Vol. 2*, ed. Bornstein, MH. New York: LEA. 1995. pp.161-188.

-
- ³³ Howrigan GA. Evaluating Parent-Child Interaction Outcomes of Family Support and Education Programs. In *Evaluating Family Programs*, eds. Weiss HB, Jacobs FH. New York: Aldine de Gruyter; 1988. pp 95-130.
- ³⁴ Green M, Palfrey JS, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Second Edition Revised. Arlington, VA: National Center for Education in Maternal and Child Health; 2002. Available on-line at: www.brightfutures.org
- ³⁵ Sareen H, Viscenio D, Inkelas M, Halfon N. *Cultural Proficiency: Applications for a State Early Childhood Comprehensive System*. In: Halfon N, Rice T, and Inkelas M, eds. *Building State Early Childhood Comprehensive Systems Series, No. 8*. National Center for Infant and Early Childhood Health Policy; 2003.
- ³⁶ Cowan PA, Powell D, Cowan CP. Parenting Interventions: A Family Systems Perspective. In *Handbook of Child Psychology, Vol. 4*, eds. Sigel IE, Renninger KA. New York: Wiley; 1998. pp. 3-72.
- ³⁷ Alvy K. *Parent Training Today: A Social Necessity*. Studio City, CA: Center for the Improvement of Child Caring; 1994.
- ³⁸ Dembo M, Sweitzer M, Lauritzen P. An Evaluation of Group Parent Education: Behavioral, PET, and Alderian Programs. *Review of Educational Research*, 1985; 55: 155-200.
- ³⁹ Todres R, Bunston T. Parent Education Program Evaluation: A Review of the Literature. *Canadian Journal of Community Mental Health*. 1993; 12: 225-257.
- ⁴⁰ Powell DR. Challenges in the Design and Evaluation of Parent-Child Intervention Programs. In *Parent Education as Early Childhood Intervention: Emerging Directions in Theory, Research and Practice*, ed. Powell DR. New Jersey: Ablex; 1988b. pp 229-237.
- ⁴¹ Medway FJ. Measuring the Effectiveness of Parent Education. In *The second handbook of parent education: Contemporary perspective*, ed. Fine MJ. New York: Academic Press; 1989. pp. 237-255.
- ⁴² Olds DL, Henderson CR, Chamberlin R, Tatelbaum R. Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation. *Pediatrics*. 1986; 78: 65-78.
- ⁴³ Ramey CT, Ramey SL. Early Intervention and Early Experience. *American Psychologist*. 1998; 53: 109-120.
- ⁴⁴ Owen MT, Mulvihill BA. Benefits of a Parent Education and Support Program in the First Three Years. *Family Relations*. 1994; 43: 206-212.
- ⁴⁵ Infant Health and Development Program. Enhancing the Outcomes of Low-Birth-Weight, Premature Infants. *Journal of the American Medical Association*. 1990; 263: 3035-3042.
- ⁴⁶ Comer EW, Fraser MW. Evaluation of Six Family-Support Programs: Are They effective? *Family in Society: The Journal of Contemporary Human Services*. 1998; 79: 134-148.
- ⁴⁷ Hauser-Cram P, Pierson DE, Walker DK, Tivan T. *Early Education in the Public Schools*. San Francisco: Jossey-Bass; 1991.
- ⁴⁸ Blair C, Ramey CT, Hardin M. Early Intervention for Low Birth Weight Premature Infants: Participation and Intellectual Development. *American Journal of Mental Retardation*, 1995; 99: 542-554.

-
- ⁴⁹ Rinn RC, Vernon JC, Wise MJ. Training Parents of Behavioral Disordered Children in Groups: A Three Years' Program Evaluation. *Behavior Therapy*. 1975; 6: 378-387.
- ⁵⁰ Pisterman S, Firestone P, Mc Grath P, Goodman JT, Webster I, Mallory R, Goffin B. The Role of Parent Training in Treatment of Preschoolers with ADDH. *American Journal of Orthopsychiatry*. 1992; 62: 397-408.
- ⁵¹ Tolan PH, Mc Kay MM. Preventing Serious Antisocial Behavior in Inner City Children: An Empirically Based Family Intervention Program. *Family Relations*. 1996; 45: 148-155.
- ⁵² Webster-Stratton C. Advancing Videotape Parent Training: A Comparison Study. *Journal of Counseling and Clinical Psychology*. 1994; 62:, 583-593.
- ⁵³ Webster-Stratton C. Preventing Conduct Problems in Head Start Children: Strengthening Parental Competencies. *Journal of Counseling and Clinical Psychology*. 1998; 66: 715-730.
- ⁵⁴ Olds DL, Kitzman H. Review of Research on Home Visiting for Pregnant Women and Parents of Young Children. *The Future of Children*. 1993; 3: 53-92.
- ⁵⁵ DeBord K, Bower D, Goddard HW, Kirby J, Kobbe AM, Myers-Walls JA, Mulroy M, Ozretich RA. *National Extension Parenting Educators' Framework*.. 2002. Available on-line at: <http://www.ces.ncsu.edu/depts/fcs/NEPEF/>
- ⁵⁶ Blaisure KR, Geasler MJ. Results of a Survey of Court-Connected Parent Education Programs in U.S. Counties. *Family and Conciliation Courts Review*. 1996; 34: 23-40.
- ⁵⁷ Gorman JC, Balter L. Culturally Sensitive Parent Education: A Critical Review of Quantitative Research. *Review of Educational Research*. 1997; 67: 339-369.
- ⁵⁸ Smith, C, Cudaback D, Goddard HW, Myers-Walls J. *National Extension Parenting Education Model of Critical Parenting Practices*. Manhattan, Kansas: Kansas Cooperative Extension Service; 1994.
- ⁵⁹ Center for Disease Control and Prevention. Assessment of Infant Sleeping Position: Selected States, 1996. *MMWR Weekly*. 1998; 47(41): 873-877.
- ⁶⁰ Willinger M, Hoffman H, Wu K, et al. Factors Associated with the Transition to Non Prone Sleep Positions of Infants in the United States. *JAMA*. 1998; 280:329-39.
- ⁶¹ National Parenting Education Network Website available at: <http://www.ces.ncsu.edu/depts/fcs/npen/state.html#AL>
- ⁶² For more information contact: Minnesota Department of Children, Families and Learning (651) 582-8402 or 582-8200; http://www.education.state.mn.us/html/intro_fam_ed.htm
- ⁶³ Mueller MR. *Immediate Outcomes of Lower-Income Participants in Minnesota's Universal Access Early Childhood Family Education*. St. Paul, Minn: Family Education Resources of Minnesota, Minnesota Department of Children, Families and Learning; 1996.
- ⁶⁴ More information on Triple P Positive Parenting Program available at: <http://www.triplep.net/>

-
- ⁶⁵ For more information about NuParent, contact: (800) 520-CHILD
- ⁶⁶ More information available at: <http://www.healthysteps.org>
- ⁶⁷ Women's and Children's Health Policy Center. *Healthy Steps Phase Three, Year Four -- Final Report*. Baltimore, MD: Department of Population and Family Health Sciences, Johns Hopkins University; 2001.
- ⁶⁸ Minkovitz C, Strobino D, Hughart N, et al. Early Effects of the Healthy Steps for Young Children Program. *Archives of Pediatric and Adolescent Medicine*. 2001; 155(4):470-479.
- ⁶⁹ Minkovitz C, Hughart N, Strobino D, Scharfstein D, Grason H, Hou W, Miller T, Bishai D, Augustyn M, Taaffe McLearn K, Guyer B. A Practice-Based Intervention to Enhance Quality of Care in the First 3 Years of Life: The Healthy Steps for Young Children Program. *JAMA*. 2003; 290:3081-3091.
- ⁷⁰ For more information contact: AVANCE, San Antonio, Texas 78207. Telephone: (210) 270-4630. Website available at: <http://www.avance.org>
- ⁷¹ Hayes CD. Strategic Financing: Making the Most of State Early Childhood Comprehensive Systems Initiative-Building Initiative. In: Halfon N, Rice T, and Inkelas M, eds. *Building State Early Childhood Comprehensive Systems Series, No. 5*. UCLA National Center for Infant and Early Childhood Health Policy; 2004.