



United Way: Parent Education Initiative

Year one aggregated process evaluation

A P R I L 2 0 1 0

United Way: Parent Education Initiative

Year one aggregated process evaluation

April 2010

Prepared by:

Richard Chase, Kristin Dillon, Monica Idzelis, Amy Leite, Jennifer Valorose

Wilder Research
451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org

Contents

Summary and implications for discussion	1
Introduction.....	4
Overview of the evaluation.....	4
Recruitment and retention of parents	6
Recruitment and outreach	6
Retention.....	9
Profile of program participants	12
Parent characteristics	12
Child characteristics.....	15
Household characteristics	16
Program participation and services	19
Program activities	19
Referrals	22
Program implementation.....	26
Changes programs made to be part of the Initiative	26
Additional program needs.....	26
Evaluation support needs and concerns	27
Uses of evaluation tools and findings	27
Lessons for future Parent Education program proposals	28

Figures

1. Participants served: January to December 2009	6
2. Participation status at end of year	9
3. Reason for exit from program.....	10
4. Gender of parents/guardians	12
5. Age of parents/guardians	12
6. Race/ethnicity of parents/guardians	13
7. School status of parents/guardians.....	13
8. Highest year of schooling of parents/guardians.....	14
9. Employment status of parents/guardians	14
10. Gender of children	15
11. Age of children	15
12. Household composition of participants	16
13. Household status of participant.....	16
14. Primary language of participants	17
15. Current housing situation of participants.....	17
16. Poverty level of participants	18
17. Length of participation in programs	19
18. Program participation by activity.....	19
19. Types of referrals	22

Summary and implications for discussion

The Greater Twin Cities United Way funded 14 parent education programs in 2009 to serve low-income and/or culturally diverse parents and their families in order to increase the number of children who are ready to enter kindergarten. This report documents progress on program implementation and participation during the first year of the two-year Parent Education Initiative. Participant-level outcomes will be reported in the final report in February 2011.

Recruitment and retention

The 14 programs served a total of 877 parents and 932 children in 758 households in 2009. The programs varied in size from 16 to 131 households. Each served different populations. Eleven of the 14 programs reached or exceeded their targeted number of households.

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

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

Programs encountered numerous challenges in meeting their recruitment targets including families dealing with multiple issues (such as mobility, unemployment, family violence, substance abuse, or mental health issues) that interfered with full engagement in the parenting program and parents preferring early education for their children more than parenting education.

Eighty percent of families either successfully completed or are still enrolled in their programs. The most significant challenge to retaining families was family crisis, including: mobility, divorce, job changes, custody changes, new children in the family, child protection cases opening, deportation, loss of basic needs, and homelessness. Programs addressed these challenges by increasing referrals, offering incentives to help them meet immediate needs, collaborating with other service providers to create a comprehensive system of care for participants, and being flexible with clients.

Profile of participants

About half of the households were two-parent households (54%) and spoke Spanish (26%), Somali (9%), or other languages than English (8%) at home. Three-quarters of the participating households were below poverty, and another 21 percent of families were between 100 and 200 percent of poverty.

Participating parents were mostly women (84%), ranging from teens to grandparents. The largest portion was age 23 to 43 (57%). Latinos (30%) were the largest racial/ethnic group, followed by White (20%) and African American (18%).

About a third (35%) of the children served were age 3 or 4, 30 percent were 19 to 35 months of age, and a quarter were 18 months or younger.

Program participation and activities

Across all 14 programs, families participated in their respective programs for up to 42 months, with 6.4 months being the average length of participation. Most programs (7) provided an average of 17 to 20 hours of support per family.

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

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

Home visiting services were provided by 13 programs to 495 (65%) families. Five programs provided home visiting exclusively, and 8 visited all families. Home visiting enabled staff to have regular interaction with families, and for families without transportation to receive services. The common curricula used to guide home visits were Growing Great Kids, HIPPY, Parent-Child Home Program, and Nurturing Parent Program.

The 14 programs made almost 4,000 referrals to 629 (83%) families who identified needs. Over half the referrals were for health, basic needs, early care and education, and education or employment. Mostly commonly, families who did not receive referrals exited their program early, were new to the program, or were not regularly participating.

Implications for discussion

The first year of the Greater Twin Cities United Way's Parent Education Initiative has engaged a diverse group of programs that serve varying populations and offer parent education and families support services in a variety of ways.

During the first year, several common themes about program implementation have emerged from program reports and evaluation discussions:

- **Families experiencing multiple family crises challenge program recruitment and participation.** Families immersed in addressing their crises cannot fully engage in parent education. For programs, staff must spend more time building and maintaining their referral networks and making referrals.
- **To be effective, programs need time to establish trust with participants.** Potential clients have to trust program staff in order to enroll. They must trust staff to accept them into their homes, and to regard their parent education messages. They must also trust staff in order to be open about their needs so staff can provide appropriate referrals.
- **This evaluation, while adding to the workload of grantees, has provided grantees the opportunity to collect useful data.** Though the evaluation process has consumed staff time, the additional evaluation tools have enabled the grantees to better document program participation and to collect data directly from participants. The parenting tool has enabled parents to assess their own progress, and the ASQ and ASQ:SE tools are valuable for assessing children's development. Moreover, the programs have found the evaluation data to be useful for identifying additional needs of parents or areas for program improvement.

Introduction

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

This report documents start-up and implementation of the first year of the Initiative. Program outcomes for the 13 programs that have been granted a second year of funding and overall lessons learned from the Initiative will be reported in February 2011.

Overview of the evaluation

The Parent Education Initiative evaluation measures the progress of the parent education grantee programs toward meeting the Greater Twin Cities United Way's expected process and outcome indicators.

Process evaluation indicators:

- Parents and families are provided with information on community resources that address identified family needs.
- Home visiting services are provided to families identified as needing more intensive parent education and family dynamics support

Outcomes evaluation indicators:

- Parents demonstrate knowledge and understanding of early childhood developmental milestones, such as age-appropriate behavioral expectations.
- Parents demonstrate positive, effective parent/child communication techniques with their child.
- Parents demonstrate confidence and self-control when responding to their child's needs.
- Parents demonstrate knowledge and application of positive parenting techniques that enhance school readiness skills prior to entering kindergarten.

- Parents and families follow-up on one or more of the recommended community resources.
- Children demonstrate age-appropriate social/emotional, cognitive, language/literacy, and physical skills and behaviors.

Wilder Research designed a series of data collection tools for program staff to collect data on these indicators, and provided training and one-on-one technical assistance to each program on evaluating these indicators.

Programs submitted narrative reports to Wilder Research in February 2010 on their first year of implementation. In addition, Wilder Research held a program sharing meeting in February 2010 to gather additional data on start-up and implementation.

Recruitment and retention of parents

Recruitment and outreach

The 14 programs in the Parent Education Initiative reached a total of 758 households in 2009, including 932 children and 877 parents. The size of the programs varied, with programs serving from 16 to 131 households. Five of the 14 programs reached their targeted number of households; 6 programs exceeded their projected numbers by over 10 percent; and 3 missed their target number of households by 10 percent or more.

1. Participants served: January to December 2009

	Numbers served			Compared with proposed targets (Number of programs)		
	Median	Range	Total	Within 10%	Over 10%	Under 10%
Children	48	18-168	932	4	8	2
Parents	63	20-144	877	4	6	4
Households	54	16-131	758	5	6	3

Successful strategies

In the first year of the United Way Parenting Education Initiative, programs emphasized recruitment and outreach. The strategies the programs found particularly successful for fall into three main categories: collaboration with other agencies, word of mouth, and internal recruitment.

Collaboration with other agencies

Successful programs built relationships with other social services agencies or institutions that serve targeted families, such as WIC offices, schools, medical offices, ECFE programs, child protection, and County offices. Collaborations with these agencies or institutions increased outreach, targeted services, and built a bi-directional system for referrals. In some instances, the collaborations were informal, such as allowing flyers to be posted or sharing written materials about services. Other arrangements were formal, such as providing referrals to services.

In addition to assisting with recruitment, collaborations provided higher quality, wrap-around services for families over time. Based on previously established strong relationships, program staff worked closely with collaborating agency staff to transition

families into the parenting programs, including attending the first home visits with families in some cases.

Word of mouth

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

Internal recruitment

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

Challenges and solutions

The variation among programs not only influences the strategies used for recruitment, but also the challenges faced in recruitment and retention. Some programs were using this grant to expand their existing services, while other programs were striving to provide new services or serve new populations. Programs that expanded services did not need to invest as much time and effort into recruitment as the programs seeking to serve a new population of families. However, nearly all reported some challenges with recruitment, including families with multiple issues, unrealistic client expectations, competing programs, and changing community needs.

Families dealing with multiple issues

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

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

Unrealistic client expectations

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

Programs emphasized that these unrealistic expectations made it necessary to spend extra time to help potential clients fully understand the benefits and boundaries of the program. Staff found it important to show parents what to expect so they would be open to the services being provided. One program did a mock home visit with families prior to enrollment. By better educating families, program staff were able to enroll families that were genuinely interested in and comfortable with their services from the start.

Competing programs

Once prospective clients were informed of the home visiting or parent education model, some programs reported potential clients chose to enroll in other child-only education programs, like pre-school or Head Start, instead. Programs cited the more traditional model of education, respite for parents, and wider availability provided by these other programs as reasons for parents' preferences. While this was not a wide-spread challenge, the programs felt it was a significant barrier to serving children ages 3 to 5. Program staff worked hard to educate families about the benefits of the home visiting and

parenting education model, but the programs were less successful at addressing this challenge than some of the other recruitment challenges.

Changing community needs

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

Retention

Of the 787 families participating in the United Way Parenting Education Initiative in 2009, 59 percent were still involved with the program at the end of the year. Eleven percent of those still involved had been in the program previously. The number of families that exited and returned to programs ranged from none to 62 families. The program with 62 returning families was a school-year program in which families exit at the end of an academic year; families were considered re-enrolled if they returned the fall of the next year (Figure 2).

2. Participation status at end of year

	Total	Percent	Range	Average
Number of families enrolled to date	787	100%	16-131	56
Number of families who have exited	324	14%	6-64	23
Number of families still involved in program	463	59%	0-67	33
Number of families previously enrolled in program	89	11%	0-62	6

Of the 324 families that exited, just over half (52%) exited because of successful program completion. Ten of the 14 programs had families successfully complete the program. Beyond successful program completion, families exited because they no longer wished to participate (12%), relocated (12%), and could not be located by staff (10%) (Figure 3).

3. Reason for exit from program

	Counts of parents		Number of programs
	Number	Percent	
Successful completion of program	168	52%	10
No longer eligible for program	18	6%	4
Referred to another program that better meets family's needs	10	3%	5
Family no longer wants to participate	39	12%	9
Unable to locate family	31	10%	10
Family moved	39	12%	12
Other	19	6%	6
Total	324	100%	14

Note: "Other" category of responses includes: lack of program compliance (N=6), child protection cases opened (N=3), scheduling difficulties (N=3), chemical dependency treatment started (N=1), infant mortality (N=1), and reason not documented (N=5).

Retention challenges and solutions

In total, 80 percent of families either successfully completed or were still enrolled in their program at the end of the year, indicating high levels of retention. This high retention can be attributed to each grantee's ability to address participation challenges as they arose. The most significant challenge to retaining families was family transition, usually resulting from a crisis, such as divorce, job changes, custody changes, new children in the family, child protection cases opening, family member deportation, loss of basic needs, homelessness, and, most commonly, mobility. The current economic climate increased the number and severity of the transitions and crises, particularly around housing and basic needs. These changes created barriers to participation, such as scheduling difficulties and a lack of participant transportation. Other challenges programs faced in retaining families included internal issues with staff turnover or program delays, and outside time restrictions imposed by Hennepin County.

To address the challenge of family transitions, programs increased the referrals provided to families, offered small incentives to help them meet their basic and immediate needs,

and collaborated with other service providers to create a comprehensive system of care for participants. Programs also emphasized the need for consistency and flexibility in working with families in crisis. By consistently being available and creating reliable relationships, they were able to provide a source of stability in families' lives. They were also flexible to meet families' needs, particularly in terms of scheduling and relaxing requirements as appropriate, in order to accommodate crisis situations without sacrificing the progress made. Finally, programs used various approaches to maintaining contact with families during transitions, such as providing transportation and reaching out to families in a variety of ways (calling, texting, emailing, dropping by, sending letters, and/or sending small gifts). Program staff jokingly called this "stalking" families in order to make sure they are okay.

Efforts to address additional internal and external challenges to retention were less intensive. The internal challenges were resolved, for the most part, by replacing staff and getting the program up and running. External challenges, such as restrictions imposed by the county, were more difficult to address. Programs made efforts to better accommodate these restrictions by shifting their target populations to pre-school age children or creating more short-term milestones for success.

Profile of program participants

Parent characteristics

Most (84%) of the parents served were women. All the programs served mothers or female caregivers; 3 programs served only female caregivers (see Figure 4).

4. Gender of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Female	719	84%	14
Male	138	16%	11
Total	857	100%	

A majority of the parents (57%) served were between the ages of 23 and 34 at the time of enrollment. A fifth (19%) were young adults, between 18-22 years old, and 16 percent were between 35 to 54 years old. Interestingly, none of the age ranges were served by all 14 programs, further exemplifying the wide range of parents reached by the programs. Five of the 14 programs served teens under 18 (see Figure 5).

5. Age of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
10 to 14 years	1	<1%	1
15 to 17 years*	43	5%	5
18 to 22 years*	168	19%	13
23 to 34 years*	496	57%	13
35 to 54 years	139	16%	13
55 to 64 years	16	2%	4
65 years or more	2	<1%	1
Total	865	100%	

***Note:** One program did not report parents' ages in the same categories, so these 3 categories are estimated.

The most common racial and ethnic populations represented among participating parents were: Chicano/Hispanic/Latino, White, and African American. African-born, Native American, and Asian parents each made-up less than 10 percent of the overall number of parents served, though each population was served by 8 or more of the programs (see Figure 6).

6. Race/ethnicity of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Chicano/Hispanic/Latino	257	30%	10
White/European-American	173	20%	12
African American/Black	159	18%	11
African-born	82	9%	9
Asian/Southeast Asian/Pacific Islander	82	9%	8
American Indian/Native American	65	8%	8
Multi-racial	45	5%	9
Other	14	2%	3
Total	877	100%	

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

Though three-quarters of the parents served (74%) were not attending school, all but one program served both parents attending and not attending school. One program, however, served only parents in school. This was a high school based program for teen mothers (see Figure 7).

7. School status of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
In school	235	27%	13
Not in school	638	74%	13
Total		100%	

Parents' educational backgrounds varied, but overall were relatively low, with over half having less than a high school education. A quarter (25%) were high school graduates only, and a quarter had college experience (some college, or a 2 or 4 year degree). One program served parents that all had at least some college experience; whereas another

served only parents with less than a high school education. The others served mixed groups of parents (see Figure 8).

8. Highest year of schooling of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Eighth grade or lower	192	22%	9
Some high school	248	29%	12
High school graduate or GED	212	25%	12
Some college	168	19%	12
Two-year degree or technical college	29	3%	9
College graduate (BA, BS)	23	3%	9
Post-graduate work or professional school	0	0%	0
Total	872	100%	

Many parents (42%) were unemployed at the time of enrollment. A fifth (20%) were working full-time, and 22 percent were working part-time. All 14 programs served both working and unemployed parents. Sixteen percent of parents were stay-at-home parents; nine of the programs served this type of parent (see Figure 9).

9. Employment status of parents/guardians

	Counts of parents		Number of programs
	Number	Percent	
Unemployed	359	42%	14
Employed part-time	189	22%	13
Employed full-time	170	20%	13
Stay-at-home parent/guardian	136	16%	9
Not working due to disability	14	2%	7
Retired	4	<1%	2
Total	872	100%	

Child characteristics

The children served by the 14 programs were equally distributed among girls and boys. Over a third (35%) were 3 or 4 years old, 30 percent were 19 to 35 months of age, and a quarter (25%) were 18 months or younger. Twelve of the 14 programs served children birth to 18 months, and 12 programs served children 19 to 35 months. Ten programs served 3 and 4 year olds, and eight programs served 5 year olds. Eight of the 14 programs served pregnant women (see Figures 10-11).

10. Gender of children

	Number	Percent
Female	422	47%
Male	479	53%
Total	901	100%

11. Age of children

	Counts of parents		Number of programs
	Number	Percent	
Prenatal (mother is pregnant)	29	3%	8
Birth to 18 months	231	25%	12
19 to 35 months	278	30%	12
3 to 4 years	324	35%	10
5 years	67	7%	8
6 years	1	<1%	1
Total	930	100%	

Household characteristics

The households served by the programs ranged from one pregnant woman to families of 14 people. On average, each household had 2 adults, 1-2 children under 6, 1 older child, and 4 members total (see Figure 12).

12. Household composition of participants

	Range	Overall Mean
Adults (18 or older)	1-8	1.9
Children under age 6	0-5	1.6
Children age 6 to 17	0-8	1.0
Total number of people in household	1-14	4.2

Half (54%) of the households served were two-parent households; 40 percent were single-parent families; and 16 percent included extended family members. All the programs served single-parent households (one exclusively), and 11 programs served households with extended family members (see Figure 13).

13. Household status of participant

	Counts of parents		Number of programs
	Number	Percent	
Single-parent/guardian	296	40%	14
Two-parents/guardians	404	54%	13
Extended family	48	16%	11
Total	747	100%	14

Half (56%) the households were English-speaking; a quarter (26%) were Spanish-speaking; 9 percent were Somali-speaking; 5 percent spoke Lao, and 2 percent spoke Hmong. Of the 14 programs, 12 served English-speaking families; 9 programs served Spanish-speaking families; 6 served Somali-speaking households; 2 programs each served Lao and Hmong-speaking households (see Figure 14).

14. Primary language of participants

	Counts of parents		Number of programs
	Number	Percent	
English	420	56%	12
Spanish	196	26%	9
Somali	65	9%	6
Lao	40	5%	2
Hmong	16	2%	2
Other	10	1%	3
Total	747	100%	14

Note: "Other" languages include bilingual English/Spanish households, and households that primarily speak Arabic or African dialects.

Program participants were primarily renters (59%). Seventeen percent were living with friends or relatives, and 12 percent lived in shelters at the time of enrollment. Of the 14 programs, 12 served families living in shelters (see Figure 15).

15. Current housing situation of participants

	Counts of parents		Number of programs
	Number	Percent	
Rents home or apartment	441	59%	13
Lives/stays with friend or relative	128	17%	5
Lives in a shelter	91	12%	12
Owens home	78	10%	11
Lives in transitional/supportive housing	5	1%	3
Other	4	1%	2
Total	747	100%	14

Note "Other" includes a family living in a friend's trailer and extended family households in which grandparent's live with their children or grown children live with their parents.

Three-quarters of the participating households were living below 100 percent of poverty, and all programs served these very low-income families. Another 21 percent of families were between 100 and 200 percent of poverty at the time of enrollment (see Figure 16).

16. Poverty level of participants

	Counts of parents		Number of programs
	Number	Percent	
Below 100% of the poverty line	584	77%	14
Below 150% of the poverty line	50	7%	6
Below 200% of the poverty line	107	14%	10
Above 200% of the poverty line	17	2%	7
Total	758	100%	14

Program participation and services

At the end of the 2009, participants had been involved in their respective programs up to 42 months, with some newly enrolled. On average, each family served in 2009 was involved for almost 6 and half months (see Figure 17).

17. Length of participation in programs (N=753)

	Range (months)	Overall average (months)
Length of participation	0-42	6.4

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

Program activities

Figure 18 shows the number of programs delivering each type of service and the maximum number of hours per participant for each activity. In total, families were engaged in program activities for up to 241 hours. On average, participating families received 12 to 131 hours of support, depending on in which program they were enrolled. Most programs (7) provided, on average, 17 to 20 hours of support per family.

18. Program participation by activity

	Number of programs	Dosage range
Individual support	14	0 – 59 hours
Groups	8	0 – 238 hours
Other	8	0 – 40 hours
Total time	14	0 – 241 hours
Home visits	13	0 – 74 visits

Overall, programs reported they are most successful when they have multiple points of contact with families (either multiple times a week or in multiple settings), and address each family’s individualized needs. Staff showed interest in and engaged with the children right away, which quickly engaged parents. Rather than “lecturing” parents, they provided indirect teaching by modeling behavior or held two-way conversations.

Individual support

The most common type of activity was individual, one-on-one support, which was offered by all the programs. Families participating in this type of activity received up to 59 hours of individual support.

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

Several programs also have child development centers or preschools. As part of these programs, staff worked with parents to complete development screenings for their children, and held parent-teacher conferences to address their child's individual needs.

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

Group activities

Eight of the programs did group activities. Families in these programs participated in group activities for up to 238 hours.

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

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

Transportation and attendance was a challenge to providing group events. Some programs addressed this by providing transportation, though it was costly to do so, or holding activities where families live, if multiple families lived in the same complex. Other challenges staff faced in holding group events were: parents engaged only with each other and not with their children and parents did activities for the child rather than with the child. Programs addressed this by having both parent-only and parent-child time during the events, and providing supplies so parents can do the crafts themselves.

Home visiting

Home visiting services were provided to 495 families, 65 percent of those served, who each received up to 74 home visits. Thirteen of the 14 programs provided home visits; 5 programs provided home visiting exclusively. Eight programs visited all families, whereas 5 visited select families with additional need/interest in home visiting services.

Programs providing home visits did so from three times a month to twice a week, with each visit ranging from half an hour to several hours. Those who visit families less frequently often see families more regularly at group classes or activities. This regular interaction was important for staff to build trust with families. Home visiting also allowed families without transportation to receive parent support and other services.

Several programs used structured curricula to guide the home visits. Growing Great Kids, HIPPIY, Parent-Child Home Program, and Nurturing Parent Program were specifically mentioned. The benefit of using these models was that materials were tested and adapted through national organizations. Staff noted that many of these curricula have evolved to be more culturally-appropriate over time. Despite that, sometimes the curricula were too structured or not appropriate for the populations served. Staff struggled to balance the rigidity of the programs while being flexible to parents' needs. Some used supplemental materials or created their own to enhance the cultural-appropriateness.

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

Programs used different types of staff to conduct home visits. Some hired public health nurses, while others hired former program participants and parents to work with families. Having staff representative of the community being served helped establish trust.

Additional challenges of home visiting were: family isolation; staff morale; scheduling; and the multiple crises families face. Programs that exclusively provided services through home visits faced the challenge of family isolation. Staff morale was also difficult for these programs, as staff work alone with families facing difficult

circumstances. This was further exacerbated when families were not home at scheduled times. Finally, often home visitors arrived to find families in the midst of a crisis. It could be difficult to address parent education when the crisis becomes the focus of the visit. Staff dealt with these challenges by sharing strategies other families use to solve problems (either anonymously or with their consent); building staff retreats into their program; and trying to embed parent education while addressing immediate crises.

Other activities

Eight of the programs also offered other types of activities, for up to 40 hours. These hours included talking to clients on the phone, attending social events (e.g. potlucks), joining parent-teacher conferences, facilitating medical appointments, and providing transportation.

Referrals

Programs made almost 4,000 referrals to participating families. Over half the referrals were for four types of services: health, basic needs, early care and education, and education or employment (see Figure 19). All the programs (14) made referrals to health, education or employment, and other types of resources; and 13 of the programs made referrals to basic needs, early care and education, housing, legal assistance, and transportation resources. Several programs said they were less likely to make referrals for social or recreational activities due to their focus on addressing immediate needs of families in crisis.

19. Types of referrals

Type of referral	Counts of referrals		Number of programs
	Number	Percent	
Health	613	15%	14
Basic needs	601	15%	13
Early care and education	518	13%	13
Education/employment	472	12%	14
Housing	406	10%	13
Other	327	8%	14
Recreation/cultural	221	6%	12
Parent's mental health	246	6%	11
Legal assistance	193	5%	13
Transportation	167	4%	13
Children's mental health	103	3%	8
Chemical health	119	3%	7
Total	3,999	100%	

Overall, a total of 629 families (83% of families served) were provided with information on community resources that addressed identified needs. Individual programs provided referrals to 45 to 100 percent of participating households, based on families' identified needs. Families received 1 to 29 referrals each, with an average of 6.4 referrals per family.

Six of the 14 programs met their performance targets related to the number of families receiving referrals. Those not meeting their target numbers were either very close to their targets, served fewer participants than anticipated, or did not have the opportunity to make a referral to all families (i.e., families that exited their program early, were new to the program, or were not regularly participating in the program).

Referral resources

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

Several programs identified specific gaps in services, including child care, preschool (especially for children with special needs), mental health (especially infant mental health and services for Spanish-speakers), and housing. In particular, long waiting lists for affordable housing were an issue for the families in several programs. Some also acknowledged that the availability of housing across counties was variable, thereby impacting families in a regional way.

Programs generally thought families were getting what they needed through these referrals, although some pointed out that, at times, families were getting less of a resource than previously (i.e., imposed limits on the provision of certain resources).

Referral networks and community partnerships

All 14 programs developed a network of community resources for their families. Some developed this network as an ongoing process, where they regularly seek out new resources or partners, especially to replace agencies or programs that close. Programs shared a variety of strategies for identifying new referral sources and expanding their network of community partners:

- Search community and school district websites for “fun and free” activities.
- Capitalize on the connections and knowledge staff, volunteers, and board members have with other community agencies – for example, home visitors, PHNs, and early childhood coalitions. This includes leveraging the knowledge and connections of

other staff in the agency not associated with this specific grant but who are well-connected and knowledgeable.

- Invite individuals from other organizations to speak to parents, which enables the community organization, the program, and the parents to learn about one another and partner. The speaker becomes a “familiar face” to the parent, which increases the parent’s comfort level when it comes time to seek out the referral.
- Leverage relationships on existing committees, collaboratives, and other networks (e.g., the Metro Alliance) and strengthen the partnerships.
- Network with individuals at meetings and conferences.
- Market the program through informal presentations and distribution of flyers.
- Provide incentives to staff at potential partner agencies.
- Gather ideas from clients who identify specific programs and agencies.
- Attend agencies’ open houses, or host your own.

Follow-through by families

Quantitative data on families following through on referrals will be provided in the final report. However, programs offered some anecdotal reasons why getting families to follow through on the referrals was challenging.

- **Lack of transportation** is a barrier. Even when public transportation is available, using it is difficult for families with young children, especially in the winter. In addition, using public transportation can be expensive and requires a lot of coordination and planning. One grantee commented that the issue of transportation is not addressed legislatively.
- **The difficulty in navigating systems** hinders families directly. In addition, helping families navigate complicated systems requires intensive time on the part of staff related to filling out forms, making phone calls, etc., and staff did not always have adequate time to devote to providing this type of assistance.
- **Families’ pride** and the stigma associated with asking for help or welfare keep families from accessing some services.
- **Appointments set too far in the future** kept some families from following through on a referral.

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

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

Staffing for referrals

Before identifying a family’s needs and making referrals, several programs said they needed sufficient time with families – in particular, one-on-one time outside of groups, which can be problematic for those programs that primarily work with families in group settings. Program staff needs time to develop a relationship and build trust with families before parents feel comfortable sharing their needs with program staff. One-on-one support with parents (e.g., home visiting) facilitated this trust and sharing.

Program implementation

This section includes comments from the programs in the Parent Education Initiative about start-up, implementation, and evaluation based on group discussions at a program sharing meeting in February 2010. Programs discussed challenges with program implementation to this point and offered suggestions for improving the current initiative.

Changes programs made to be part of the Initiative

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

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

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

Additional program needs

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

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

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

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

Evaluation support needs and concerns

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

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

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

A few programs continue to express concerns over the reading level and cultural appropriateness of the evaluation tools, particularly the parent report tool. A few programs also requested additional support with data management, and simpler systems for entering and reporting evaluation data

Uses of evaluation tools and findings

Several programs expressed satisfaction with the evaluation tools, particularly the parent report tool. Programs noted the interaction between parents and staff while administering the tool has largely been positive. The tool allows staff to identify areas in which families may be struggling, and staff reported parents appreciate having a sense of their own progress. Program staff also report the parent tool encouraged self-reflection with parents and helped reinforce the positive changes they are making related to their parenting.

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

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

Lessons for future Parent Education program proposals

Grantees offered several lessons learned through the first year of the grant that would impact future proposals:

- **Set realistic performance targets based on populations served.** Several programs reported that program staff was not involved in writing the proposal; due to this disconnect, grant writers had unrealistic expectations of program services and identified unrealistic performance targets. There was also confusion on which families would be counted towards their performance targets; i.e., the number served versus the number eligible for assessment versus the number of families assessed.
- **Propose serving fewer families due to unexpected, deep end needs of target population.** Especially true among programs who expanded current programming to serve new populations, staff expressed challenges in identifying the number of families they would reach as they were unaware of the needs of different client populations. Staff would like the opportunity to revise target performance measures based on their experience delivering services for one year.
- **Clarify timeframe of performance targets.** Some programs believed the estimate was for two years of the program rather than one; or conversely for one full year of programming beginning when the program started serving clients, rather than on the date the grant was awarded.
- **Gather information about evaluation expectations at the onset of the grant, including proposed tools.** While some grantees were quite satisfied with the evaluation component of the initiative, many noted it would have been helpful to have additional information about the evaluation expectations during the proposal stage. Several programs expressed frustration that the evaluation methods they proposed were not acceptable methods to evaluate their programs.
- **Change target population to eliminate prenatal mothers.** At least one program felt the current evaluation design was not conducive to including prenatal mothers in the program, which was their goal. However, other programs have continued to successfully serve prenatal mothers while engaged in the initiative.